

States of Jersey
States Assembly



États de Jersey
Assemblée des États

Health, Social Security and Housing Scrutiny Panel

Review of Income Support



Presented to the States on 10th July 2009

S.R.5/2009

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1. TERMS OF REFERENCE

1. To review the implementation of the Income Support system and report upon its effectiveness.
2. To assess whether the Income Support system meets the objective of the Department of Social Security to establish a fair and integrated system that meets the requirements of all clients.
3. To assess the levels of manpower resources, training and support for those delivering the Income Support system.
4. To consider any other pertinent matters that may arise during the course of the review.

2. PANEL MEMBERSHIP

2.0 Health, Social Security and Housing Scrutiny Sub-Panel Membership: Income Support

Deputy G.P. Southern of St. Helier: Chairman
Deputy D.J. De Sousa of St. Helier: Vice-Chairman
Connétable S.A. Yates of St. Martin
Deputy T.A. Vallois of St. Saviour

2.1 Advisers

Reverend G. Houghton – The Reverend Geoff Houghton's Christian roots lie in the work of the Iona Community, with its concerns for social justice. Ordained in 1990 he began ministry in a challenging area of social housing in Southampton and has been Vicar of All Saints and St. Simon, in St. Helier, since 1994, Vice-Dean since 1999 and Rector of Trinity since 2005. Pastoral ministry in the Town has kept the issues facing some of the Island's most vulnerable and marginal to the forefront of his concerns. He was a co-founder of the Jersey Homeless Outreach Group and continues to work closely with the Shelter Trust. Between 1995 and 2005, he was a chaplain at Clarkson House where he continues to sit on the Ethics and Governance Committee, and has been involved with the Independent Advisory Group for the States of Jersey Police.

Mr. E. Le Quesne – retired in 2001 as Head of Science at Victoria College, a post he enjoyed for 27 years. He has taken an interest in local issues, for example as a founder member and current Treasurer of JHOG (Jersey Homeless Outreach Group). He is secretary of the CTJ Housing Trust, which has over 120 properties to rent. He is chairperson of the Amos group of Christians Together in Jersey, which meets monthly to look at social issues in Jersey and comment on proposals put forward by States ministers. The group made comments and were consulted on the original proposals for an income support system.

3. CHAIRMAN'S INTRODUCTION

When I first set out to examine the structure and delivery of the Income Support system, little did I realise the scale of the task, nor the range of responses we would receive. Indeed, I believe that all concerned have seriously underestimated the complexity of creating a system to deliver 14 separate benefits through a single administrative mechanism.

At the outset, let me offer praise to the staff at Social Security, especially those dealing with the day-to-day issues presented by applicants who require assistance in difficult times. They have often sought to go "the extra mile" in their attempts to find solutions to particular problems. They have been let down by a series of decisions at the higher political and administrative levels, which have markedly reduced the flexibility of the system to respond to individual need in a timely and appropriate manner.

In the three and a half years that I have been involved in examining the activities of the Social Security Department especially with regard to the introduction of Income Support I have been aware that Departmental resources have been increasingly stretched. It appears to me that the Department has taken on additional responsibilities in areas such as employment law, redundancies and the massive overhaul of benefits; it has done so without demanding additional resource in an effort to drive down costs I believe these additional workloads have increased the stresses on staff and actually reduced efficiency. I believe that the Minister should admit that if he wishes to deliver essential additional services and to do his job properly he must now accept that a bid for additional resource, especially staffing must be made. I urge him to do so.

This report contains a large number of key findings which taken together add up to a description of a bureaucratic system that is difficult for both clients and staff to understand. It fails therefore to meet the strategic aims outlined in recent social policy statements of encouraging independence and autonomy. In short, Income Support is not a "hand up" but has all the characteristics of a "hand out".

The key findings are many and varied, but can be grouped largely in three areas:

- Communication
- Individual needs
- Incentives

In addition, the level of benefits and the manner in which Income Support was introduced need to be addressed to view the system in context.

First, it must be recognised that in the build up to the creation of Income Support, a decade of research into minimum budgetary standards (levels of incomes needed in a range of circumstances) carried out by Loughborough University, known as the CRSP reports, was abandoned as too costly by the previous minister for Social Security. Complaints that Income Support does not stretch as far as it should have to be seen in the context of that reduction in levels of benefit.

Second, it must be recognised that Income Support was brought in to a deadline that was driven by the political need to introduce GST. I believe that preparations for "going live" were therefore somewhat curtailed.

Communication

There can be no doubt from the evidence gathered for this review that poor communication from the department has been an issue from the outset. The 26-page application form combines with letters written apparently by a lawyer to produce total confusion. The department has failed to produce clear information about what benefits are available (job seekers allowance), how benefit is calculated and how some benefits are delivered (Household Medical Accounts). It is widely known that one of the major problems with the delivery of any benefits system is the lack of awareness in clients of what benefits they may be eligible for and consequent under claiming. The absence of clear information and publicity is a major failing on the part of the Ministers responsible.

Individual need

Whilst the replacement of the Parish Welfare system constitutes only a minor part of Income Support in monetary terms, it is absolutely critical in human resource terms. Many clients of Income Support need individual assistance in getting their benefit. A home visit may be required for the elderly or those with mobility or learning difficulties. This help is being delivered expensively by social workers, family nurses and other bodies. A whole layer of help has been stripped out of the system and not replaced, leaving a highly bureaucratic but depersonalised core.

Incentives

Incentives to work and to save are very poor. The opportunity to promote self-support and independence has been missed. It is my view that whilst the introduction of greater incentives may be a short-term cost, if we can establish greater numbers of clients in stable work then costs will be less in the medium to long term.

All of the above issues, some major and some minor, need to be addressed. The Income Support system as it exists today must be seen as simply a starting point. Nor, I believe, can the issues raised in this report be put on the back burner to await a departmental review in 2010. Some of the minor changes could be put into force at little cost today; others may require greater planning and costs, but all require action to start. I urge the Social Security Minister to demonstrate an open mind and to include some of the changes required in the 2010 Business Plan for immediate action.



Deputy G.P. Southern of St. Helier,
Chairman, Health, Social Security & Housing Scrutiny Sub-Panel: Income Support

4. KEY FINDINGS

Please note: Each key finding is accompanied by a reference to that part of the report where further explanation and justification may be found.

Key Finding 1: Section 7.1

Many clients find the application process daunting and require assistance in completing the application form.

Key Finding 2: Section 8

The 5-day turnaround time for IS Payments, following acceptance of a fully completed form, is an appropriate target but no evidence has been provided that this target is being met.

Key Finding 3: Section 8

Departmental practice has been that IS payments have not automatically been backdated to the date of the initial claim.

Key Finding 4: Section 8.2

Many clients, and agencies have complained at conflicting advice from different members of staff in dealing with a claim.

Key Finding 5: Section 8.2

Privacy is an essential element for dealing properly with claims.

Key Finding 6: Section 8.3

Some clients do not appear to be provided with clear advice on all benefits available to them. This is the most common fault of any benefit system.

Key Finding 7: Section 8.4

Clients are unaware how their benefit is calculated.

Key Finding 8: Section 8.5

The degree of inconsistency may reflect inadequate training.

Key Finding 9: Section 9.0

Department officers no longer provide home visits to assist clients completing the forms.

Key Finding 10: Section 10.0

Incentives to encourage savings especially for those of pensionable age are insufficient.

Key Finding 11: Section 10.0

The deemed income from savings (£1 per week from every £250) over the capital limit is currently set too high given today's interest rates.

Key Finding 12: Section 10.1

The list of items eligible for Special Payments is too narrow.

Key Finding 13: Section 10.1

Setting the level of sacrosanct savings for the purposes of special payments at 25% of the capital limits is too low.

Key Finding 14: Section 10.1

Special Payments do not currently provide an immediate response to requests in crisis situations.

Key Finding 15: Section 10.2

Treating money from divorce settlements intended for the benefit of children as part of the assessment of capital is not appropriate.

Key Finding 16: Section 11.0

The Department has not given sufficient publicity to make young people living in the parental home aware that they can claim benefit.

Key Finding 17: Section 11.0

The historic rules that say that under 25's cannot claim rent rebate is inappropriate.

Key Finding 18: Section 12.0

The appeal process is intimidating especially to vulnerable clients.

Key Finding 19: Section 12.2

Overpayments are sometimes reclaimed back a punitive rate without proper regard to the client's circumstances.

Key Finding 20: Section 13.0

The Department has failed to inform both patients and GPs how the HMA scheme works. The HMA is not an adequate replacement for HIE. The removal of free access to GPs has caused some patients anxiety

Key Finding 21: Section 13.1

Payments for dental care are not always dealt with promptly.

Key Finding 22: Section 13.3

The Sub-Panel is concerned that some claimants may not be receiving the right level of personal care.

Key Finding 23: Section 14.4

The value of the existing skills assessments and training is recognised. The Sub-Panel is mindful that this is a resource hungry service with ever-increasing demands.

Key Finding 24: Section 15.0

The Sub-Panel notes that there has been a reduction in the availability of support for children in that family allowance used to be claimable after 6 months' residency. This could cause potential hardship to children of parents who do not have 5-year residency status.

Key Finding 25: Section 15.1

The Sub-Panel welcomes the delay to the phasing out of transitional payments but is concerned about the impact of the loss of benefit.

5. RECOMMENDATIONS

Please note: Each recommendation is accompanied by a reference to that part of the report where further explanation and justification may be found.

Recommendation 1 – Section 7.1

The Minister must ensure that the application form is made simpler and that it is available on- line in various languages.

Recommendation 2 – Section 7.1

The Department must make staff available to support clients through the application process.

Recommendation 3: Section 8.0

The Minister must provide evidence of the monitoring that the Departments 5-day target to process completed claims forms is being met.

Recommendation 4: Section 8.0

The Sub-Panel recommends that the Minister ensures that payments IS are automatically backdated to the date of the initial claim.

Recommendation 5: Section 8.1

The Minister must ensure that clients, especially the elderly and vulnerable are able to see the same officer throughout their claim.

Recommendation 6: Section 8.2

Private rooms must be made available by the Department for interviews as a matter of course.

Recommendation 7: Section 8.4

The Department must provide all staff with access to a simple benefit calculator in order to provide clients with an immediate printed guide (albeit approximate) to their level of entitlement.

Recommendation 8: Section 8.4

The Department should examine and implement the UK example in seeking to ensure that all clients are aware of their benefit entitlements.

Recommendation 9: Section 8.5

The Department must ensure that staff receive adequate training to ensure that they are confident to deliver correct advice and assistance to clients.

Recommendation 10: Section 9.0

The Minister must ensure that Departmental staff provide home visits to assist clients with completing applications and that other community agencies are not relied upon for this.

Recommendation 11: Section 9.1

Given the demonstrated need for clients to be assisted in getting IS we recommend that the Minister investigate setting up free access to an independent advocacy service.

Recommendation 12: Section 10.0

The Minister must examine ways to improve incentives to save.

Recommendation 13: Section 10.1

The Minister must ensure that the use of special payments be made more flexible.

Recommendation 14: Section 10.1

The Minister must review this capital limit on disregarded savings.

Recommendation 15: Section 10.1

The Department must ensure that urgent requests for special payments are monitored and show that they are being paid in a timely way.

Recommendation 16: Section 10.2

The Minister should investigate how divorce settlements for the benefit of children can be ring-fenced and not be counted as part of the family income.

Recommendation 17: Section 11.0

The Minister must ensure that young people living in the family home are aware that are entitled to claim benefit.

Recommendation 18: Section 11.0

The Minister must review the under 25's rule that requires them to live away from the parental home for 12 months prior to receiving IS.

Recommendation 19: Section 12.0

The Minister must review the appeal process.

Recommendation 20: Section 13.0

The Department must inform GPs and Clients clearly and simply how the HMA system works.

Recommendation 21: Section 13.1

The Minister must examine how repeat prescriptions charges can be included into the benefit components.

Recommendation 22: Section 13.1

The Department must monitor and record claims for dental treatments.

Recommendation 23: Section 13.1

Ministers need to resolve the outstanding issues outlined in P.145/2007 as a matter of urgency.

Recommendation 24: Section 13.3

Eighteen months into Income Support the Minister needs to check that all claimants are receiving the appropriate level of personal care and report on his findings.

Recommendation 25: Section 13.4

A adequate monitoring should be put in place by the Department to ensure that medical supply payments are made in appropriate timescales.

Recommendation 26: Section 14.0

In order to make IS work effectively as an 'in work benefit' incentives to work must be improved.

Recommendation 27: Section 14.1

The Minister must review the effectiveness of Childcare Components to ensure that people can get back to work.

Recommendation 28: Section 14.2

The Department must increase the flexibility in the monitoring for changes in earned income of people on 'zero hour' contracts so that they do not build up overpayments.

Recommendation 29: Section 14.3

The Minister must increase the income disregard in respect of maintenance.

Recommendation 30: Section 14.4

Given the current economic situation, the Minister should ensure more flexibility in accepting a wider range of training opportunities to support young people.

Recommendation 31: Section 15.0

The Minister must review the 5-year residency status policy.

Recommendation 32: Section 15.1

The Minister must communicate to all recipients the extent to which their benefit will be affected by the phasing out of transitional payments as soon as possible.

6. INTRODUCTION:

The Sub-Panel has focused its attention on Income Support and the ability of the system to deliver to its clients a simple and equitable system one year after its introduction. A background to the policy development of Income Support (IS) was outlined in the Chairman's foreword in S.R.17/2007¹ presented to the States on 2nd October 2007. The introduction of Income Support as currently presented is the culmination of 12 years of work, which as we shall see in this report is still very much work in progress.

The first work on this subject was conducted in 1997.

The Centre for Research in Social Policy – Loughborough University (CRSP) undertook a series of research exercises on “basket of goods” costs between 1997 and 2001. The work was not “abandoned” in 2003. It was completed in 2001. CRSP provided a further paper on income support systems in 2004 and Nottingham University published a report commissioned by the Department in 2006 on Social Protection.

This work was rejected by the Minister as too costly in 2006.

Income Support is based on Components – individual elements of Income Support comprising a discrete set of payments.

Basic Components weekly rates:

Adult	a basic sum to cover daily living expenses	£90.30
Single Parent	a basic sum to cover daily living expenses	£129.92
Child	a basic sum to cover daily living expenses	£60.90
Household	a basic sum to cover general household expenses	£46.20

Impairment weekly rates: three types available:

i. Personal care – for people who need some assistance with their own care:	level 1	£21.77
	level 2	£96.32
	level 3	£138.25

Mobility weekly rates:

ii. Mobility – for people with an impairment which seriously affects their mobility:	a non earner	£21.77
	a mobility earner	£45.54

¹ Income Support S.R.17/2007 – Chairman's Foreword is attached at Appendix 1.

Clinical Costs weekly rates:

iii. Clinical cost –	for people who need to visit their GP regularly because of a chronic or progressive condition	5+ consultations	£2.73
		9+ consultations	£5.53

Carer weekly rates:

Available to people who look after someone who is disabled or has a serious medical condition weekly payment – **£44.66**.

Childcare hourly rates:

Covers day care and the **hourly rate** varies according to the age of the child ranging from **£5.58 for under-3s to £3.14 for 5-11 year-olds**.

The Sub-Panel recognises that the merger of 14 benefits into one structure was always going to prove to be challenging. It is recognised that ongoing changes, such as those concerned with Attendance Allowance and adjustments for GST, etc. have added to those challenges. The Sub-Panel finds that the policy and legislation as they currently stand still require some development; and issues such as the impact of the cessation of transitional payments, savings disregard and special payments, amongst others, remain to be addressed.

The Sub-Panel has identified a number of key issues of concern highlighted in both the written and oral evidence received. Key challenges facing the system are: its complexity; the inability of the Department to provide clear information to clients on what their entitlement is. The Sub-Panel believes that in the transfer to a single centralised system essential support which used to be delivered by the welfare system has been lost. A replacement for this must be found.

The Sub-Panel is aware that the people who require Income Support may be elderly, or isolated, or have learning difficulties so it is not surprising that many complaints have been made by clients and agencies over the difficulties faced in completing the form required by the system.

We also have concerns over the impersonal nature of the system, the levels of staff training which have been undertaken and the level of staffing required to deal with increased demands on the service.

7. MAKING AN APPLICATION

7.0 Administration of Income Support

The previous report on Income Support, S.R.17/2007 highlighted the need for sufficient resources to cope with the amount of claimants, processing such claims and dealing with queries from claimants.

Sadly the level of resources remains a concern. The public and community service agencies have highlighted many areas in the service provided by the Social Security Department which require improvement.

The case studies below illustrate best some of the difficulties faced by elderly people and were provided anonymised to the Sub-Panel from FN&HC. They highlight the difficulties that vulnerable individuals face in completing the initial application for Income Support. The cases indicate the level of advocacy required to support clients through the initial application stage. They also illustrate the length of time and the hours of professional input that have been, and still are, required in such cases –

Case Study 1

Mr. G, 78 yrs old, was referred by his GP for help with domestic duties due to reduced mobility living in a 2nd floor flat in town. He was on Income Support receiving the clinical cost of the Impairment Component. He was not a member of FN&HC. His flat was in a poor state and required a deep clean prior to FN offering help with regular domestic duties. He stated he was unable to afford the initial £65 to become a member or afford to have his flat deep-cleaned. Social Security did not have a community worker to help this gentleman to fill out his form and they did not want to post the form. Therefore 2 visits to Social Security were made by a nurse from the Social Care Assessment Team (SCAT) to obtain a disclosure of information form, an Impairment Component form and a Special Payment form to apply for funding to pay for the deep clean. Due the nature of the questions on the special payment form, the Parish Welfare Officer was asked to call to assist. This scenario delayed the care input for this gentleman and he reported it made him feel humiliated. It was also time-consuming for the nurse as it took approximately 2 hours just to obtain the necessary documentation.

Case Study 2

Mr. L, 85 yrs old, was referred to FNHC for social care needs and domestic help. He receives Income Support for clinical costs. To assist with the payment of domestic help, shopping, laundry, and pension collection a personal care component was required. His mobility is reduced and he walks with a frame. He has no family available in the daytime. A request was made to Social Security to visit as Mr. L found leaving his house difficult. This was refused. The Social Worker was unable to assist as they stated it was outside their remit. Mr. L attended Social Security by taxi costing £26 for the round trip. I met Mr. L at Social Security, as he was concerned that he would not be able to understand the system. We spent 2 hours at the Department and Mr. L was sent away with a form to fill in and to be returned within 14 days. The Social Worker agreed to assist him with its completion. This form was returned to Mr. L on no less than 3 occasions for various reasons. Eventually, because of the delay, he was sent another form which he had to complete and 3 months later was granted the personal care component. However, payment was backdated from the second form's completion and not from the date of the initial request.

Case Study 3

Mr. B, 82 yrs old, whose daughter is his main carer. Previously, the daughter arranged private 24-hour care cover to top up her own care input. Under the new system, Miss B is financially worse off, as the benefits paid to her to look after her father has been reduced. Therefore, she has had to ask FN&HC to provide subsidised care. Her father suffers from Alzheimer's and benefits from as few carers as possible. Now he has more carers going in than before.

Case Study 4

An elderly lady who did not have a bank account was in receipt of Income Support but was unable to cash the cheques. On completing an Impairment Component form, I ascertained that her grandson was able to cash these cheques at Income support with her written permission, and that IS would forward the necessary form. Staff for Social Security then rang back to say that this form was unnecessary and that the nurse could write to say that, with this lady's signature, her grandson could do this if he took ID. This procedure was a lengthy process and also distressed the patient due to the many questions on the form, but was necessary to provide the level of care this lady required.

Case Study 5

An elderly gentleman who was too ill to go to Income Support and who has very poor eyesight was requested to complete a form in order that his daughter could care for him in his own home. However, Income Support advised me that they were unable to attend and he was forced into asking the nurse to assist him and accompany him to the Department, which he found very distressing.

Similar cases were outlined by individual clients and other professional bodies and have led the Sub-Panel to conclude that if the basic application process is so difficult for vulnerable people to navigate, it is unlikely that they will be in a position to undertake appeals.

7.1 Over-burdensome forms

The basic goal of achieving greater efficiency through the co-ordination of several benefits into one centralised system remains valid. However, the claim forms currently in use are similar to or the same as those produced in early 2007.

It was acknowledged then that the forms were cumbersome but we were told that this was necessary for the initial change over to the new IS system. There was an undertaking from the then Minister for Social Security to address the issue. However the forms remain the opposite of user-friendly, and appear to have none of the design innovations used by the UK benefit system to encourage claiming at the same time as ensuring probity.²

The Sub-Panel has received evidence from a number of community assessment services and service providers that the clients they support are so daunted by the task of completing the forms that in some cases they do not bother claiming Income Support.

A senior Social Worker advised –

*'We have people who will not fill them in because they cannot get their heads around it, really'*³

That the form is particularly prohibitive to the vulnerable in the community was further reinforced by Mr. J. Hodge, Shelter Trust, who stated –

'I do not think there is a single client that we have not had to support through making the application'

.... 'it would be quite daunting for people who are not vulnerable, never mind people who are quite vulnerable.'

Connétable A.S. Crowcroft of St. Helier advised the Sub-Panel of his concerns at a Public Hearing on 23rd February 2009 –

"We are dealing with those who are unable to access or understand the benefit system which requires forms to be completed for every need. These clients may be illiterate, disabled, elderly, frail, with mental health problems, or simply not be able to cope without assistance. If the form is not completed then no assistance is provided. This is causing hardship."

The Sub-Panel is aware that in the build-up to the launch of Income Support in January 2008, staff did give many hours of assistance in the Department and in people's homes to ensure that forms were completed properly. However, that practice has ceased or been severely curtailed with the result that hours and hours of the time of highly-paid professionals in the community is wasted. The Department insists that home visits are available to those who are genuinely housebound. However this ignores those who are

² Dr. Evans – cross-reference the plain English guide

³ Public Hearing 17th March 2009 Ms. C. Richards, Senior Social Worker

able to get to the Department only with difficulty and the message that home visits are readily available has not been clearly communicated to clients and other agencies involved.

*'Many find the form difficult to fill out and social workers are often required to help and support them filling it out, which we will do, we are happy to do, but it is ... that is the kind of role that I would foresee for a community support worker role because it is not the best use of a social worker's time, effectively, but we do it because we have little choice, really.'*⁴

Family Nursing and Home Care indicated that, in addition to clients finding completion of the form beyond them, access to the form itself was difficult as it had to be collected from the Department, which added significant costs to those with little or no mobility.

The Sub-Panel accepts that forms have never had to be collected from the Department. They have always been available by post. Once again the Department appears to have failed to get this message across to clients and agencies involved.

Key Finding 1:

Many clients find the application process daunting and require assistance in completing the application form.

Recommendation 1

The Minister must ensure that the application form is made simpler and that it is available on-line in various languages.

Recommendation 2

The Department must make staff available to support clients through the application process.

⁴ Mr. J. Cox, (Service Manager, Adult Social Work) 17.03.09 Public Hearing – see www.scrutiny.gov.je/

8. SERVICE DELIVERY

8.0 Turn-around time and backdating

Any benefit system has to be able to deliver the right level of support at the time it is needed. The Sub-Panel has received a number of submissions, from both individuals and service providers, which suggest that this is not always the case.

The completion of the Income Support application form and the provision of every single piece of supporting information within a 2 week window as required by the Department is unrealistic.

If the claimant fails to meet the 2 week deadline, a new form is issued with a new date stamp. Consequently, any benefits are paid from the date of the new form and not backdated. This obviously can result in hardship.

However, the [Income Support \(Jersey\) Law 2007](#) (at Article 4(3)(b)) says that Orders may prescribe circumstances in which a claim for IS shall be backdated⁵.

The Income Support (General Provisions) (Jersey) Order 2008 (R&O.12/2008), at Article 6(4) states –

Manner in which claims are to be made

- (4) If a claim is defective at the date when it is received or had been made in a manner otherwise than as required by paragraph (1), the Minister may refer the claim to the claimant or, as the case may be, supply him or her with the form, and if the form is received properly completed within 14 days from that date on which the claim is so referred, or the form is so supplied, to the claimant, the Minister **shall** treat the claim as if it had been duly made in the first instance.

The use of the word 'shall' means that it is mandatory that the Minister should act; it is not permissive. The Sub-Panel is of the opinion that such backdating to the first claim date must take place and is not the current practice.

One particular case (Written Submission 2.37) illustrates some of the hardship and debt which can be incurred by families as a result of the process, which was compounded by a series of errors by the Department.

This submission relates to a brother and sister sharing the brother's home. The brother was providing a full care package to his elderly sister who had undergone open heart surgery in 2008. This required him to give up his job in September 2008. He was advised by the Department that he would be eligible for Income Support and a Carer's Allowance and was assisted by FN&HC to complete the forms which were submitted in December 2008. The Department lost his form.

⁵ Income Support (General Provisions) (Jersey) Order 2008 (R&O.12/2008) – Article 6(4)

He re-submitted in January 2009, and after 5 weeks had elapsed his claim was refused. Completely disheartened, he provided a submission to Scrutiny, and the situation has now (following an advocacy intervention) been rectified. Although his claim was subsequently accepted as valid and the Department agreed to backdate it to the date of the initial application. The Department also agreed to pay two outstanding accounts to the clients GP and FN&HC but has failed to do so. This situation provides an example of 2 individuals requiring a backdating facility, or at the very least being able to claim benefit from the date when the claim is applied for.

The Sub-Panel accepts that given the amount of claims dealt with, some errors will occur, but it is concerned at the apparent regularity of these and similar issues which require the intervention of a third party to assist the client to achieve an acceptable outcome. It is clear to the Sub-Panel that the Orders under which the service is provided, and the requirement for completed forms to be submitted within 14 days, whilst administratively feasible in a business environment, is not feasible in a benefits environment.

The Sub-Panel believes that the pressure to complete the form in such a short time is unreasonable. Particularly for clients who are vulnerable and leading chaotic lives.

At a Public Hearing on the 3rd March 2009, the Minister for Social Security undertook to provide information on the timescales for processing IS applications. The departmental response dated 31st March 2009 stated –

Once the form is returned with proofs, the Department will aim to process the claim within five working days

Whilst the five working days is a laudable target, the Department has produced no evidence that this turnaround time is being measured and is being met. In addition, the period of time which should be of concern is the total time taken between a request for the application form and the final delivery of benefit.

The Sub-Panel was extremely concerned at evidence suggesting that normal Income Support can take a considerable time period to access.

At its hearing of the 27th February 2009 the Sub-Panel was advised by Mrs. J. Hinks –

'At the moment it appears that the minimum time to access payments is 11 weeks, so people are finding the gap difficult'

The Sub-Panel asks that the time taken to process claims be accurately recorded, and reviewed on a regular basis as it believes that clients who have to wait for extended periods must suffer considerable hardship.

Evidence received by the Sub-Panel from the Prison Chaplain and Shelter Trust suggests that the application process causes particular difficulties for prisoners following their release as they are unable to register for IS until they have actually been released. The Sub-Panel believes that the system should allow prisoners to apply for IS prior to the end

of their sentence via the 'Prison Market Fair' enabling them to receive payment immediately upon their release.⁶

*'they are not allowed to sign on until they leave prison so no benefit is in place when they come out. They have to come from the prison and if they are going to sign on they have to come from the prison and sign on and there is no benefit there. We are often in a position where we are lending money to prisoners. I personally do find the money for the prisoners because they cannot sign on until after they come out.'*⁷

Key Finding 2:

The 5-day turnaround time for IS Payments, following acceptance of a fully completed form, is an appropriate target but no evidence has been provided that this target is being met.

Key Finding 3:

Departmental practice has been that IS payments have not automatically been backdated to the date of the initial claim.

Recommendation 3:

The Minister must provide evidence of the monitoring that the Departments 5-day target to process completed claims forms is being met.

Recommendation 4:

The Sub-Panel recommends that the Minister ensures that payments IS are automatically backdated to the date of the initial claim.

⁶ Public Hearing transcript 23rd February 2009 J. Hodge, Shelter Trust and Rev. P. Wilcox, Prison Chaplain.

⁷ Public Hearing transcript, 23rd February 2009, Rev. P. Wilcox, Prison Chaplain.

8.1 Personal contact

The Sub-Panel has become aware that many of the difficulties faced by clients are caused by long waiting times, as witnessed by the FN&HC and others. Long processing times caused by the complexity of the form and the amount of detail required are also a problem as highlighted in 7.1 . Part of the problem is that clients are unable to see the same officer on each occasion when they attend the Department, this often results in completely different advice being offered. This points to a continuing defective training process –see 8.5 The other key issue raised is the inability for vulnerable clients to build a relationship with an officer and the feeling of security that provides.

The lack of a personalised system is pervasive and exacerbates the anxiety that vulnerable people may feel when required to attend the Department. For some individuals leaving home can be intimidating, and being faced with an added 45 minutes to 2 hours' wait in a queue is unacceptable. On occasion these clients have even been accompanied by a professional member of staff from one of the Community Agencies being paid to sit and wait with them.⁸ Whilst a first-come, first-served basis is fair in many situations, the added challenges of mobility, health and mental well-being of clients should be considered and factored in to the delivery of service. It is also unacceptable for Income Support recipients with mobility problems to be expected to pay for a taxi fare to attend a meeting or to collect documents at the Social Security Department's behest.

The professionals spoken to have been unanimous in their suggestion that an appointment system and allocated officers would make a significant difference to the clients that they are supporting. Mr. J. Cox, Service Manager, Adult Social Work, stated in respect of waiting times at the Department –

'I appreciate the difficulties of this but I, myself, have on a number of occasions queued at Social Security for a variety of reasons and has any thought been given to the appointment system? Because it would help, I think.'

The Sub-Panel has found that some of the agencies who noted improvements in client/Department relationships identified as the main factors the development of a relationship with a named officer, and having a point of direct contact. Mr. J. Hodge, Shelter Trust said –

'One of the things that we asked after the introduction was if we could have a continuity of the people that we spoke to at Social Security and Social Security came back to us with a couple of named individuals who we contact when, for instance, we have anyone who has issues at Aztec House, so we are through to a named individual who is used to us and we are used to them.'

This view has been repeated by the other organisations who have presented to the Sub-Panel. The allocation of a single officer to deal with a particular agency appears to be effective. The Sub-Panel sees no reason why such an approach should not be adopted for

⁸ Public Hearing transcript 17th March 2009, Mr. J. Cox, Service Manager, Adult Social Work

all clients. This is basic good practice in the finance sector and used to exist in the Parish welfare system. This has been a major loss in the transfer from the former welfare system.

Key Finding 4:

Many clients and agencies have complained at conflicting advice from different members of staff in dealing with a claim.

Recommendation 5:

The Minister must ensure that clients, especially the elderly and vulnerable, are able to see the same officer throughout their claim.

8.2 Appointments and privacy

The Sub-Panel received evidence from a number of individuals on the issue of privacy . A Finance Sector Human Resources Manager, who needed some assistance from Income Support, provided evidence on her personal experience of the process. She was severely embarrassed at the way she was treated in a public area but did receive very good support from other members of the Department's staff. The individual concerned proposed the following –

'Go back to interview rooms, open plan is far too embarrassing and you have no privacy'⁹

The view was also supported by Mr. J. Hodge, Shelter Trust –

'We feel when we go in there; there is a presumption against privacy rather than a presumption in favour of privacy.'¹⁰

The Sub-Panel believes that clients should automatically be extended the courtesy of being provided with a private area in which to discuss their personal affairs. It finds that the presumption that clients should discuss personal and confidential issues in a public area is a retrograde step which needs to be addressed as a matter of some urgency. The Sub-Panel was encouraged by the response of the Minister for Social Security who said –

'To be fair, you or I, if we had a private issue, might go the desk and say: "I would like a private room." Some of the individuals that come to us at the department might not necessarily feel able to make that request and therefore we need to make it as easy as possible for them.'¹¹

The Sub-Panel is encouraged that the Minister will seek to address this issue in the short term. However, we have to point out that the private rooms are run on an appointment system and a client requesting privacy may be told that no room is available.

⁹ Written Submission 2.27 – a copy of the submission is available on the Scrutiny Website.

¹⁰ Mr. John Hodge, Shelter Trust – 23rd February 2009 Public Hearing – Transcript is available on the Scrutiny website.

¹¹ Deputy I.J. Gorst of St. Clement, Minister for Social Security – 3rd March 2009 Public Hearing – Transcript is available on the Scrutiny website.

The Sub-Panel was advised by the Minister on the 3rd March 2009 –

'I cannot tell you whether the screens and the privacy, we might call them pods or screens to give that privacy, are yet on order or it is slightly before that. But this, again, is another priority. I would hope to see this in the next couple of months because I think it is critical'.

The Sub-Panel is disappointed that privacy screens were only installed in March 2009, over a year after IS began.

Key Finding 5:

Privacy is an essential element for dealing properly with claims.

Recommendation 6:

Private rooms must be made available by the Department for interviews as a matter of course.

8.3 Benefit entitlement

On the issue of benefit entitlement, the Sub-Panel is concerned that clients do not appear to be provided with clear advice on all the benefits available.

Mr. R. Bell, Chief Executive, Social Security, advised at the Public Hearing of 3rd March 2009 –

'You remember the way the department was prior to Income Support is ... The ideal would be to go back to that sort of zone system (Pension, health, family and work) if you are a pensioner..... So you go to the pension zone as a pensioner to deal with your Income Support as well as your pension is where I would like us to move.'

The Chief Executive summarises the system as it was presented to the States, Income Support was seen as the 'top-up' to other benefits or sources of income. Under the current system, applicants for IS do not always receive the information they may need on other benefits. For example the applicant referred to in Submission 2.37 (Section 8.0 of this report) was not told about the relevant health benefits when his IS application was turned down. In referring to having a named officer as a point of contact Mr. Bell stated –

*' there are pros and cons to it, the pros of what you just touched on relate to, you will have an individual person relating to your case..... What we do at the moment is if you (an officer) have been involved in the initial rating of a query, you should not (be) involved in the next review, so if there is any fraud issues they can be picked up.'*¹²

¹² Mr. R. Bell, Chief Executive Officer, Department of Social Security, Public Hearing Transcript 3rd March 2009

The Sub-Panel is of the opinion that the current system, based on an audit principle as outlined above, which means that you rarely see the same face twice, is ineffective. All research into the effectiveness of benefit systems points to the fact that the most common error is not that of fraud, but of clients under-claiming, that is being unaware of what benefits they are entitled to, and therefore not claiming them. The Sub-Panel concludes that the current system has the wrong priorities.

It is accepted that the volume of work generated as a result of introducing the Income Support system has placed an onerous burden on the officers at the Department. However, the Sub-Panel is concerned that the process of claiming benefits via separate designated areas (pensions, health, income support, etc.) is adding to the confusion for clients, who may, as a result, not be receiving all the benefits to which they are entitled.

In contrast, the UK benefits system has a more holistic approach to applications for benefit. The application form is clearly laid out and uses simple language throughout. Another significant advantage to the UK system is that the application process is available online or over the telephone and clearly indicates other benefits for which applicants might be eligible, as outlined in Appendix 1.¹³

Key Finding 6:

Some clients do not appear to be provided with clear advice on all benefits available to them. This is the most common fault of any benefit system.

8.4 Clarity of Correspondence.

The Sub-Panel has, in its consideration of some 50 submissions and through the course of its Public Hearings, formed a view that one of the key issues is that clients struggle to understand the purpose and language used in the correspondence that they receive from the Department.

Evidence from community support agencies outlines the confusion felt by clients. A Senior Social Worker advised –

*'I know social workers who have visited people because they have received something and they have no idea what it is or why they have it and they are frightened. The winter fuel payment was quite a good example. People received a cheque: "What is this for? Why have I got this? Am I allowed to spend it? What should I spend it on?" It is about how clear the information is because once we had contacted Income Support and found out, we were able to then translate that to people and it was fine.'*¹⁴

The Sub-Panel received private submissions, which advised –

'I defy anybody to understand the letters that are sent out explaining what your benefit is.'

¹³ jobcentrepluswebsite

¹⁴ Transcript of Public Hearing 17th March 2009, Ms C. Richards, Senior Social Worker

The Sub-Panel has heard from: the Citizens Advice Bureau; Shelter Trust; Family Nursing and Home Care; Social Workers; the Prison Chaplain; and other agencies. They identified that poor or incorrect communication was a cause of significant stress and anxiety to clients. The examples provided to the Sub-Panel lend support to its view that the following key communication issues need to be addressed –

- (i) All correspondence should use plain English. Where an assessment of benefit entitlement or change to benefit entitlement is referred to, it should include a simple breakdown of components.
- (ii) Income Support Calculators, such as those used by the Citizens' Advice Bureau and the reception staff at the Department, should be more widely used to give potential claimants an idea of what they would be entitled to. They should also be used to show clients how calculations are arrived at.
- (iii) Consideration must be given to claimants who are sight-impaired, and appropriate file notes should be kept to ensure that they are accommodated.
- (iv) Clients who fail to respond to correspondence may have a learning difficulty or physical impairment(s) which prevent them from doing so, and a follow-up telephone call system should be put in place to accommodate these cases.

Key Finding 7:

Clients are unaware how their benefit is calculated.

Recommendation 7:

The Department must provide all staff with access to a simple benefit calculator in order to provide clients with an immediate printed guide (albeit approximate) to their level of entitlement.

Recommendation 8:

The Department should examine and implement the UK example in seeking to ensure that all clients are aware of their benefit entitlements.

8.5 Training

The Sub-Panel has been provided with a limited overview of the training provided to officers at the Department, but is aware that both community agencies and individual applicants have questioned the accuracy and consistency of information given at the Department.

Conflicting advice provided by the Department causes confusion, anxiety and stress to vulnerable people, who then place further strain on community service providers due to the need for advocacy. Further comprehensive training is considered essential for

Departmental Officers, not only for the benefit of the clients but also to support the officers in what is a very stressful environment, given the scale of the task.

Ms. J. Hinks, FN&HC Public stated on conflicting advice –

*'It is reported, and I do not want this to be criticism of the staff, that Social Security staff give conflicting advice and this can result in numerous visits to the department and the clients will feel quite distressed and upset about the fact that they have to go back and get conflicting advice and then go back again.'*¹⁵

The need for some of these skills was further highlighted in a submission from a member of the public which advised -

STAFF

No confidentiality restraints of Income Support are interviewed within earshot of claimants awaiting interview. Staff adopt "The Computer Says NO" mentality. Some of them seem to lack the social skills needed to be working in such a sensitive area. If dissatisfaction is expressed and client wishes to speak to someone in authority follow up appointments are never made.

The Sub-Panel believes that training for the delivery of a benefit service needs to be more rigorous. It must include appropriate levels of training in negotiation skills, conflict resolution and case work with claim forms and associated paperwork.

Key Finding 8:

The degree of inconsistency may reflect inadequate training.

Recommendation 9:

The Department must ensure that staff receive adequate training to ensure that they are confident to deliver correct advice and assistance to clients.

¹⁵ Ms. J. Hinks, FN&HC, Public Hearing 27th February 2009 transcript

9. CLIENT SUPPORT

9.0 Home Visits.

The Sub-Panel is aware that in the introductory stages of setting up IS staff were made available to visit people in their homes in order to ensure that application forms were properly completed. This practice appears to have stopped.

The Minister advised that Departmental officers would undertake home visits to assist clients unable to attend the department to complete application forms. However, submissions received suggest that,¹⁶ home visits are not being conducted to assist potential claimants who may have reading difficulties, language problems, mobility issues or partial blindness. At the Public Hearing on the 3rd March 2009 the Minister stated –

'I do have staff and it is department's policy that if somebody is struggling to complete the form then, yes, we will help, even to the extent of making a home visit to help them complete the form.'

He further stated

'I would agree with you entirely, it is. People should be able to complete the application forms and if they are struggling they should know that they can contact the department and that someone will help them to do that. If they cannot get in then we will go out and visit them and help them to do that. As I say, I do not have the figures off the top of my head but we can provide those for you.'

The evidence received by the Sub-Panel from Community Support Agencies does not support the Ministers assertion. Ms. J. Hinks of FN&HC on 27th February 2009 advised –

'The other thing that staff have identified though is that there was a perception, particularly from the people who did the community work with the parishes, that there would be some home visiting and people would be supported at home and that has not happened. So that is another burden on the staff.'

The combination of all the factors contained in this section builds to a clear and damning conclusion that the system has developed into a largely impersonal bureaucratic minefield for clients to negotiate.

Key Finding 9:

Department officers no longer provide home visits to assist clients completing the forms.

Recommendation 10:

The Minister must ensure that Departmental staff provide home visits to assist clients with completing applications and that other agencies community agencies are not relied upon for this.

¹⁶ Written Submission 2.44 Family Nursing and Home Care 2.3.09, page 3, last case.

9.1 Advocacy

The Sub-Panel finds that the role that was previously played by the Parishes in the delivery of welfare has been underestimated, and that many of the flaws in the current system appear to be the direct result of the removal of community-based visiting. Whilst this is not a criticism of Departmental staff who are working hard to make the best of things, it is a criticism of the design of the scheme. No consideration appears to have been given to a replacement for community visiting as was previously delivered by the Parishes. The attitude taken by the previous Minister was that it was not part of his remit and that Social Security staff were not trained to deliver this aspect of the work. The result is that no replacement was created. It is an issue which we believe requires urgent attention.

The Sub-Panel received evidence from Connétable A.S. Crowcroft of St. Helier, highlighting his own and the St. Helier Community Visitors' concerns, namely:

The former welfare structure managed by Parish officials meant that benefit recipients became known to officers. The parochial system ensured the Parish staff and community workers had personal interaction with vulnerable clients. The clients could be monitored to ensure that they received the money they needed to live. The Connétable advised –

'the old system meant that if someone who is getting a weekly payment did not arrive to collect it then a phone call would be made and if that did not work a visit would be made to find out'.

It appears that the withdrawal of the Parish community visitor and welfare function has placed significant demands on Social Workers, Family Nursing and Home Care and other community service resources. These agencies now find themselves in the position of having to encourage and assist clients with completing IS application forms.

The Sub-Panel is aware of and encouraged by initiatives for cross-agency training which have so far included FN&HC and Adult Social Services. It believes that it is essential that this activity is encouraged to ensure that all service providers understand what is a complex system to navigate. However, it must be recognised that delivery of such assistance is extremely expensive if performed by highly trained and highly paid Social Workers or Nurses.

The Sub-Panel concludes from the evidence it has received that many of the most vulnerable in the community require advocacy to support them through what is an onerous benefit application process. The current application system does not accommodate those individuals who lead chaotic lives; neither does it address the many anomalies which may arise in a welfare or benefits environment.

The Sub-Panel is mindful that some of the agencies are working closely with Social Security to ensure that they are allocated a client case officer. This is particularly important for the most vulnerable.

The role of providing advocacy through the benefits system is vividly described in the case studies provided by FN&HC in the beginning of this chapter. In addition, Ms. J. Hinks, Family Nursing and Home Care states that problems start early in the system –

*'It is very difficult to get hold of the forms because in fact the forms are kept behind at Income Support. So you cannot sort of practice either and get used to the forms because they are individualised, they are personalised, and there is a date stamp put on them. In fact, I am not sure if the system is still the same but you used to only have a 2-week window to get that form, all the supporting evidence and everything back to the department.For a lot of elderly people it is just not possible to complete something in a 2 week turnaround time.'*¹⁷

In addition to the lack of replacement of community visiting which previously played an essential role in the delivery of benefits, and given the high demand on community professionals (Social Services, FN&HC), the Sub-Panel believes that there is an opportunity to develop an independent advocacy service to assist vulnerable clients to get the benefits they need.

Ms. R. Byrne Shore, Jersey Mencap, provided a definition of the advocate's role at a Public Hearing on 3rd March 2009, which states –

'The empowerment of individuals to articulate their views themselves, or through a competent and independent voice.'

The purpose of advocacy should be:

- To empower advocacy partners to make informed decisions enabling them to take greater control of their lives.
- To support advocacy partners to get their views heard.
- To represent the views of the advocacy partner. Advocates will represent these views as if they were their own when requested to do so by their partner, regardless of the advocate's personal view.
- To support advocacy partners in seeking resolution to issues that concerns them.
- To help safeguard the rights of advocacy partners – both rights under policy, law and rights as citizens.
- To feedback issues raised by advocacy partners to both statutory and voluntary service providers so that services can be constantly improved.
- Based on recognition of everyone's right to autonomy, dignity and respect.

¹⁷ Ms. J. Hinks, Family Nursing and Home Care, 27th February 2009 Public Hearing – the transcript is available on the Scrutiny website.

At the Public Hearing of 17th March 2009, following an exchange on the need to support vulnerable clients, Deputy G.P. Southern asked the representatives from Adult Social Services:

'Is the mechanism for delivering that additional support ... it is an issue that we have been meeting recently in all sorts of contexts. Is it an advocacy system? You want somebody alongside there that can help you through the system, has got some understanding of it and can advocate on a client's behalf.'

Ms. C. Richards, Senior Social Worker responded 'Yes'.

The Sub-Panel believes that the supportive and enabling role of an independent advocacy service is essential to vulnerable people.

In the IS Policy Guidelines 10.2 it is tacitly accepted that for some clients such an advocate is essential –

'If a claimant is unable to make a claim on their own behalf someone can be appointed to act for them if they do not have a curator.'

If clients have a physical or learning impairment, a process must be in place to allow a designated individual or body (advocate) to act on their behalf to ensure that they receive the benefits to which they are entitled. This should be a simple process which can be activated rapidly by post or online. This would mean that the client would not have to attend the Department. From the evidence received from community agencies including FN&HC the process by which another person can be appointed to act on behalf of a client appears to be more difficult than it ought to be.

The Department claim that they already have a simple process in place. Once again they appear to have failed to clearly communicate this to clients and agencies.

Recommendation 11:

Given the demonstrated need for clients to be assisted in getting IS we recommend that the Minister investigate setting up free access to an independent advocacy service.

10. INCENTIVES TO SAVE

10.0 Savings Levels

The Sub-Panel has received public submissions illustrating disincentives to save or accrue capital that are inherent in the Income Support system. It has become aware of individuals being forced, by the Department's policy, to use savings on every-day living expenses until they have dwindled to a set minimum.

The current levels of disregard which apply to savings are set out in the table below, the table also indicates the level down to which clients will be required to contribute to situations –

All Adult aged under 65	Couples aged under 65	All adults aged 65 or over	Couples aged 65 or over
£ 7,911	£13,113	£11,866	£19,669
For special payment claims only 25% of the savings limits are absolutely disregarded. Part payment or no payment will be made for savings above this absolute limit.			
£1,977.75	£3,278.25	£2,966.50	£4,917.25

The issues that have been raised in the review concern 3 factors –

- (a) the levels of disregard themselves;
- (b) the treatment of those levels (the 25% rule relating to Special Payments);
- (c) the rates charged on savings.

The Sub-Panel is concerned that the existing policy acts as a disincentive for people to save. The current system appears to be punitive in its treatment of those who have lived within their means and striven to become modestly financially secure. It is also concerned that the current economic climate will further impact on people in this bracket, who are dependent on access to, or income from dwindling savings.

Of particular concern is when individuals are required to use small savings when moving accommodation; examples of this situation were provided at a private hearing –

*'The other thing that we are finding is that the level of savings is set at £11,800 and whatever it is. But that level of savings – the client is expected to use those savings for expenses, which is fair comment. But if the client only has £2,000 they are still expected to use that balance to buy carpet if they are moving and pay for removal, leaving them with next to nothing in the bank. Very short-sighted. A lot of these people are unwell; they could die 6 months later, no money to pay the funeral.'*¹⁸

¹⁸ Written Submission 2.33 – see Scrutiny Website – Income Support Review evidence.

In many cases, those with significant savings are those in their 50s, 60s and beyond. For large numbers of these people, their savings represent an element of security around the dangers of them falling ill and especially of being able to pay for a decent funeral. The Sub-Panel has ascertained that such funeral costs may be of the order of £3,500 to £4,000. At the very least the Sub-Panel believes that funeral costs must be covered by an absolute minimum limit.

The current rule as indicated in the table above states that savings for every-day expenditure and special payments for exceptional items must be taken from savings until the mark of 25% of the total savings limit is reached. That level is also shown in the table.

At a Private Hearing on the 27th February 2009, Community Service Workers advised the Sub-Panel as follows with regard to savings levels –

‘..... we used to have a savings level of about £7,000, which we let the person keep, basically. We very rarely asked them to use it. That was their sort of safety net, that £7,000 and then over that we would assist them with. But now people with £2,000, £2,500 are being asked to pay for things which are reducing their level of safety net and at the same time Income Support are increasing the savings level all the time.’

High levels of anxiety are seen in the example below which highlights the difficulties faced by one elderly couple; the wife is still living in the matrimonial home and the husband has been placed in a care home as his wife could no longer care for him. The couple, having saved and purchased their home, are now penalised as a result and are being forced to use their lifetime savings –

‘With dad having to pay £1,800 per month to the care home for accommodation and food (a matter in which there is no choice) and having to pay such high transport costs, my parents’ modest savings will soon be exhausted and they will have to claim means-tested benefits – which in turn will be eventually offset against the home that they worked so hard to get.’¹⁹

The Sub-Panel is aware of numerous incidents where people with relatively small savings have been required to use them on items it considers should be funded through Special Payments.

Whilst it is very difficult to compare two very different benefit systems, the Sub-Panel explored the approach to savings adopted in the United Kingdom, which provides for a cap on the amount of savings (albeit a lower amount of £6,000) that you can have and still receive benefit.²⁰ That capital amount is set as the absolute minimum and affords a safety net for the client together with an incentive to save. The Sub-Panel is disappointed that the existing IS system provides clients with a higher savings cap but expects up to 75% of those savings to be used for unforeseen events that are not fully covered under special payments.

¹⁹ Written Submission 2.33 – see Scrutiny Website – Income Support Review evidence.

²⁰ jobcentrepluswebsite

The Sub-Panel believes that it is important that within the savings allowance there should be a level of saving which is sacrosanct. The effect on lifetime savings is far more profound and potentially distressing for elderly clients. A number of people have told the Sub-Panel that they have been worried and upset by the policy's effect on their savings. That impact was outlined above in relation to the elderly couple and is further evidenced in the case outlined at 10.0 of this report.

Currently clients have £1 deducted from their weekly benefit for every £250 of savings above the maximum permitted amount. This actually amounts to an effective interest rate of 20.8%. The Sub-Panel considers the current levels of reduction in benefit for people who have savings above the personal allowance threshold is punitive.

The example below shows the impact of someone with two different savings above the disregard amounts and the resulting reduction on their income support.

The table provides two examples of the impact of savings on Income Support for adults aged under 65		
Allowed Savings	£ 7,911	£ 7,911
Actual Savings	£ 14,000	£ 30,000
Difference above the allowed savings level	6,089	22,089
Reduction	24.356 (Reduction per week in £)	88.356 (Reduction per week in £)
Income Support (before reduction)	£ 90.30	£ 90.30
Income Support (after reduction)	£ 65.94	£ 1.94

The Sub-Panel finds the level of reduction to be punitive and questions whether the £1 reduction for every £250 above the savings allowed is a fair reflection of the actual benefit brought by those extra savings.

Prior to the introduction of IS the limit for savings on a single person to qualify for rent rebate or rent abatement purposes, introduced in January 2004, was set at £50,000. At that time, all income on savings or investments was included in the assessment for rental benefits. The level now for a single person is £7,911.

The Sub-Panel finds that the overall effect of the new rules is to substantially reduce any incentives to save. Given the instability, we have witnessed in financial markets in recent times it would be more equitable in the opinion of the Sub-Panel to return to the practice of declaring actual income received from any savings or investments in the assessment of IS.

Key Finding 10:

Incentives to encourage savings especially for those of pensionable age are insufficient.

Key Finding 11:

The deemed income from savings (£1 per week from every £250) over the capital limit is currently set too high given today's interest rates.

Recommendation 12:

The Minister must examine ways to improve incentives to save.

10.1 Special Payments and Levels of Contribution

The issues that have been raised in the review concern two factors –

- (a) Turnaround times.
- (b) What is included? What is excluded?

Turnaround times

The Sub-Panel is concerned about clients' access to Special Payments and the length of time it takes for payments to be made.

The Minister informed the Sub-Panel that the Department aimed to process applications for Special Payments within 5 working days, and stated that the vast majority of cases are meeting that deadline. However, the Sub-Panel received contradictory evidence from Mr. F. Le Gresley of the Citizens Advice Bureau who stated to the Panel that –

'The turnaround (of applications for Special Payments) is too slow The ones that we have been involved in, we have people whose chances of a property because the deposit was too slow and forthcoming from the department.'^{21, 22}

The Sub-Panel was advised that the time taken to process applications for Special Payments had resulted in some clients experiencing inconvenience, hardship and anxiety. The Sub-Panel heard that the experience of the CAB in assisting clients was that –

*'...it helps to have ourselves or a States Deputy or somebody fast-tracking a special payment if it is for something fairly crucial.'*²³

²¹ Mr. F. Le Gresley, Public Hearing 23rd February 2009.

²² P.16, Mr. F. Le Gresley, Public Hearing 23rd February 2009.

²³ P.17, Mr. F. Le Gresley, Public Hearing 23rd February 2009.

The Sub-Panel is concerned that the Social Security Department maintains that it is processing the vast majority of applications for special payments within the specified 5 day period, when the evidence received from the CAB and individuals is that it is often/generally taking much longer. The Sub-Panel believes that the Social Security Department should examine the way in which it monitors the length of time taken to process applications, and ensure that: the system itself delivers on the promise to process claims within the specified 5 day period; that it is unnecessary to enlist the assistance of the CAB or States' politicians to speed applications through the system; and that the system for monitoring the length of time taken to process applications is robust and accurate.

The Sub-Panel was informed by a number of witnesses that some claimants had lost the opportunity to rent property because it had taken the Social Security Department too long to process the request for a special payment to cover the deposit.

The Sub-Panel was even more concerned that clients requiring urgent dental treatment were required to wait some time for the confirmation of a special payment to allow them to get treatment. Mr. J. Hodge of Shelter Trust stated –

'We have had several instances of people at Shelter needing dental treatment and being required to seek out at least 2 quotes, and on one occasion 3 quotes, for dental work to take place. Certainly, on several occasions this has happened when people have been in pain and having to go to get a dental quote from A dentist, a dental quote from B dentist, take the stuff back to Social Security who then accept a quote and direct the person to go to one or other dentist. I just think it is needlessly complicated and an unnecessary burden on someone who is in pain.....'

The issue of dental care provision is further addressed at 10.1.2 of this report.

A claim for special payments is often required to be dealt with as a matter of some urgency the Sub-Panel is concerned that so many of the complaints should be made about payments not being made promptly where speed is the essence as in the cases above for rent deposits and dental treatments.

What is included? What is excluded?

Items covered by a Special Payment are –

- *Essential furniture and household equipment*
- *Rental deposit – but there must be a reason that the household needs to move*
- *Removal expenses – but there must be a reason that the household needs to move*
- *Expenses involved in taking up paid employment, i.e. clothing, tools, etc.*
- *Medical and similar expenses – mainly dental or optical*
- *The cost of work necessary to prevent a serious risk to health, safety or welfare – this includes essential repairs to maintain a property wind and watertight*
- *Funeral expenses for a member of the household – including repatriation of the body*
- *Repatriation of the claimant or a member of the household from Jersey to another country.*

The Connétable of St. Helier confirmed to the Sub-Panel that a number of his parishioners were falling through the Income Support net, and were being assisted by the Parish from charitable funds. These requests for financial assistance included help with bills relating to dental care, carpets, moving house and funeral expenses, and were occurring on a weekly basis. The Connétable could not confirm why some of his parishioners were not being assisted under the Income Support system, other than speculating that some may be a few months short of the minimum residency requirement. He confirmed that the nature of requests were now being logged in order to provide a monthly report to inform the Minister for Social Security.

The Sub-Panel was advised by FN&HC at a Public Hearing on the 27th February that –

'I think the staff are making applications from our charity to other charities to try and find payment for special items'.²⁴

'.....it is now, even over the months I have been there I am seeing an increase in talking about: Can we get this from that someone else?'²⁵

The Sub-Panel is concerned that the list of things covered by Special Payments is extremely limited and treated by staff as exhaustive. There are many occasions where some sort of urgent payment can help a client get over a crisis, whatever its failings might have been the Parish welfare system, could and did, deliver such timely intervention when it was needed. The emphasis in the Department seems to be driven by bureaucracy and not a balanced assessment of need. In short, officers seem to take the view that if an item is not on the list it's reason enough to exclude it. The Parishes also had the ability to offer loans rather than grants where appropriate. The use of loans as a means to help someone out of a crisis seems to have been markedly reduced under IS.

The sort of items which the Sub-Panel considers might be included are below. It believes that the principle should be inclusive rather than exclusive –

- Driving lessons
- Fees for training courses
- Respite Care
- Maternity Grants (for those who have not worked the prescribed length of time especially young people).

On the subject of what is and what is not included on the list of items for Special Payments, the Sub-Panel have had it brought to their notice that the provision of safety equipment to families in need by FN&HC has been overlooked.

The Sub-Panel are concerned that this further illustrates deficiencies in the Department's ability to communicate with stakeholders and clients. FN&HC stated –

²⁴ J. Hinks, FN&HC

²⁵ Mr. A. Cook, FN&HC

"..... Family Nursing & Home Care are still supporting financially the total cost of safety equipment, which is we have a charity that supports fire guards, safety equipment, those sorts of things. I think previously the parish did help out with those sorts of things. At this moment in time we have got child accident prevention set-up within our system and it is supported by other charities as well. It is a sort of a third split and we are supporting those sorts of things that do not fall into the remit of the Income Support system at all. So these are families that are in hardship that cannot really afford the safety equipment to keep their children safe."²⁶

The failure to transfer the responsibility for assisting with payments for such items as fire-guards, stair-gates and car-seats from the Parishes has consequently put an unexpected and unwelcome strain upon the financial and manpower resources of the charities concerned. FN&HC commented that their time (and resources) would be better utilised in the community doing the job they are very good at.

When questioned about this, the Minister for Social Security assured the Sub-Panel that fire-guards and stair-gates were covered under special payments – health and safety at home. It was further claimed that FN&HC had been informed of this –

'I had a meeting with Family Nursing a little while ago. I will check it is being implemented but we definitely agreed that we would do stair gates and fireguards....'²⁷

The Sub-Panel has not received confirmation that this occurring.

Key Finding 12:

The list of items eligible for Special Payments is too narrow.

Recommendation 13:

The Minister must ensure that the use of special payments be made more flexible.

Key Finding 13:

Setting the level of sacrosanct savings for the purposes of special payments at 25% of the capital limits is too low.

Recommendation 14:

The Minister must review this capital limit on disregarded savings.

Key Finding 14:

Special Payments do not currently provide an immediate response to requests in crisis situations.

Recommendation 15:

The Department must ensure that urgent requests for special payments are monitored and show that they are being paid in a timely way.

²⁶ Mrs. P. Massey, FN&HC Public Hearing 27th February 2009

²⁷ Mrs. S. Duhamel, Policy Director, Social Security 3rd March 2009

10.2 Divorce

The Sub-Panel considered the issues of savings, inheritance and divorce settlements that include provision for the benefit of children.

It received a submission outlining a case which highlights the lack of long-term vision encompassed within the current policy –

'I have been getting family allowance since February 2006 and rent rebate since August 2006. This was due to separating from my husband and being on my own with 4 young children...'. (Following lengthy divorce proceedings) '.....I was awarded 72% of the funds.....' (from the sale of the house in November 2007)

At the time of this settlement, the court officers worked basis that, the savings limit for rent rebate services was £50,000. The intention of this person was to use her funds to look after her children's future.

*'the viscount gave me the money because I had the children and because I was going to invest some for the children'
'.....and I said I would have to pay full rent on the rent rebate system until my money got to £50,000. I would then be investing £10,000 for each of the children. For their future*

The savings limit were reduced to £7,911 following the introduction of IS in January 2008. As a result, this single parent has had her benefit cut for herself and 4 children to £312 a week. She pays full rental of £1,026 per month and will continue to do so –

'..... by having this money I have lost £362.56 a week! This is a staggering £18,853 a year! At this rate in 2½ years time I will have no money left!²⁸

The problem here is the definition of IS unit which includes any householders or savings belonging to any member of the unit. In this case, the parent is unable to make provision for her children. The Sub-Panel considers that such treatment of assets resulting from divorce, which under the current rules cannot be disregarded unless they are directed to the purchase of accommodation, is wrong. We urge the Minister to examine the system in order to make it fairer.

The Chairman of the Sub-Panel would like to draw the Minister's attention to the treatment previously applied by the Housing Department in the case of divorce resulting in a potential house sale where an individual was asking for States accommodation, rent rebate or abatement. It would identify the amount the individual was likely to realise from the house sale once the mortgage was paid off. Once that calculation was completed the individual was treated as if they had that money and as if they were earning 5% on that money. That amount of capital was included in the calculation for rent rebate which enabled them to get rent rebate and to be housed during the time of their divorce.

²⁸ Scrutiny Website – 2008 Income Support Review – evidence – written submission and transcripts

The Sub-Panel believes that the treatment of capital resulting divorce settlements in the same way as other capital is incorrect. A means must be found to examine individual circumstances and to allow Ministerial discretion over divorce settlements.

Key Finding 15:

Treating money from divorce settlements intended for the benefit of children as part of the assessment of capital is not appropriate.

Recommendation 16:

The Minister should investigate how divorce settlements for the benefit of children can be ring-fenced and not be counted as part of the family income.

11. THE INCOME SUPPORT UNIT

11.0 The Income Support Unit

The definition of a household unit causes confusion. It appears that the Social Security Department is inconsistent in the way it interprets the definition. The Income Support Policy Guidelines explain that –

An Income Support Unit can be one person, a couple or a family living together at the same address. Couples can be married or unmarried – including same sex relationships. There can be more than one Income Support Unit living in the same property.

The Guide goes on to explain:

- that young adults 16 – 19 years and seeking work are treated as a separate IS Unit;
- that elderly parents living with adult children will be assessed separately; and,
- that adult siblings will likewise be treated separately.

Evidence received indicates that the guidelines have not been applied correctly on a number of occasions which has led to significant hardship to the individuals concerned.

We concentrate our efforts here on the impact on young people in particular.

The following case appears to be a departure from the policy of assessing young adults independently from the family unit for the purposes of Income Support. This case involves a woman on long-term disability, who has a 21 year-old son living at the family home who has just been made redundant. The son applied for Income Support in his own name and was refused Income Support due to the family income²⁹. The policy clearly states that ‘an adult child who is a jobseeker and continues to live at home with his/her parents, can make a separate claim to IS and be in a separate IS Unit.’ The people involved are in the process of challenging the Department’s decision.

On 16th September 2008, Deputy J.A. Martin of St. Helier asked the Minister for Social Security an oral question in the States –

‘The Minister answered in his reply to me: “I am sure if people now go to the Skills Executive; if they are appropriate for Income Support hopefully they will get it.” Well, sorry, that is not good enough.(if). you are an individual seeking work on no income..... They do have to be a jobseeker, they do have to go for interviews, but this is the only way we will get 16 to 18 year-olds where we want them, and that is looking for work’.

²⁹ Written submission 2.40 – 2009

Senator P.F. Routier:

I am struggling to remember the actual age we start at for Income Support, I am afraid. Sorry, I think I will need notice of that before I confirm the actual age, but the principle, certainly the Deputy is quite right that a young person within a household is able to make a claim in their own right.³⁰

The Department initially failed to publicise that 16-19 year-olds were eligible to claim £90 per week if seeking work and living with their parents. As the recession bites and jobs have become scarcer, the Department must ensure that young people are made aware of their benefit entitlement.

The problem that young people appear to have with IS is highlighted by the following anonymised diary of events provided by Vicki Twohig, Senior Youth Worker at Youth Enquiry Service (YES).

14th January 2009: X came into YES to ask how she went about receiving income support as she had recently lost her job. We went to income support to register her as unemployed and to pick up the relevant forms for her to complete. She applied for Job seekers as well as for help with her rent while she in unemployed.

4th February 2009: I went back into Income Support with X as she had already handed in her completed forms the previous week. Today she was told she needed to get a letter from her employer. After handing her forms in – X was not contacted by anyone to tell her she didn't have the right paperwork so she had to wait till she went in to be told she needed extra letters. This delayed the whole process.

10th February 2009: X was told by Income Support that they would be unable to help with her rent costs as she needed to prove she had been living independently for 12 months. I accompanied X to income support to find out more. She was told to complete an Appeals Form, which she did. I also wrote a letter from myself at the Youth Enquiry Service explaining X's situation.

20th February 2009: X came back in to YES after talking to the Appeal department who told her that she should not have been given their form to complete as she needed to have had a formal rejection from Income Support. X went back into Income Support with a member of my staff. They were told that X had been given the wrong form and now needed to complete a re-determination form and that this could take a while to process.

I made a phone call to Income Support to explain that if X was unable to receive any financial help from them she would be made homeless. I spoke to someone in IS who said they needed proof that she had been living independently for 12 months and also asked for an official letter from someone like Social Services to explain why X was unable to return to the family home should she become

³⁰ <http://www.statesassembly.gov.je/documents/hansard/49643-6232.htm>

homeless. They said a letter from her mother and any previous landlord may help her case. The member of staff told us to bring the completed re-determination form in on Monday with any other paperwork. They said they would look at her case on Monday (23.02.09) and they would get in touch with X the same day. They also took my contact details so I could be made aware of the outcome.

21st February 2009: X came into YES to complete her re-determination form. She was concerned that if she was told no again by Income Support, she would have no other way of paying her rent and would be made homeless.

23rd February 2009: X's forms were handed into Income Support this morning. I received a call from Income Support during the afternoon to tell me that they were prepared to pay and backdate her rent. They would pay £148.82 per week as long as she could provide letters from her previous landlords. I spoke to X who came back into YES to make contact with them and asked them to send letters to her.

On more than one occasion X was sent away to bring back more letters/evidence. It needs to be made clear to young people when they go in for a claim what kind of paperwork will be required from them to save them going back and forth. It caused a lot of upset and stress for X who was unsure for the 5 weeks that it took to get this sorted whether she was going to be made homeless. X did not want permanent financial support but just wanted some help with rent costs while she looked for another job.

The Sub-Panel is concerned that young people still appear to be facing significant challenges when seeking their benefit entitlement whilst they are job seeking.

Key Finding 16:

The Department has not given sufficient publicity to make young people living in the parental home aware that they can claim benefit.

Key Finding 17:

The historic rules that say that under-25s cannot claim rent rebate is inappropriate.

Recommendation 17:

The Minister must ensure that young people living in the family home are aware that are entitled to claim benefit.

Recommendation 18:

The Minister must review the under-25s rule that requires them to live away from the parental home for 12 months prior to receiving IS.

12. APPEALS AND OVERPAYMENTS

12.0 Income Support Appeals

Any benefit system has to provide a mechanism to enable recipients to appeal against decisions made by departmental officials.

The Sub-Panel is aware that the Income Support Law includes a clear procedure for challenging any decision made by a Determining Officer. The first step is to ask for the claim to be re-evaluated by a different officer (Second Determination). If an adult in the Income Support Unit is still dissatisfied after this internal review, s/he has the right to seek an independent appeal.

However, the Sub-Panel considers that a second determination is largely a 'tick box' procedure to ensure that the arithmetic has been done properly. The 3 areas most likely to give rise to an appeal are –

- (a) Missing out a component from the calculation,
- (b) Questions around overpayments or,
- (c) Backdating.

Since recipients of IS are not given a breakdown of what components they are eligible for, the first step to take as highlighted in Section 8.4 is to routinely include a breakdown of components in the correspondence informing applicants of their level of entitlement. The issue involved in overpayments is whose responsibility was it. Had the Department made an error? Or was it the fault of the client? A review of such a decision by another officer in the same department does not appear to be an effective remedy. Disputes around what is affordable in terms of repayments is a matter of judgement. As previously mentioned in Section 8.0 all claims must be backdated under the Law to the date on which the first application was received. However, evidence suggests that the Department has consistently failed to do so.

A Booklet entitled 'If you think our decision is wrong' is available to clients – Part One – Introduction states as follows –

If you have applied for or are getting a benefit, you may need to know what you can do if you think we have made the wrong decision about your claim or if you don't understand our decision.

Where the word 'benefit' appears in this leaflet it also applies to Income Support and the award of credits to your Social Security contribution record.

If you receive a decision from us in writing, it's usually because you have:

- Claimed a benefit,
- Had a change of circumstances which affects your benefit, or
- Been told to pay a benefit back.

If you think our decision is wrong, or you don't understand it, you can:

- Ask us for a spoken or written explanation,
- Ask us to look at our decision again (this is known as reconsidered), or
- If you have already had the decision reconsidered, appeal against our decision.

For certain decisions, you may be able to appeal to an independent tribunal who can change our decision if they agree that it's wrong. You can find more information on tribunals in the leaflet.

However, you cannot appeal against any decision unless you have first requested that we look at the decision again.

Therefore if you submit an application to appeal it will be treated as a request to reconsider the decision and not an application to appeal. This does not affect your right to appeal against the reconsidered (second) decision if you still think that is wrong.

There are time limits for asking us to look again at decisions and appeals. We tell you about these in this leaflets.

The Sub-Panel is concerned that even with the assistance of the booklet navigating the appeals process is a frightening prospect for vulnerable clients.

The Sub-Panel notes that the determining officer is not only required under the provisions of Article 12(2)(a) of the Income Support (General Provisions) (Jersey) Order 2008 to notify the claimant, not only of the determination, but of the reasons for it.

The Sub-Panel feels that, as outlined above, a request for a second determination is unlikely to satisfy the client. The next and only option is then to appeal to a formal tribunal. This for most IS clients is an extremely daunting prospect and will often require assistance from a third party, either a States member or even a lawyer. The Sub-Panel has been informed by the Appeals Registrar that most appeals have been rejected and sent back because of the absence of a request for a second determination. In fact only two IS appeals have been heard in 18 months. One of those is the case is referred to in Section 10.2 of this report.

The Powers of the Tribunal are set out in the new Article 13(10)³¹ of the Social Security (Determination of Claims and Questions) (Jersey) Order 1974 ([Revised Edition chapter 26.900.28](#)) which states –

“(10) On the appeal of any case under this Article, the Tribunal may confirm, reverse or vary the decision of the second determining officer and shall give its decision in public.”

³¹ New Article 13(10) inserted by Social Security (Consequential Amendments) (Jersey) Order 2008 – R&O.18/2008

The powers of the Tribunal to vary or reverse a second determination are given in Article 7(3) of the Income Support (Jersey) Law 2007 which states –

“(3) A determining officer may, in exceptional circumstances, disregard any capital or income that an Order under this Article would otherwise require to be taken into account.”

The appellant in effect has to convince the tribunal that the circumstances of his case are truly exceptional. This appears to the Sub-Panel to be a high threshold to cross. There seems little point in having such an appeal mechanism when, apart from in cases of error on the part of the Department, any appeal has little chance of success.

The Sub-Panel suggests that some clients are so overwhelmed by the overburdensome task of applying that they give up and don't feel able to endure the strain of seeking a second determination or ultimately an appeal.

This is illustrated in the case of the client in written submission 2.37 after numerous visits and phone calls –

'I sat in the queue for an hour. they advised me that until I got an income tax return I would not getting anything ,I explained what I had been told previously and it was repeated that, no that I would not be considered even if not working'.

At this point, I lost hope and thought 'what is the point? Just carry on with credit cards.'

This hitherto previously competent man ended up stuck in the system for over 5 months. He was completely unaware of the fact that he could have made an appeal or what the system was. Had he not noticed the existence of the Scrutiny Sub-Panel and its enquiry he might now be going through bankruptcy proceedings. Only when he attended the Department accompanied by Deputy Southern was he able to secure benefit for himself and his sister. It required the assistance of two supervisors, one from Income Support and the other from the Health Section. He was requested to contact these two individual officers by name in order that his claim could be properly dealt with. Once again this reinforces the findings contained in Section 8.0 of this report.

The Sub-Panel believes that it is inappropriate to go straight from an officer decision straight to the daunting but independent tribunal, given that the powers of the tribunal are so limited. A solution to this problem would be either, to give the tribunal greater powers of discretion or to insert a new stage in the process that of an appeal to the discretion of the Minister.

Key Finding 18:

The appeal process is intimidating especially to vulnerable clients.

Recommendation 19:

The Minister must review the appeal process.

12.1 Special Payments – Minister’s Discretion

Special Payments appeals are the direct responsibility of the Minister for Social Security. The Minister has the right to make Discretionary Payments which fall outside the main framework of Income Support. The Sub-Panel notes that the powers of the Minister to make Special Payments are given in Article 8(2) and (3) of the Income Support (Jersey) Law 2007 ‘in exceptional circumstances’. Because these decisions are discretionary, it is ironic that they cannot be appealed.

At the Public Hearing of 3rd March 2009, the Minister for Social Security was asked how many times he had been required to exercise discretion in respect of special payments since the new system came in. The Sub-Panel was advised that they tended to be unusual cases and that he had made 2 such payments since his appointment, and that the previous Minister had made 8 discretionary payments in 2008. The issue of exclusions is further explored at section 10.1 of this report.

12.2 Overpayments

The Sub-Panel accepts that overpayment of benefits (non-fraudulent) occur for a number of reasons. The Social Security Department treat all instances of overpayment caused by genuine error in the same way. Even if the overpayment is caused by the Department’s error, the client can be made to reimburse it at an unrealistic rate. The Sub-Panel believes that any overpayment that is caused by official error, such as delay in acting on information or losing information, should not be borne by the client. Any overpayment that results from a failure to disclose or misrepresentation of facts by the claimant should be recoverable from the claimant, although this also should be set at an agreed acceptable and realistic level.

The Sub-Panel, at its Public Hearing on 3rd March 2009, discussed with the Minister for Social Security and his officers the issue of overpayments and repayments. The Sub-Panel expressed concerns at the levels at which some clients had been expected to make repayments, and it was suggested that the difference between taking £50 a week from a client who was struggling, or £10 a week over a longer period was a massive one for them, if not for the Department. Mr. R. Bell, Chief Officer, Social Security advised –

*‘That is something the Department has had to deal with for many years through their other duties and it is something we are very sensitive to and we would go for a longer period as opposed to a shorter period of time’.*³²

Despite the assertions of the Chief Officer the Sub-Panel remains worried that the levels of claw-back are punitive, causing low income clients further hardship whilst they are facing significant personal difficulties. The Sub-Panel has received a number of testimonies supporting their view. One particular example was that of a young lady who received a £5,000 overpayment and was required to make a repayment of £50 per week when living on a minimum wage supporting 2 people.

³² Scrutiny Website – Income Support Review Transcripts Minister for Social Security 3rd March 2009.

Another example of punitive claw-back concerned a client who was made redundant and paid approximately £400 by the Department in accordance with IS guidelines and was subsequently required to pay it back with immediate effect. It appeared that no regard was given to the family's financial hardship.³³

The Sub-Panel considers that it is essential that a realistic scale of repayment for people on low incomes should be developed and that the Department must put the wellbeing of the client above the timescales in which it achieves its 'claw-back' of overpaid benefit. The Sub-Panel asserts that most clients receiving the overpayments are on very low incomes and would spend the benefit without any knowledge that they are not entitled to it, and as such they should not suffer unnecessary hardship to repay it.

Key Finding 19:

Overpayments are sometimes reclaimed back a punitive rate without proper regard to the client's circumstances.

³³ Written Submission 2.29 – 2009

13. HEALTH CARE – HOUSEHOLD MEDICAL ACCOUNTS

13.0 Household Medical Account (HMA) and former HIE recipients

The Sub-Panel had previously raised their concerns for former recipients of HIE under the Income Support system and was particularly concerned that Income Support would not deliver accessible health care to those most in need.

The former HIE system, which provided free access to primary healthcare for those who qualified at very low levels of income, and/or high medical needs has been replaced by Household Medical Accounts (HMAs) which provides IS clients with a mechanism to manage payments for their GPs' visits.

The IS Policy Guidelines explain that 'To help cope with the costs of GP visits, HMAs are available to some IS units. Each week, a small proportion of their IS benefit is set aside in the HMA. The value of 4 visits to the GP per year is deducted on a weekly basis from the clients basic living component to contribute to the HMA.

Initially all previous HIE Households were allocated a HMA, under the old system the average number of visits to a GP across the whole population was 4 per year. Among HIE recipients the average was 13. It was argued in setting up of IS that the introduction of a charge for a visit to a GP might reduce this high number. Under the original scheme there was to be a £5 per visit for those on a HMA in addition to some of their benefit being set aside. This £5 charge has now been dropped.

The Sub-Panel awaits figures to show how the number of GP visits has been affected by the new system. As has been shown in this section, however, the Sub-Panel is aware that the introduction of HMAs has led to a great deal of anxiety amongst IS recipients over the cost of GP visits.

Those with a HMA who require a greater number of visits can apply for and be allocated an additional clinical cost component for 5 to 8 visits (**£2.73 weekly**) or for 9 to 12 visits (**£5.53 weekly**). These sums are additional amounts which are added to the HMA. The clinical cost component is designed to help people who need to visit their GP regularly because of a chronic or progressive condition. The requirement of a chronic or progressive condition means that some individuals who need this level of GP care may not be eligible to claim. The Sub-Panel is aware of several cases where the cost of additional GP visits has not been met.

There are, however, many reasons why the "average" usage may be higher than has nothing to do with chronic conditions. These cases will receive no additional weekly IS to help with GP consultation costs. A person, especially a child, may be "sickly" without having a single chronic condition and succumb to numerous infections, for instance.

Additionally, it is not always possible to predict what is a chronic or long-lasting condition at the outset – a child may have a lung infection that appears to be a one-off but recurs and then is not diagnosed as chronic until 3 to 4 months have passed, because the test of chronic is in this case *post-facto*. For the first period of the treatment the child will not have

any entitlement to an Impairment Component or to receive additional help with clinical costs. Thus the additional visits to the GP will be paid for and not recognised by IS until a diagnosis is made, with no back payment to cover the costs (other than through Special Payments).

Pregnancy and Post-Natal care are good examples of where non-normal circumstances will lead to the need for more than 4 annual GP visits. It also provides a clear example of incentive problems. There is a choice between using GPs and using community maternity services through the hospital or other providers. Clearly, an expectant mother faced with a choice between GP – with a rationed 4 visits and co-payments – and the community maternity services with no charges will choose the latter.

Those who have even higher medical demands must apply for Special Payments to cover the costs. “Special Payments” will also cover the costs of GP home visits. The problems with the HMA system as it is constructed are several.

- As we shall see further on the Department failed to get a clear message out to claimants and to GPs and other medical professionals exactly how the system worked.
- In addition the clinical components levels 2 and 3 are limited to either chronic or progressive conditions. Therefore not everyone who requires this additional assistance qualifies to receive it.

The lack of effective communication and publicity for the scheme was so marked that the previous Minister for Social Security Senator P.F. Routier was forced to respond in a letter of 22nd January 2009 to the Jersey Evening Post that –

‘...people who have an agreed medical need will receive additional income support payments to cover the cost the additional visits. When the patient needs the doctor the fee is paid out of the household’s own medical account which is added to when needed. Effectively if the patient has an agreed medical need the cost is covered by Income Support. If a patient needs more visits in 2009, they, or their GP, can tell the Social Security department about the extra medical need and the Income Support claim will be adjusted straight away to give them the additional financial help that they need.’

Representatives of both Family Nursing and Home Care (FN&HC) and the Parish of St. Helier Community Visitors informed the Panel about the real problems and fear that HMAs inflicted upon the public:

FN&HC representatives informed the Sub-Panel that –

‘We know that there is an HMA account but obviously we do not know who has got what. We are totally unaware of how much is in a person’s HMA account, how the fees have been allocated, and the patients do not understand themselves... If there is a clinical need for a GP visit it is very difficult if the client is afraid to call a GP because they are not sure if they are going to get this account paid or not... I think

*our nurses do spend quite a lot of time reassuring patients that: "Yes, you do need a GP visit and do not worry about the funding" but it is a worry to them and we can only advocate for them. We cannot actually make them call the GP out if they have that real fear.*³⁴

The Parish of St. Helier Community workers informed the Sub-Panel that from their experiences:

*'HMA has been a problem. First of all, people are allocated X amount of visits, say 6 visits a year. If they have some crisis and they are really unwell and they need to go to the doctor 12 times a year, 6 of those visits are not paid for. You can apply for a special payment, I do not know if you have any idea how long that takes, and if you are not well, having to fill out the paperwork is difficult. So if people have used up their allocated visits they then start to worry because they are not free to go to go and see their GP (General Practitioner) or call our their GP, which makes them stressed, which makes them ill, which makes them need to see the doctor. So the whole system is wrong...'*³⁵

It is evident that it is not only IS claimants who are confused by the system. One GP informed the Sub-Panel that he had asked one of his senior colleagues what was his understanding of the HMA scheme and his colleague replied –

*'It's a mystery!'*³⁶

The questioning GP subsequently stated in his Practice's submission that –

'...I think that this would accurately cover the understanding that many of my GP colleagues have of the HMA scheme, myself included'.

The GP went on to say that –

'Prior to the initiation of the scheme, we (the practice) did have a number of briefings from senior members of the Social Security Department. I have to say that these briefings as much added to our confusion as clarified the situation. There seemed to be a number of unresolved issues that would be sorted out 'as we get going'.'

Another GP Practice informed the Sub-Panel that they had identified a problem with the HMA fees –

'... those patients who have spent more than their medical budget are being asked to contribute from their other income towards medical expenses. This again means

³⁴ FN&HC, Public Hearing, 27th February 2009

³⁵ Private Hearing

³⁶ Written Submission 2.47 letter from Dr J. A. Coates dated 18th March 2009

*that patients who require medical attention may not come forward for this, as they know that it will reduce their already small level of income for other purposes.*³⁷

The submission went on to state that the Practice had discussed the issue with representatives of the Social Security Department prior to the introduction of Income Support, and had been reassured that the problem would never become issues once the system was in place.

The Sub-Panel has received submissions from individuals illustrating the problems they are experiencing with HMAs. One individual had experienced considerable stress. The woman in question is allocated 12 doctors' visits per year on her account but avoids going to the doctor for fear of being charged for visits over and above the 12 she is allocated and not being able to pay. Her doctor believes she would not have to pay for additional visits and that he would just have to request additional visits and explain why they were necessary. However, the patient believes that due to the experiences of her son that this is not the case. The claimant stated that –

*'I felt far happier with HIE, but now try to self-medicate rather than run up a large bill as my son has done, he was having £1.98 a week taken out of his money to cover 4 visits a year, but due to psychological problems has gone over that and now has a letter stating he will be paying £7.62 a week in future, so his money will be less that per week, and also he owes about £650 on his HMA when I asked how that was to be paid the IS said they don't know because everything's up in the air at the moment.'*³⁸

This is not the only case that has come to our attention where a client has built up a large debt on their HMA and the Department has written to them to ask them to pay this money back and in one case holding on to a refund for a previous underpayment of over £300.

The patient was also advised by the Department that should she require a number of additional visits she could be re-assessed the following year and pay more into her HMA. This is something she is seeking to avoid as she fears that her IS payments will be reduced. The patient's Doctor has tried to make appointments to discuss the issue with Social Security but the meetings have either been cancelled or have simply not taken place. Her Doctor has advised her that he would rather not charge her for visits than see the caller go without essential care. This has not reassured the patient who remains convinced that she would be required to pay for additional visits.

The Sub-Panel accepts that the reason for setting up a HMA is to allow a client to spread the cost of GP visits, which can be unpredictable and that the HMA account can be in credit or debit at any particular time. The payment to the GP will be made by the Department whatever balance is in the HMA account. GPs are asked to provide information regarding individuals who require additional consultations. These additional consultation may be funded from Special Payments or the HMA may be re-set at an appropriate level for their increased medical needs.

³⁷ Written Submission 2.48 Health Plus Limited dated 3rd March 2009

³⁸ Written submission 2.42

The Sub-Panel is further concerned that HMAs are not sufficiently flexible to allow for an individual who requires more than the deemed average number of visits to the doctor in times of need, without that individual being placed under stress that they would incur charges that they could not afford.

The Policy states that ‘the HMA account is designed to be able to go into debt from time to time. In normal circumstances the account will build up again and return to credit. However in some situations, the IS claim needs to be adjusted or a special payment made.’

This places potential disincentives to join HMA if Special Payments are an alternative “lumpy” reaction to periodic GP spending. It is, however, incumbent upon the Department “to ensure that those who genuinely need general practitioner services are not denied them purely because of cost”. This may entail payments through the Income Support (Special Payments) (Jersey) Regulations 2008.

Dr. Ince advised the Sub-Panel that he believes that many of the concerns expressed by patients are due to a lack of information. He stated –

‘.....I mean it is a scheme that was devised by the Social Security Department and presented to us to work with. It was not a scheme thought up by the medical profession but when it was explained to us and how it would work our attitude was: “Well, we will give it a go and do our best to make it work.”’³⁹

The Sub-Panel agreed with the sentiment that many of the clients using the scheme are vulnerable and become stressed because they do not fully understand the benefit. It should be noted that it is not only the vulnerable that are unclear on their entitlements as many of the professional organisations spoken to by the Sub-Panel have expressed confusion relating to how HMAs, and additional visits operate.

Key Finding 20:

The Department has failed to inform both patients and GPs how the HMA scheme works. The HMA is not an adequate replacement for HIE. The removal of free access to GPs has caused some patients anxiety.

Recommendation 20:

The Department must inform GPs and Clients clearly and simply how the HMA system works.

³⁹ Dr. Ince Public Hearing 9th February 2009

Repeat prescriptions

Several witnesses have brought to the attention of the Sub-Panel the fact that patients requiring a repeat prescription are often charged up to £5 for this facility. Since this charge is described as an 'administration charge' it is not covered by the HMA. Since the alternative is for the patient to attend his or her GP for an unnecessary consultation and to charge that to his/her HMA, seems to the Sub-Panel that this practice is counterproductive.

Recommendation 21:

The Minister must examine how repeat prescriptions charges can be included into the benefit components.

13.1 Dental Care

The Sub-Panel had previously raised concerns about the cost of dental care for recipients of Income Support. The cost of one routine check is supposed to be included in the assessment of IS.

The Social Security Department confirmed that, subject to eligibility criteria, dental treatment would be covered under Special Payments with one quote required for treatment under £1,000 and 2 quotes required for treatment over £1,000. However, Mr. J. Hodge of the Shelter Trust contradicted this information stating that claimants were being required to seek out at least 2 quotes, and on one occasion 3 quotes.

The Minister for Social Security confirmed that if a claimant is in pain they should seek treatment and subsequently claim back the cost. However, the Sub-Panel has evidence that some IS recipients are unaware of this option, and that further recipients are reluctant to do this for fear of being left with a bill that they cannot afford to pay if their claim is then turned down.

Under Special Payments the prescribed standard process for applying is to secure the necessary quote(s) and have their claim approved by the Department before they can undergo the relevant treatment. Mr. J. Hodge of the Shelter Trust confirmed that he knew of several instances where individuals had had to endure the pain whilst it took up to 5 days to secure the quotes and the subsequent approval from the Social Security Department. He stated –

*'I just think it is needlessly complicated and an unnecessary burden on someone who is in pain.'*⁴⁰

It is clearly unacceptable for IS claimants to be left in pain, sometimes for days, whilst they fulfil the requirements for special payments applications laid down in the policy guidelines. At a Public Hearing on the 3rd March 2009 the Minister stated –

⁴⁰ Public Hearing P.9 Monday 23rd February 2009, Mr. J. Hodge (Shelter Trust)

'If an individual is in pain now and is entitled, it is my understanding that they should go to the dentist and have the work undertaken that takes them out of pain..... So they have that work undertaken to take them out of pain, at which point the dentist would say: "Okay, what you actually need is A, B, C and D." So individuals should be out of pain at this point. They get the quotation; the department checks that it is reasonable; off they go.'

The Sub-Panel is concerned that the Social Security Department is not recognising the distress and difficulty faced by IS recipients seeking dental care and believes that the Social Security Department must: properly communicate to claimants that they should seek immediate treatment if they are in pain; and provide reassurance that the consequent cost will be covered under special payments.

Key Finding 21:

Payments for dental care are not always dealt with promptly.

Recommendation 22:

The Department must monitor and record claims for dental treatments.

13.2 Charges for MRI scans and X-Rays

Under HIE the Health and Social Services Department did not charge patients referred by their GPs for X-rays or MRI scans. The Sub-Panel is aware that this practice has maintained for those who have retained their HIE cards despite the fact that the HIE Scheme no longer exists.

In answer to a question in the States on 3rd February 2009 by Deputy GP Southern of St. Helier, the Minister for Health and Social Services stated –

'In March 2008, in collaboration with the Social Security Department (SSD), Health and Social Services (H&SS) advised its service areas that where services were previously offered free or at a reduced cost to patients who had a current Health Insurance Exemption (HIE) card, that services would continue to do this for anyone with a card. This arrangement still applies to date. If a patient is unable to produce their card, staff at H&SS will contact SSD with patient consent to confirm their previous HIE status.'

The Sub-Panel is mindful that a charge is only levied if these services are requested through a general practitioner. This could lead to practitioners referring patients who are unable to afford those charges to specialists in order that they access free services. In answer to a question in the States on 3rd February 2009 by Deputy GP Southern of St. Helier, the Minister for Health and Social Services stated:

'The most recent full year data shows that in 2007, the Radiology Department performed approximately 16,000 GP examinations on 10,000 GP referred patients. Of those 10,000 GP patients who attended Radiology, approximately 850 claimed HIE status and were therefore not charged. Total income for the remaining GP referred patients who were eligible to pay was £159,394 for the year 2007.'

The Minister further advised that, though the 2008 figures were not yet available, the information they did have indicated that the statistics for 2008 would be comparable to 2007.

However, the Social Security Department had agreed in September 2007 to work out a system with Health and Social Services whereby individuals who need assistance with such costs can be identified through the Income Support system and receive suitable financial support, as follows –

- (a) to agree that new arrangements should be put in place following the introduction of the new income support scheme to enable those persons who are currently holders of Health Insurance Exemption cards to continue to be able to access –
 - (i) free bus travel; and
 - (ii) free Active cards and free access to the fitness referral scheme;
- (b) to request the Minister for Transport and Technical Services (in respect of (a)(i)) and the Minister for Education, Sport and Culture (in respect of (a)(ii)), in conjunction with the Ministers for Social Security and Health and Social Services, to bring forward proposals to ensure that appropriate arrangements are put in place to enable this provision of services at no cost to continue.

The States agreed the proposition and Ministers undertook to report back on a way forward. The Sub-Panel is disappointed that at the States meeting of 3rd February 2009 it became apparent that Ministers have failed to fulfil their undertaking, to bring forward proposals for appropriate replacement for the HIE (Health Insurance Exemption) as charged by the States on 22nd November 2007, when adopting P.145/2007.

Recommendation 23:

Ministers need to resolve the outstanding issues outlined in P.145/2007 as a matter of urgency.

An officer of the Social Security Department at the Public Hearing of 3rd March 2009 advised that –

'The hospital have agreed to maintain free services or subsidised services to H.I.E cardholders and they are currently looking to see whether they will extend that to a wider group of people. That is the decision of the hospital not Social Security.'

However, as Dr. Ince pointed out, patients' cards expire. Dr. Ince stated –

'I had this conversation with someone this morning and he was aggrieved that when he had gone down to the hospital for his X-ray (or was it a scan?) he was asked for £14 and he said he produced his old HIE card which is expired now. But I must say I thought that those benefits would continue, that if you needed X-rays or whatever and you were on HMA that it would be paid for, the fee would be waived.'

I suggested to this patient this morning that he sent the bill to the Social Security Department and ask them whether they can fund it for him.

I think the difficulty for HMA patients is they do not have a card saying: "I am an HMA patient."

I do not see why they should be charged to anyone frankly, because if I referred a patient to one of the hospital consultants or a junior doctor in the Accident and Emergency Department and they wanted to do a chest X-ray, it would be free to the patient.⁴¹

Some confusion appears to remain as to the status of the cards still in existence. The Sub-Panel has been told that former HIE clients who have destroyed their cards upon the introduction of IS can request a letter from the Department to allow them to continue to access free MRI scans and X-Rays. Once again the Department has spectacularly failed to publicise this facility. New IS clients do not receive HIE status as this has been discontinued, and are charged for those same services. The Sub-Panel is of the opinion that this issue represents a reduction in levels of support for vulnerable and sick clients and calls on the Minister to review the issue.

13.3 Personal Care Component

The Social Security Department's Policy Guidelines explains the personal care component as follows –

'The personal care component is available for people who need some assistance with their own personal care. This includes activities such as housework, shopping, cooking, washing and dressing. There are three levels of personal care component with separate arrangements for people needing residential care.

The individual (or someone acting on their behalf) completes a self-reporting form setting out the details of their condition and how it affects their day-to-day life. These details are checked against a medical report from the individual's doctor and standard tables, to set the correct level. If the individual has an unusual or complicated condition, they may be asked to attend a medical assessment with a healthcare professional – this is normally a doctor, a nurse or an occupational therapist. A separate guide explains how to complete the self-reporting form.

Examples

1. Personal-care level 1 – Someone with a sight impairment who is otherwise healthy
2. Personal-care level 2 – a child with a learning disability who requires input from speech therapy and physiotherapy to optimise their development and abilities

⁴¹ Dr. G. Ince, Public Hearing 9th February 2009.

3. Personal-care level 3 – somebody with osteoarthritis in their lower body causing pain and restricted movement and requiring hip replacement’.

The Sub-Panel is concerned whether all former recipients of disability benefits under the old scheme have been transferred to an appropriate impairment level. Individuals can make new applications, or ask for a change in their situation to be taken into account, at any time. All claims are subject to regular reviews which take place at least on an annual basis.

The Minister has already had to put in place a major restructuring of IS to respond to the needs of a group of children previously on attendance allowance, which was brought to his attention by the previous Income Support Sub Panel. These changes are to be found in P.90/2007 – Amendment No. 2.

The previous Income Support Sub-Panel questioned the Minister for Social Security about the transfer and assessment of claimants under the personal care component of IS at a Public Hearing on 22nd May 2008. The Sub-Panel were informed that –

‘Everybody on Attendance Allowance has also been transferred to personal care level 3. That is in the Transition Order. That is public information.

The person on L.T.I.A. was not able to get ... there was no benefit apart from Attendance Allowance available to that person. Many people did not qualify for Attendance Allowance. Now there are 2 intermediate levels of help that they can get below that. So the low income ill working aged person has got more access to a wider variety of benefits than there was previously.’

It was confirmed that claimants need to fill in a Personal Care Assessment form in order to be reassessed under the new system. The current Sub-Panel is concerned that the personal care component may not be reaching those in need of it. When asked why claimants have not been encouraged to do so and why the Social Security Department had not contacted those people the Sub-Panel was informed –

‘How would we know who to contact? At the beginning of a very new system you have probably criticised us for not having everything up and running as smoothly as it should be. We have to do things in the right order.

Nobody is worse off at the moment because everybody is fully protected at the moment through transition. So your individual on invalidity is not worse off at the moment. He has time to apply. The doctors know about it, the doctors have all been visited individually and had the new system explained to them so again your GP (General Practitioner) should be doing that if they feel it is appropriate for their patients.’

The Sub-Panel were further informed that under the IS Transition Order anybody that was previously on D.T.A. had been automatically transferred to personal care level one and had also been awarded a mobility component.

When asked whether IS claimants were now all on the level appropriate to themselves, the Sub-Panel were informed –

'There are now additional levels available that were not available before. We cannot second guess. It would be fairly kind of irresponsible to write to 8,000 people saying, now come in and apply for medical payments. It would not be appropriate for everybody. It needs to be done through societies, through yourselves, through doctors, through people understanding the new system and through our own staff when they meet people, saying: "You can get this benefit now." So this will be a question of time working through. But as I say, at the moment nobody has lost any money.'

The Department were unable to confirm how long it would take to ensure that IS claimants were on the appropriate level of assistance for their need under the new system, saying only –

'They are all on the right level for their need as it was assessed before income support started. What we are saying is there are now additional levels which will obviously take a little time to build up because they are new and additional.'

'You cannot say definitively you are going to be 2 and you are going to be 3 and you are going to be 1. That will take time to work out. Doctors will get used to the new system, people get used to the new system and it will become ... and people will apply and get the new benefits.'

The current Sub-Panel remains concerned that these benefits are not reaching all clients who may need them, we are aware that the single most common problem in the delivery of benefits is that of unclaimed benefit through lack of awareness. The Sub-Panel is concerned that the Department has not been sufficiently proactive in ensuring maximum reach for all components.

Key Finding 22:

The Sub-Panel is concerned that some claimants may not be receiving the right level of personal care.

Recommendation 24:

Eighteen months into Income Support the Minister needs to check that all claimants are receiving the appropriate level of personal care and report on his findings.

13.4 Payment for medical supplies

The Sub-Panel received evidence from a number of organisations that the Social Security Department was routinely failing to pay their invoices in good time and that payment was being delayed by up to 4 months.

The Financial Controller for The Little Sisters of the Poor informed the Panel that they had been awaiting payment for 3 months. She stated –

*'I have been sending invoices in as since December and they are all outstanding. I have not even had a letter, replies to my letters asking why. So at the moment you (the Social Security Department) are probably owing us, I think, about £9,000.'*⁴²

Family Nursing and Home Care (FN&HC) confirmed they were currently waiting for payment of invoices amounting to approximately £40,000 covering the previous 4 months, and that their Chairman had had to intervene in order to get the Social Security Department to settle the previous 4 month backlog. FN&HC went on to say that they had anecdotal evidence that individuals were also experiencing the same delays in payment.

The Minister stated that he was unaware of the delays, and the Panel were told that the turnaround for payment should not be any different to that for Special Payments, i.e., a 5 day working period. The Minister subsequently undertook to address the immediate problem, stating –

*'I certainly will go away and ensure that those outstanding invoices are paid.'*⁴³

The Minister was not at that time able to offer a long-term solution to the problem, and the Sub-Panel would urge the Minister to treat it as a priority.

Recommendation 25:

A adequate monitoring should be put in place by the Department to ensure that medical supply payments are made in appropriate timescales.

⁴² Intervention by Finance Officer, Little Sisters of the Poor, at the Minister for Social Security Public Hearing 3rd March 2009

⁴³ Minister for Social Security public hearing 3rd March 2009

14. WORK FOCUS

14.0 Incentives to Work

The underpinning philosophy for IS is that all people are better off and healthier by being in work rather than not. It is important therefore to create clear financial incentives to work. The Sub-Panel believes that under the current system claimants are insufficiently rewarded for seeking paid employment or increasing the number of hours worked.

The way in which current disregards work is illustrated in the Income Support Policy Guidelines as follows –

Peter lives on his own and claims Income Support. He has a disability and is only able to work part-time. He earns £250 per week. The income used in the Income Support will be –

$$£250 - £15 \text{ Social Security} - £25 (10\% \text{ disregard}) = £210.$$

Following the recent rise from 6 pence in the pound to 10 pence in the pound disregard⁴⁴ Peter is effectively £40 per week better off in work, than not. This may be sufficient to keep him in work once he is established. However, the problem would be if Peter who is disabled was not working but considering a return to work.

Written submission 23 received in 2008 outlined the following –

'I get Invalid Care Allowance and will continue to do so, and I previously got some family allowance, and HIE now I get £49.77 a week (in money £34.58 as they deduct the fee for Doctors). I work part-time and every bit of money I earn reduces the Income Support. As my contract is till June and I don't know what will happen later in the year that is what I am getting for now. There is no financial incentive to work, only for keeping up with the workplace and social networking, making contacts and training. I think there is something with this scheme as unless you are very motivated there is no benefit to working and I can't understand why.'

This is not a unique situation. Many families find themselves in the role of carer for an invalid or elderly relative whilst having to continue some form of work. The Sub-Panel is concerned that the lack of financial incentive and support will result in increased costs to the taxpayer as elderly relatives will have to go into care as a result of financial pressures.

Submission 33 from 2008 outlines the issue –

'I thought they would be encouraging people to go out to work not making it difficult for us to do so. Me and my husband have both considered me leaving work as I go out 3 evenings a week to work leaving my husband to take care of the children and it all seems quite pointless when I would be receiving more money to stay home.'

⁴⁴ Income Support (General Provisions) (Amendment No. 2) (Jersey) Order 2008 (R&O.165/2008)

It is an issue of concern that working parents feel that the low level of wage disregard acts as a disincentive for them to continue or seek work.

The Income Support Policy Guidelines, March 2009, Section 5.2 Disregards for earned income states as follows -

One of the aims of Income Support is to encourage people to be self-sufficient. One way of doing this is to allow people to keep part of their earnings outside the Income Support calculation so that as their earned income increases, their total income increases. This is achieved using a number of “disregards”.

There are two disregards within Income Support for all earned income.

1. Social Security contributions are deducted from earnings.
2. 10% of the gross earned income from the household is also disregarded from the income calculation to provide an incentive to work.

Example Peter lives on his own and claims Income Support. He has a disability and is only able to work part-time. He earns £250 per week. The income used in the Income Support calculations will be -

$£250 - £15 \text{ (Social Security)} - £25 \text{ (10\% disregard)} = £210$. Effectively Peter would be £40 per week better off.

Section 5.3 of the Guide - Disregard for lone parents, states -
Additional disregards are available for lone parents in paid work, to encourage them to enter and remain in employment.

1. *Up to £16.24 - all earnings are disregarded.*
2. *£16.24 to £27.09 - 50% of earning are disregarded*
3. *£27.09 to £48.79 - 25% of earning are disregarded*
4. *Above £48.79 - the first £27.09 of earning is disregarded until the 10% disregard provides a greater incentive (at £270.10 per week)*

Example Gillie earns £30 a week, helping at her son’s school two afternoons a week. She does not work sufficient hours to pay social security contributions. For Income Support purposes her weekly wages are treated as follows

Wages		Wages Regarded
£16.24	Completely disregarded	= £0
£10.85	50% disregarded	= £5.42
<u>£ 2.91</u>	25% disregarded	<u>= £2.18</u>
£30	Total	= £7.60

A total of £7.60 is included in the income calculation for Gillie's claim.

For lone parents who earn more than £270.10 per week, the normal disregard is applied to their earned income.

As with single peoples disregards the single parents additional disregards also mean that people are very little better off.

Recommendation 26:

In order to make IS work effectively as an 'in work benefit' incentives to work must be improved.

14.1 Childcare components

The simplest way to create incentives to work is to ensure that people are financially rewarded for working more hours. At the moment keeping only 10 pence of each additional £1 that they earn is not an incentive. The Sub-Panel believes that this is relevant to all clients but fundamental to single parents.

The Sub-Panel was concerned to hear from Family Nursing and Home Care that night shift working parents were facing additional difficulties accessing childcare components as they were at home during the day. This is a further disincentive for parents to work as they need to sleep during the day and the children require day care.

'That has been challenged, I think, but still there has been no outcome from that'⁴⁵

The Sub-Panel was assured by the Minister at its Public Hearing of 3rd March 2009 that the system should be providing access to childcare components for night workers subject to their household income.

It was also asserted that providing childcare components for jobseekers was discussed and the Sub-Panel was advised –

'If somebody has lost their job and they are looking to get another job we will maintain the childcare. It is very important to, for the sake of continuity, care for the child, as much as anything else, and that would be done as an imperative for about a month to enable somebody to get back into work.'

The Sub-Panel believe that maintaining the childcare component for one month is insufficient to enable parents to find alternative employment in the current economic climate. It suggests that the minimum length of time the component should be continued is three months to enable the parent to apply for jobs and attend interviews. This more flexible approach would allow the individual to be in a position to start any post offered immediately.

⁴⁵ FN&HC 27th February 2009 Public Hearing

The Sub-Panel believes that Job-seekers should receive the childcare component whilst they are seeking employment so that they can attend interviews. This proposal was included in Amendment 2 of P.90/2007. It was not supported by the then Minister, and was consequently then rejected by the States Assembly.

In addition, the Sub-Panel believes that the childcare component should be made more readily available to those who wish to study in order to help them find employment.

Recommendation 27:

The Minister must review the effectiveness of Childcare Components to ensure that people can get back to work.

14.2 Changes in earned income

The Income Support Policy Guidelines states the following on changes in earned income –

Many households experience small changes in earnings from week to week. Earned income is subject to review on a regular basis. Short-term fluctuations in earnings of less than £40 per week between reviews are disregarded. However, claimants do need to advise the Department of changes between review dates.

More permanent changes in earnings totalling less than £40 per week are disregarded for 3 months, as long as the claimant informs the Department promptly of the change. In this case, the claim is reviewed at the end of 3 months, and the Income support benefit is adjusted at that point. If the increase in earnings is more than £40 per week, the additional income is disregarded for 4 weeks if the worker has taken on a new permanent position or moved from part-time to full-time work on a permanent basis.

For someone in regular employment, the review period is a minimum of three months. The exact length of the review depends on the individual's circumstances.

Earned income is subject to review on a regular basis. However, households may experience changes in earnings from week to week.

Claimants are required to advise the Department of major changes between review dates but, as long as this is done, no account is taken of any increase in earnings until the end of the review period.

The Sub-Panel has considered the response of the Minister for Social Security during questions in the States on 3rd February 2009. The Minister was asked to –

‘inform members what guidelines, if any, are now in place to ensure that those who find or return to work are not charged for overpayment for the time taken by the Department to calculate the new level of benefit? In his answer will he indicate for members what targets, if any, are in place for addressing changes in claimants’ circumstances promptly?’

The Minister responded –

'Income Support claimants are not charged for overpayments in respect of the internal processing time of their change of circumstance within the Department. All claims are dated on the day that they arrive in the Department and, in most circumstances; benefit is paid or adjusted from that day. The sanction of overpayment is applied if the claimant fails to inform the Department of their new employment and continues to claim benefit at a higher rate, in the knowledge that they have now increased their household income.'

As a general rule, earnings are included in the calculation of Income Support from the day on which they are due to be paid. For example, a jobseeker moving into full time paid employment with a monthly salary will continue to receive Income Support until the end of the first month of employment when they receive their first wage payment. In some situations, a 28-day disregard of additional earnings is also applied to people moving into work if the position is a permanent job or a contract position that lasts at least 6 months.

The 28-day disregard is applied to:

- *Starting a job with a new employer*
- *Receiving promotion to a new job with the current employer*
- *Moving from part-time to full-time work with the same employer (at least 10 additional hours per week).*

If the 28-day disregard of additional earnings is applied, the person moving into work will continue to receive Income Support at the previous level for an additional 28 days, after their first payday. The claimant must inform the Department of the change in earnings when they start work in order to qualify for this additional disregard.'

The Sub-Panel is concerned that the answer provided did not reflect some of the evidence it had received, namely in the case of the client outlined in written submission 2.29, who is being pursued for overpayment relating to his first month's employment in a new post. Again, as with many of the submissions received during the course of the review, the need for advocacy for clients has become apparent, and it is essential that the issue is addressed to assist clients in navigating the complexities of the system.

The problem of fluctuating earnings is particularly important for those on so called 'Zero Hours Contracts' where employees may be called in at short notice to cover extra shifts. In such circumstances it easy build up overpayments which need to be paid back as mentioned in Section 12.2 of this report. The rates at which these payments may be clawed back are often subject to dispute as to what is reasonable.

The Sub-Panel believes that it is essential that clear guidelines are available to clients on the level of changes to their income that can take place without them being required to advise the Department.

Recommendation 28:

The Department must increase the flexibility in the monitoring for changes in earned income of people on 'zero hour' contracts so that they do not build up overpayments.

14.3 Maintenance

Maintenance is a payment from one of the parents to the family unit where the child resides. The Sub-Panel believe that treatment of maintenance under IS should always be to the benefit of the children.

The Sub-Panel is aware that there are cost implications for anyone seeking maintenance or the enforcement of maintenance payments and could prove prohibitive for those on a low income. In addition applicants can face annual difficulties when trying to secure cost-of-living increases to the maintenance they are paid or are seeking. As such the Sub-Panel believes that clients must be financially incentivised to pursue maintenance.

Evidence received outlined the difficulties faced by single parents –

'I also receive £433.00 a month in child maintenance from my ex-husband, whilst the children are in full time Education. This maintenance is not enforced and my ex-husband has refused to increase it by the cost of living for the last 5 years.'

The Sub-Panel believes that when the breakdown of a relationship is acrimonious, many women are reluctant to pursue maintenance, it considers that IS should be structured to make pursuing maintenance worthwhile. The current situation is that a man/woman paying out maintenance has those payments disregarded a woman/man receiving maintenance whilst on IS does not.

The Sub-Panel supports the recent amendment to have a 10% disregard on income when calculating Income Support. However, it believes that a £3.00 disregard on £30 maintenance is insufficient to motivate low-income individuals to pursue it. The Sub-Panel believes that an increased income disregard on maintenance could motivate clients to pursue their full maintenance entitlements from former partners which would in turn represent a saving to the Department.

The Sub-Panel suggests that it is inappropriate to place the requirement on single low-income adults caring for children to secure maintenance and ensure that they are paid without any assistance from a government agency, neither does it consider that this should be a role for the Social Security Department.

Recommendation 29:

The Minister must increase the income disregard in respect of maintenance.

14.4 Income Support funding for study and re-training

On 3rd March 2009, the Minister was questioned about access to funding to allow clients to retrain, particularly single parents. He advised that IS clients could receive childcare payments when retraining at college but it was not 'a blanket provision' and dependant upon the 'value of the training being received'. The Sub-Panel believes that the Department is too subjective when making judgements on the value of client's training.

The Sub-Panel is mindful that parents may have spent a considerable amount of time away from a formal learning environment, which makes it difficult for them to retrain. It believes that learning should be actively supported and significant attention should be given to skills training and encouraging lifelong learning programmes without being too prescriptive about the course content.

The Sub-Panel also believes that young people who have started study courses and are unable to finish their studies due to financial hardship should be provided with assistance. One witness spoke of her son's situation –

*'The issue is that one of my children is 21 and has just been made redundant; he was an apprentice with four more months outstanding to qualify. He is unable to get income support in his own right or to obtain funding to complete his apprenticeship.'*⁴⁶

The Sub-Panel believes that this is wrong and that the Department took an inflexible approach to this person's needs.

Key Finding 23:

The value of the existing skills assessments and training is recognised. The Sub-Panel is mindful that this is a resource hungry service with ever-increasing demands.

Recommendation 30:

Given the current economic situation, the Minister should ensure more flexibility in accepting a wider range of training opportunities to support young people.

⁴⁶ Written submission 2.40 2009

15. TRANSITIONAL PAYMENTS AND RESIDENCY RULES

15.0 The 5-year residency rule

The Sub-Panel has received evidence that some families who have been resident for less than 5 years have experienced financial hardship by the withdrawal of family allowance. It is acknowledged that with the introduction of Income Support no replacement for family allowance has been provided for families who have not been ordinarily resident for 5 years. Under the previous benefits system, families who had children and were resident for 6 months would be entitled to family allowance subject to their income. However, under IS the 6-month residency rule has been phased out and a 5-year residency rule applied to all families with children, regardless of income.

The Sub-Panel believes that the 5-year residency rule before a parent can get any support for childcare is too long. This is contrary to other initiatives seeking to encourage young people to stay and work in Jersey to balance the ageing population. Given that Jersey's government has only just accepted that money spent on children is an investment, not an expense, this approach seems retrograde.

The Sub-Panel suggests that the lack of adequate financial support to families coping with children will prove a false economy and discourage those children from reaching their full potential. It suggests that the Minister for Social Security looks at all the 14 income support benefits and considers whether, at the very least, a childcare component could be introduced earlier.

Mr. F. Le Gresley illustrated the implications of the loss of Family Allowance on Jersey residents who do not yet comply with the 5-year residency rule –

'We have lost family allowance and that is a major issue because family allowance was based on your first tax return... Now, what we have had, and we have had some quite sad cases of single parents who have arrived in the Islandand they have not been here 5 year. in one case a person had been here 2 and a half years and she struggled doing a part-time job.

She had maternity benefit but of course that ran out after 18 weeks or whatever, so she was basically getting friends and whatever to look after the baby while she went out to work and she got so stressed out one weekend she handed her baby away, gave her baby away to strangers virtually.

On the Monday, we were trying to get the baby given back by these people. That was an extreme case, I did contact the Minister about it, and he did use his discretion to make her some payments for a couple of weeks until something was sorted. We do not know how it was sorted, whether she returned to her country of residence of where she was born, but that was a situation where she just gave up basically and thought: "I cannot manage."

We have had other cases where single parents who have new children, if you like, on arriving on the Island whereas the old family allowance would have helped them,

*at least given them some steady income, that is lost under the new system and that is a worry.*⁴⁷

The Sub-Panel believes that further consideration should be given to the difficulties faced by parents working and paying tax in Jersey. They should be provided with some form of childcare assistance. With regard to the 5-year rule the Policy and Strategy Director, Social Security advised –

*'But on the other hand, family allowance – a family with children in Jersey with less than 5 years' residency, no qualifications, no access to housing benefit, was in a very difficult position anyway. The family allowance might have mitigated that to a certain extent but certainly a system which gives you full cover for 5 years has to be a good system compared to the kind of very staggered system that was in place before.'*⁴⁸

The Sub-Panel Chairman responded –

'I am surprised that you have introduced a ... no, I am not surprised, amazed, that you have introduced a change which has made a section of people worse off, effectively discriminated against in that way. They may be able to challenge, I would have thought. You had a system, which catered for some of these needs, you then move it, for good reasons, but accidentally discriminate against that group of people. You made their situation worse than it otherwise would be'

The Sub-Panel expressed its concern that the current system could potentially cause hardship to children of parents who did not have 5 years' residency. It requested that further consideration be given to this matter by the Minister.

Key Finding 24:

The Sub-Panel notes that there has been a reduction in the availability of support for children in that family allowance used to be claimable after 6 months' residency. This could cause potential hardship to children of parents who do not have 5-year residency status.

Recommendation 31:

The Minister must review the 5-year residency status policy.

15.1 Transitional Protection

The Sub-Panel remains concerned at the impact the cessation of transitional payments will have on the current recipients. As is revealed in the following answer to questions asked in the States recently, very significant sums will be removed from benefit levels, by stopping transitional protection.

The Sub-Panel is relieved that the transitional payments have been extended until October 2010. It agrees with the Minister that such reductions in support for families and individuals

⁴⁷ Mr. F. Le Gresley, CAB – Public Hearing 23rd February 2009

⁴⁸ Mrs. S. Duhamel, Policy and Strategy Director, Social Security – Public Hearing 3rd March 2009

should not be withdrawn in times of recession. However, the Sub-Panel concerned that reductions in support on this scale whenever they are introduced will cause serious hardship. The Sub-Panel intends to examine in detail later this year how families on transitional protection will be affected. In response to a question asked of the Minister for Social Security in the States on 16th June 2009, the following information was provided –

The following table sets out a detailed breakdown of the amounts of daily benefit which protected IS claimants will lose when protection is removed over the 3 to 6 year phased reduction period. It is based on the phasing proposed in the Economic Stimulus bid, on the assumption that the bid will be approved. Depending on the outcome of the bid, the exact phasing will be agreed later in 2009.

Year	2009	2010	2011	2012	2013	2014
Number of households receiving protected payment for year leading up to 1st October	2,734	2,620	2,223	1,799	959	147
Number of households experiencing increase/no change to daily benefit on 1st October	2,734	338	46	19	4	0
Number of households experiencing decrease in daily benefit of up to £1 per day on 1st October	0	427	321	526	159	2
Number of households experiencing decrease in daily benefit of between £1 and £3 per day on 1st October	0	1,444	1,047	970	612	29
Number of households experiencing decrease in daily benefit of between £3 and £5 per day on 1st October	0	235	458	209	156	101
Number of households experiencing decrease in daily benefit of between £5 and £7 per day on 1st October	0	148	140	29	17	9
Number of households experiencing decrease in daily benefit of between £7 and £10 per day on 1st October	0	17	173	19	6	6

Year	2009	2010	2011	2012	2013	2014
Number of households experiencing decrease in daily benefit of more than £10 per day	0	11	38	27	5	0
Number of households receiving protected payment from 1st October onwards	2,620	2,223	1,799	959	147	0

The Department holds a ring-fenced budget for protected payments and will continue to adjust the transitional phasing from year to year to provide the maximum protection within the budget available. This is very likely to result in a different transitional phasing from that shown above.⁴⁹

The Sub-Panel cannot tell from this table the extent to which individual households will be affected by the withdrawal of transitional protection nor where the income boundaries are drawn. The extent, to which pensioner households will be affected, for example, is not known. The stated intention of Income Support is to transfer benefit from the relatively better off households to those least well off. The drawing of these boundaries must be sensitively drawn if further hardship is to be avoided. The Chairman is aware that a single person earning as little as £14,000 a year may qualify for transitional protection and will be made worse off by 2012. This area will require intensive scrutiny over the coming months. The Sub-Panel will give it careful attention.”

Key Finding 25:

The Sub-Panel welcomes the delay to the phasing-out of transitional payments but is concerned about the impact of the loss of benefit.

Recommendation 32:

The Minister must communicate to all recipients the extent to which their benefit will be affected by the phasing out of transitional payments as soon as possible.

⁴⁹ Written Question to the Minister for Social Security by Deputy G.P. Southern 16th June 2009 – 1240/5(4590)

16. GLOSSARY OF TERMS –

CRSP – Centre for Research in Social Policy, Loughborough University. They worked on:

Minimum Budget Standards – the income required to maintain a decent level of minimum living standards for Jersey's poorest residents.

Clean data – a data set with no missing or wrong data.

Conditionality – the conditions imposed upon an applicant in order for them to claim Income Support. Most often applied to the need to be seeking work.

Determinations – the decisions made by the Determining Officers relating to the eligibility of claimants for specific elements of Income Support.

Determining Officer – an employee of Social Security with the power to determine claimants' eligibility for specific elements of Income Support.

Disregard – the element(s) of savings that are not taken into account when determining an application for Income Support.

HIE (Health Insurance Exceptions) – was a scheme that used to allow certain people on a low income to see their doctor and get prescribed medicines free of charge. Entitlement was means-tested. The Scheme has been discontinued.

Household Medical Account (HMA) – a means of setting aside a proportion of Income Support benefit to provide for the payment of GP bills.

Internal Policy Guidelines – a guide to the Income Support Scheme for employees of the Social Security Department offering guidance on interpretation and application of the scheme.

Job-seeker – an individual deemed to be capable of, available for and actively seeking work.

Job-seeker's agreement – an agreement that sets out the reasonable steps that a job-seeker needs to take to satisfy the 'actively seeking work' condition of Income Support.

Marginal Deduction Rate – the amount an individual earns if they work one additional hour.

Means-tested benefits – a benefit where a claimant is assessed for eligibility based upon their income and/or savings.

Policy Guidelines – the public guide to the Income Support System.

Poverty line – The poverty line is the level of income below which one cannot afford to purchase all the resources one requires to live. People who have an income below the poverty line have no discretionary disposable income, by definition.

Rent Abatement – is a rental subsidy paid only to tenants in States Rental Accommodation.

Rent Rebate – Rebate is a rental subsidy available to tenants in private sector rented accommodation (including Housing Trust properties).

Special Payments – a discretionary payment designed to assist claimants in exceptional circumstances and determined by a Determining Officer.

Transitional Protection – the means by which the level of benefits for current claimants is protected or gradually reduced over a defined period of time. At the defined point in time the claimants will receive the new level of benefit.

16. METHODOLOGY AND EVIDENCE CONSIDERED

16.0 Call for evidence

The Sub-Panel has attempted to engage the Public during the course of this review and, to this end, has issued a call for evidence in the Jersey Evening Post on one occasion and advertising was purchased from Channel 103:

The original terms of reference were placed in the JEP on the 2nd February 2009 for 3 nights.

Subsequently, at the June meeting with the Department of Social Security, we became aware that the income thresholds and levels of support would not be available until early 2007. As a result, we sent out revised terms of reference appropriate to this element on Friday 7th and Monday 10th July 2006:

1. What has been your experience of the current Welfare system?
2. Should the Connétables have direct responsibility for the proposed Citizen's Fund?
3. Should the administration of the new Income Support system be done centrally at the Social Security Department or should the Parish Halls continue to be involved?

16.1 Evidence Considered

16.1.0 Legislation:

Social Security (Jersey) Law 1974 – L.22/1974 ([Revised Edition chapter 26.900](#))

Income Support (Jersey) Law 2007 – L.9/2007 ([Revised Edition chapter 26.550](#))

Income Support (Amendment of Law) (Jersey) Regulations 2008 – R&O.81/2008 (*incorporated in Revised Edition chapter 26.550*)

Income Support (Jersey) Regulations 2008 – R&O.125/2007 ([Revised Edition chapter 26.550.30](#))

Income Support (Amendment) (Jersey) Regulations 2008 – R&O.8/2008 (*incorporated in Revised Edition chapter 26.550.30*)

Income Support (General Provisions) (Jersey) Order 2008 – R&O.12/2008 ([Revised Edition chapter 26.550.20](#))

Income Support (General Provisions) (Amendment) (Jersey) Order 2008 – R&O.118/2008 (*incorporated in Revised Edition chapter 26.550.20*)

Income Support (Special Payments) (Jersey) Regulations 2007 – R&O.126/2007 ([Revised Edition chapter 26.550.70](#))

Income Support (Consequential Amendments) (Jersey) Regulations 2007 – R&O.127/2007 (*amended Revised Edition chapters 24.750, 26.500, 26.900, 26.600, 26.200 and 26.500.18*)

Income Support (Transitional Provisions) (Jersey) Order 2008 – R&O.13/2008
[\(Revised Edition chapter 26.550.80\)](#)

Income Support (Transitional Provisions) (Amendment) (Jersey) Order 2008 –
R&O.38/2008 (*incorporated in Revised Edition chapter 26.550.80*)

Income Support (Transitional Provisions) (Amendment No. 2) (Jersey) Order 2008 –
R&O.124/2008 (*incorporated in Revised Edition chapter 26.550.80*)

Income Support (Special Payments) (Cold Weather Payments) (Jersey)
Regulations 2008 – R&O.7/2008 ([Revised Edition chapter 26.550.65](#))

Income Support (Special Payments) (Cold Weather Payments) (Amendment)
(Jersey) Regulations 2008 – R&O.133/2008 (*incorporated in Revised Edition
chapter 26.550.65*)

16.1.1 Oral Questions to Ministers asked in the States Assembly:

Minister for Social Security from Deputy J.A. Martin of St. Helier

16th July 2007 – 1240/5(3442)

6th November 2007 – 1240/5()

20th November 2007 – 1240/5(3574)

20th November 2007 – 1240/5(3575)

20th November 2007 – 1240/5(3584)

20th November 2007 – 1240/5(3585)

15th January 2008 – 1240/5(3659)

1st July 2008 – 1240/5(3962)

8th September 2008 – 1240/5(4058)

16th September 2008 – 1240/5(4074)

2nd December 2008 – 1240/5(4132)

3rd February 2009 – 1240/5(4228)

Minister for Social Security from Deputy G.P. Southern of St. Helier

29th January 2008 – 1240/5(3698)

12th February 2008 – 1240/5(3728)

11th March 2008 – 1240/5()

13th March 2008 – 1240/5(3799)

1st April 2008 – 1240/5(3821)

1st April 2008 – 1240/5(3822)

29th April 2008 – 1240/5(3863)

1st July 2008 – 1240/5(3991)

8th September 2008 – 1240/5(4056)

16th September 2008 – 1240/5(4080)

16th September 2008 – 1240/5(4081)

2nd December 2008 – 1240/5(4131)

20th January 2009 – 1240/5(4181)

Minister for Social Security from Deputy G.C.L. Baudains of St. Clement

17th June 2008 – 1240/5(3954)

Minister for Social Security from Deputy C.J. Scott Warren of St. Saviour

1st July 2008 – 1240/5(3986)

Minister for Social Security from Deputy S. Pitman of St. Helier

16th September 2008 – 1240/5(4079)

Minister for Social Security from the Deputy of St. John

24th February 2009 – 1240/5(4239)

Minister for Housing from Deputy P.V.F. Le Claire of St. Helier

15th May 2007 – 1240/5(3324)

15th May 2007 – 1240/5(3325)

16.1.2 Written Questions to Ministers asked in the States Assembly:

Minister for Social Security from Deputy G.P. Southern of St. Helier

13th February 2007 – 1240/5(3197)

27th February 2007 – 1240/5(3216)

13th March 2007 – 1240/5(3232)

9th October 2007 – 1240/5(3490)

13th March 2007 – 1240/5(3232)

4th December 2007 – 1240/5(3597)

15th January 2008 – 1240/5(3647)

29th January 2008 – 1240/5(3671)

12th February 2008 – 1240/5(3710)

26th February 2008 – 1240/5(3752)

11th March 2008 – 1240/5(3780)

1st April 2008 – 1240/5(3801)

29th April 2008 – 1240/5(3845)

13th May 2008 – 1240/5(3878)

17th June 2008 – 1240/5(3936)

1st July 2008 – 1240/5(3969)

15th July 2008 – 1240/5(4014)

15th July 2008 – 1240/5(4017)

16th September 2008 – 1240/5(4061)

16th September 2008 – 1240/5(4066)

21st October 2008 – 1240/5(4096)

21st October 2008 – 1240/5(4097)

21st October 2008 – 1240/5(4098)

20th January 2009 – 1240/5(4151)

20th January 2009 – 1240/5(4149)

3rd February 2009 – 1240/5(4216)

3rd February 2009 – 1240/5(4218)

24th February 2009 – 1240/5(4259)

24th February 2009 – 1240/5(4260)

Minister for Social Security from Deputy J.A. Martin of St. Helier

20th November 2007 – 1240/5(3565)

Minister for Social Security from Deputy G.C.L. Baudains of St. Clement

1st July 2008 – 1240/5(3964)

Minister for Social Security from Deputy C.J. Scott Warren of St. Saviour

21st October 2008 – 1240/5(4099)

Minister for Social Security from Deputy R.G. Le Hérissier of St. Saviour

24th February 2009 – 1240/5(4243)

Minister for Housing from Deputy G.P. Southern of St. Helier

4th December 2007 – 1240/5(3598)

Minister for Treasury and Resources from Deputy G.P. Southern of St. Helier

4th December 2007 – 1240/5(3599)

8th September 2008 – 1240/5(4059)

Minister for Planning and Environment from Deputy G.P. Southern of St. Helier

29th January 2008 – 1240/5(3672) – fuel poverty

16.1.3 Other Written Material:

Social Affairs Scrutiny Panel, Interim Report – Delivery of Income Support Structure S.R.5/2006

Health, Social Security and Housing Scrutiny Panel – Review of Income Support S.R.17/2007

2000 and Beyond: Strategic Policy Review 1995: Part 1 – States of Jersey Policy and Resources Committee

Designing claim forms: A good practice guide – The Benefit Fraud Inspectorate

Report on Income Support for Constables and Directors

Social Security Advisory Council Annual Reports 2005 and 2008 with update

Letter and Comments from Dr. Evans

Claim form and Notes for Housing and Council tax benefit

Report on the impact of the first 6 months of the Income Support System – Parish of St. Helier

16.1.4 Written Submissions:

The Sub-Panel has received 49 submissions from this review period and a further 44 were carried forward from the previous review.

16.1.5 Requests made to interested parties

The Sub-Panel contacted the following groups or organisations inviting them to meet or make a written submission:

- Citizens Advice Bureau
- Family Nursing and Homecare
- Age Concern

16.1.6 Public and Private Hearings:

The Sub-Panel held the following Public Hearings:

Witness:

Dr. G. Ince (General Practitioner) Chairman of the Primary Care Body

9th February 2009

Witnesses:

Mr. F. Le Gresley, Citizens Advice Bureau

Connétable A.S. Crowcroft of St. Helier

Reverend P.I. Wilcox, Prison Chaplain

Mr. J. Hodge, Shelter Trust

23rd February 2009

Witnesses:

Reverend Ian MacFirbhisigh (St. Thomas' Church)

Ms. P. Massey, Chief Executive, Family Nursing and Home Care

Ms. J. Le Ruez-Lane, District Nurse Team Leader, Family Nursing and Home Care

Ms. J. Hinks, Team Leader Home Care Support Team, Family Nursing and Home Care

Mr. A. Cook, Finance Manager, Family Nursing and Home Care

27th February 2009

Witnesses:

Deputy I.J. Gorst of St. Clement, Minister for Social Security

Deputy A.E. Jeune of St. Brelade, Assistant Minister for Social Security

Mr. R. Bell, Chief Officer, Social Security

Ms. S. Duhamel, Policy Director, Social Security

3rd March 2009

Witnesses:

Mr. J. Cox, Service Manager, Adult Social Work

Ms. C. Richards, Senior Social Worker

17th March 2009

The Sub-Panel also held a Private Hearing:

27th February 2009

APPENDIX 1

UK Benefit Introduction page jobcentrepluswebsite – see section 8.3 of this report.

Financial Help – Working Age Benefits There are many circumstances in which you might want or need financial support. This section tells you about the support you might be able to get.

Are you of working age: men and women aged 16 to 65?

Check the [A to Z list](#) of some of the benefits and allowances that Jobcentre Plus administers.

Check what benefits you may be able to get. Are you:

- Able to work and looking for work?
- Bringing up children?
- Caring for someone?
- Caring for children with special needs?
- Coming from or going abroad?
- Disabled?
- Expecting a baby?
- Going back to work (64.61kb)
- Living on a low income?
- Separated or divorced/Civil Partnership dissolved?
- Ill or Disabled?
- Studying or leaving school?
- Suffering from a dust related disease?
- Widowed?

Making a new or repeat claim for benefit

You can now ring us on our new number to make a benefit claim.

Phone: 0800 0 55 66 88

Text phone: 0800 0 23 48 88 if you are deaf, hard of hearing, or have speech difficulties.

Phone lines are open from 8am to 6pm, Monday to Friday.

The call will take about 40 minutes. You should call from:

Home, if possible; or

From somewhere where you are comfortable and where other people cannot

overhear your personal information.

You will speak to an operator who will guide you through making a new claim or renewing the details of a claim that has recently closed. During the call you will be asked to provide information including:

Your National Insurance number;

Details of your rent or mortgage;

Details of your past or present employment; and

Details of other income and savings.

Please make sure that you have this information handy when you call.

The operator will tell you what will happen next with your claim. For example, they may make you an appointment to see an adviser at your nearest Jobcentre Plus office to help with your search for work. They can also tell you who to contact if you have a question about your benefit.

We can only accept calls from the person who is making the claim, unless you have made previous arrangements with us for someone to act on your behalf.

Claim Online

You can claim Income Support, Jobseeker's Allowance or Incapacity Benefit online

If you are claiming Maternity Allowance, Industrial Injuries Disablement Benefit or Bereavement Benefits, or Carers Allowance you do not need to meet a personal adviser unless you want to or you are claiming other benefits through Jobcentre Plus.