

**Department for Work and Pensions**

**Research Report No 609**

# **Ethnic minority customers' experiences of claiming disability benefits**

**Meghann Jones and India Tracy**

A report of research carried out by Ipsos MORI on behalf of the Department for Work and Pensions

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# Summary

The Disability and Carers Service (DCS) is the government body responsible for administering disability benefits, including Disability Living Allowance (DLA), Carer's Allowance (CA) and Attendance Allowance (AA). The decision to undertake qualitative research emerged from a yearly quantitative customer satisfaction survey, undertaken for the DCS by Ipsos MORI, which has historically revealed lower satisfaction among ethnic minority customers than among the general population. The aim of the research was to understand what factors were driving these lower satisfaction levels and to help the DCS improve the service it provides to its ethnic minority customers.

The core element of this research involved face-to-face depth interviews with ethnic minority customers. In addition, it was felt that it would be important to make use of contextual data that is available, and therefore complement primary research with an initial desk research phase, including research that DCS had recently conducted among DCS staff. Following the main fieldwork, a workshop and some telephone in-depth interviews were conducted with members of the voluntary sector involved in dealing with ethnic minority customers in relation to welfare services.

From the findings compiled in this report, several conclusions can be made in relation to the drivers of lower satisfaction levels among ethnic minority customers with DCS customer service.

- Ethnic minority customers appear to be less aware and knowledgeable about the benefits available to them and take a long time to find out about the help available. This seems to have a lasting impact on their satisfaction with DCS. This hypothesis could be further tested with the addition of a question on the quantitative survey asking customers how soon they found out about the availability of benefits after their condition started.

- Ethnic minority customers' understanding of the benefits system in general may be weaker than that of the general population. That ethnic minority customers, particularly more recent migrants to the UK, are less likely to understand how the system works and on what basis benefits are granted (the eligibility criteria), has several implications, including:
  - Claims are probably more likely to be rejected due to customers failing to understand that they do not qualify for the benefit for which they are applying in the first place.
  - Claims are probably more likely to be rejected due to the fact that customers fail to understand which details matter and need to be provided in the application forms for DCS to make a favourable judgement on their claim.
  - Forms are perceived to be repetitive and intrusive, as customers fail to grasp the reasons why DCS require such a level of detail in the application.
  - Lack of clarity on the eligibility criteria among ethnic minority customers means that perceptions of arbitrary and unfair decision-making are enhanced.

The barriers to claiming are enhanced for ethnic minority customers due to this lack of knowledge and familiarity, and language and cultural barriers.

The research also aimed to better understand what good customer service means to ethnic minority customers. Although a key finding of the qualitative research was that many customers were unable to articulate their understanding of what constitutes good customer service when asked directly about it, an analysis of responses given throughout the interviews enables us to make inferences about what constitutes good customer service among these customers.

The literature review and the qualitative findings suggest that a personalised approach is particularly appreciated by ethnic minority customers. This often means having face-to-face meetings with a consistent point of contact. In addition, the findings also showed that customers from an ethnic minority background expected the organisation to be proactive in contacting them, sending out progress updates, chasing information needed, and thus providing a rounded service.

Based on the findings of this research, the DCS may want to consider the following actions:

- Directing efforts towards enhancing ethnic minority customers' understanding of the system of benefits and eligibility criteria. DCS should **work with community-based organisations** which currently have the capacity to deliver information about benefits to ethnic minority communities. A simple way to increase transparency might be to make a copy of the medical report on the basis of which the decision to grant has been made available to the applicant. There may also be a need for DCS to better explain reasons behind the rejection of claims.

- DCS might also focus on implementing initiatives to overcome the barriers which ethnic minority customers face when applying for disability benefits. The most obvious way to do this would be to **maximise in-house language capacity**, which is felt to be under-used. This should be addressed by ensuring any technical problems are overcome, providing staff the necessary training needed, and setting out clear lines of responsibility for multilingual staff, to overcome fears regarding workload as outlined in the DCS staff workshops.
- Another way in which DCS could reduce barriers faced by ethnic minority applicants could be to **simplify the application forms and better publicise the help available at the DCS**. The questions which were identified as causing particular problems included those where very specific (often numerical) information was requested, for example, questions about distances relating to someone's capacity to walk, questions asking about dates or the number of hours of caring needed. Currently, although customers find the form-filling process very challenging, few turn to the DCS for help, although they are generally aware of the phone number provided on the forms. This could possibly be done through surgeries at DCS offices or community organisations where customers could drop in for help.
- There were certain times identified as particularly concerning for customers, which DCS may wish to focus more on, such as **changes in people's current situation, their benefit renewal and their holidays or extended time abroad**. DCS should act proactively and provide customers with further information related to these areas of concern. DCS may wish to make sure that customers are kept updated in a similar way as in the very early phase of the application process. The research suggests that some of the dissatisfaction experienced by ethnic minority customers is linked to the benefit regulations surrounding absence abroad. DCS might tackle this issue by communicating these regulations more clearly and communicating the rationale behind the determination of the chosen period for each benefit.
- DCS may want to **look into the issue of 'period abroad allowance'**, which is a cause of dissatisfaction among some ethnic minority customers. DCS may want to give more information to ethnic minority customers on how these regulations operate and explain the rationale behind them. DCS may also want to consider opening the debate on extending the time period.
- DCS should aim to **sustain and improve its good performance in the areas where customers are satisfied** with the service they have received. These include the speed with which the application form is sent and then processed, the updates sent to them while the DCS are processing claims, and the notification letters informing them of the outcome of the application.
- The research findings suggest that staff would benefit from receiving further training on diversity and different cultures. This idea was raised in the DCS staff workshops and the findings from the qualitative interviews suggest this may be a good idea, as it was found that ethnic minority customers desire a more tailored approach to their claim.



# 1 Introduction to the research

The Disability and Carers Service (DCS) is the government body responsible for administering disability benefits including Disability Living Allowance (DLA), Carer's Allowance (CA) and Attendance Allowance (AA). The aim of this research was to help DCS to improve the service it provides to its ethnic minority customers.

The core element of this research was to be face-to-face depth interviews with ethnic minority customers. It was felt that it would be important to make use of contextual data that was available, and therefore complement primary research, with an initial desk research phase, including research that DCS conducted among DCS staff. We also carried out discussion groups and telephone depth interviews with members of the voluntary sector and service providers involved in dealing with ethnic minority customers in relation to welfare services.

## 1.1 Background to the research

The decision to undertake qualitative research emerged from a yearly quantitative customer satisfaction survey by Ipsos MORI for DCS, which has historically revealed lower satisfaction among ethnic minority customers than in the general population.

The 2007 and 2008 customer satisfaction surveys highlighted that white customers were more likely to be satisfied with the service they received from DCS than ethnic minority customers (80 per cent compared with 73 per cent in 2008). In 2008 there was no change in the proportion of ethnic minority customers who were satisfied with DCS customer service since 2007, however, there was a decline in the proportion of ethnic minority customers who said they would speak highly of the customer service they had received (57 per cent). The results also demonstrated that ethnic minority customers were more likely to say they had had problems or difficulties when dealing with DCS than white customers (25 per cent compared with 16 per cent). They were more likely to submit a formal

complaint, with around one in three (34 per cent) experiencing problems going on to make a complaint, compared with around one in five (22 per cent) white customers.

It was decided that qualitative research should be undertaken among ethnic minority customers to understand what factors were driving these lower satisfaction levels.

## 1.2 Objectives of the research

The overarching objective of the research was to understand why ethnic minority customers reported lower levels of satisfaction with the service provided by DCS than white customers.

More specifically, the research objectives were to:

- gauge awareness, knowledge and comprehension of benefits customers were entitled to and how this impacted on customers' relationship with DCS;
- understand what 'good customer service' means to ethnic minority customers and to gauge expectations of customer service and how this relates to their experience in reality;
- explore the 'customer journey' with participants, from information gathering to receiving payment (or not in the case of unsuccessful customers), to the appeals and complaints process, to understand the barriers faced by ethnic minority customers in accessing DCS benefits;
- engage with participants around their personal barriers to making a claim, with a view to developing insight into how services might be refined or even tailored to meet the needs of ethnic minority customers more effectively.

The research was designed, as outlined below, with these objectives in mind.

## 1.3 Methodology

### 1.3.1 Literature review

An initial desk research phase was built into the project to provide context for the research through a review of selected literature and previous Ipsos MORI research.

The literature review informed the design of the topic guide for the depth interviews, highlighting any issues which were necessary to be aware of when speaking with specific groups and any sensitive issues which may have affected the outcomes of the recruitment and the interviews. The review included:

- relevant Ipsos MORI research, such as data on ethnic minority uptake of welfare and health screening programmes, ethnic minority access (and barriers) to welfare services (e.g. our work for Her Majesty's Revenue and Customs (HMRC)), and other research around equality and equal opportunity, as well as research about service provision to disabled people more generally;

- selected literature around minority/disabled access to benefits, including disability benefits, such as the Joseph Rowntree Foundation (JFR) report *Poverty and Ethnicity in the UK* as well as the work of government departments such as the Department for Work and Pensions (DWP), Department for Children, Schools and Families (DCSF) and Central Office of Information (COI) around minority and disability access to and usage of services.

### **1.3.2 Original material from DCS staff workshops**

To complement the findings of the literature review, Ipsos MORI analysed the findings of DCS research with staff aimed at identifying issues around minority access to disability benefits.

The DCS Customer Insight Team held a number of staff events across the various DCS business units to draw on the knowledge and expertise of DCS staff, including:

- focus groups with staff from ethnic minority backgrounds who had also experienced DCS services as a customer or on behalf of someone else;
- workshops made up of staff members from any ethnic background who had day to day experience of dealing with DCS customers from ethnic minority groups.

At each event attendees were invited to give their opinions on any aspect of customer service they felt was relevant, though the workshop was shaped specifically around the key elements of the 'customer journey.'

### **1.3.3 Depth interviews**

A total of 35 face-to-face depth interviews with customers from an ethnic minority background were conducted between 12 January and 27 February 2009. We were provided with a sample by DCS of people who had made a claim for DLA, AA or CA within the last three months. Participants were selected from across the country, although a significant proportion of interviews took place in London and the Midlands, a reflection of the higher number of customers in the sample from these locations. Minimum quotas for interviews based on age, gender, ethnicity, disability and type of benefit were set to ensure we achieved a good spread of interviewees which should lead to robust sub-group analysis.

Table 1.1 shows a detailed breakdown of the first 30 interviews carried out with current DCS customers. An additional five interviews were conducted among unsuccessful customers with a view to understanding whether there were any differences in levels of satisfaction with these customers and how the final decision affects satisfaction about the service received.

**Table 1.1 Main sample achievement**

	Quotas	Achieved
<b>Type of benefit</b>		
DLA	Min*10	13
CA	Min*10:	11
AA	Min*6:	6
<b>Age</b>		
18-30	Min*4	6
31-45	Min*4	6
46-50	Min*4	4
51-65	Min*4	7
66+	Min*4	5
<b>Gender</b>		
Male	Min*12	17
Female	Min*12	13
<b>Ethnicity</b>		
Indian	Min*4	4
Pakistani	Min*4	7
Bangladeshi	Min*4	3
Black African	Min*4	4
Black Caribbean	Min*4	7
Chinese	Min*4	1*
Other	Min*4	4

\*Although we interviewed only one Chinese customer from the sample (claiming CA) we were also able to carry-out an informal interview with the participant's mother, currently claiming DLA.

### 1.3.4 Stakeholder workshop

Following the interviews with DCS customers, we conducted a stakeholder workshop with service providers and members of organisations involved in working with ethnic minority customers regarding disability and other benefits and services. The workshop was conducted in the Ipsos MORI viewing facility in Harrow on 16 March 2009 and included five participants. Recruitment targeted people from the same ethnic backgrounds as those who took part in the depth interviews. Many of those approached were interested in taking part. However, the final group comprised of a coalition of participants who were affiliated almost exclusively to one third party organisation (a Sickle Cell service users support group). The group also comprised a member of an African Caribbean organisation. Five attended in total. It was supplemented by depth interviews with two participants (from a Muslim Community Project and a Pakistan Welfare Association), who expressed an interest in the workshop but were unable to take part.



## 1.4 The interpretation of qualitative data

When interpreting findings from qualitative research, it should be remembered that results are not based on quantitative methods and do not claim to be statistically reliable. The aim of qualitative research is to 'get under the skin' of what participants say, think and feel in order to answer the all-important 'why?' questions. Qualitative research is exploratory in nature rather than a surface level enquiry. Issues and perceptions are probed in depth to elicit participants' underlying feelings and motivations. While the comments made reflect participant perceptions and should not, therefore, be treated as facts, they do represent 'reality' as perceived by those participants.

Verbatim comments are used throughout this report to illustrate the research findings. To protect the anonymity of participants, the comments are attributed by participant ethnicity, disability and outcome of the application.

## 1.5 Structure of the report

The report is structured as follows:

- review of the literature;
- DCS staff workshops;
- qualitative research findings;
- stakeholder workshop;
- conclusion and recommendations.



## 2 Review of the literature

An initial desk research phase was built into the project to provide context for the research through a review of selected literature and previous Ipsos MORI research.

The literature review informed the design of the topic guide for the depth interviews, highlighting any issues which were necessary to be aware of when speaking with specific groups and any sensitive issues which may have affected the outcomes of the recruitment and the interviews. The review included:

- relevant Ipsos MORI research, such as data on ethnic minority uptake of welfare and health screening programmes, ethnic minority access (and barriers) to welfare services (e.g. our work for Her Majesty's Revenue & Customs (HMRC)), and other research around equality and equal opportunity, as well as research about service provision to disabled people more generally;
- selected literature around minority/disabled access to benefits, including disability benefits, such as the Joseph Rowntree Foundation (JRF) report '*Poverty and Ethnicity in the UK*' as well as the work of Government Departments such as Department for Work and Pensions (DWP), Department for Children, Schools and Families (DCSF) and Central Office of Information (COI) around minority and disability access to and usage of services.

### 2.1 Background

To date the literature on benefit take-up in the UK has been predominantly based on systematic comparisons between eligibility criteria and benefit receipt in an attempt to estimate take-up. A number of qualitative studies have explored factors influencing benefit take-up, including some that have examined the role of ethnicity.<sup>1</sup> However, there has been little detailed investigation of the processes influencing people's experiences of claiming ill-health-related benefits. The research undertaken here will aim to help fill in the gaps.

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<sup>1</sup> Salway, S. *et al.* (2007). *Long-term ill health, poverty and ethnicity*. Bristol, JRF.

## 2.2 Structure of the literature review

The literature review is structured as follows:

- ethnic minority groups in the UK: demographics, socio-economic characteristics and cultural attitudes to disability;
- ethnic minority groups and access to welfare services;
- potential areas for dissatisfaction; and
- important considerations for the research.

## 2.3 Ethnic minority groups in the UK: demographics, socio-economic characteristics and cultural attitudes to disability

Census data collected in 2001 indicated that ethnic minority groups comprised 8.7 per cent of the population of England and Wales.<sup>2</sup> The largest ethnic groups were:

- Indian 1,036,807 (2 per cent);
- Pakistani 714,826 (1.4 per cent);
- black Caribbean 563,843 (1.1 per cent);
- black African 479,665 (0.9 per cent);
- Bangladeshi 280,830 (0.5 per cent).

DWP define someone as living in income poverty if their household's income is less than 60 per cent of the national median<sup>3</sup>. Research from the JRF<sup>4</sup> shows that Bangladeshis, Pakistanis and black Africans had much higher rates of income poverty (65 per cent, 55 per cent and 45 per cent 'income poor' respectively) in contrast to white other and white British groups (25 per cent and 20 per cent respectively). London has especially high rates of ethnic minority households in poverty, with 70 per cent of those in income poverty belonging to ethnic minority groups<sup>5</sup>.

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<sup>2</sup> Office for National Statistics Census Data 2001. Available at <http://www.ons.gov.uk/about>. There are limitations in using the 2001 Census data linked to the fact that it excludes more recent migrants.

<sup>3</sup> JRF (2007). *Poverty rates among ethnic groups in Great Britain*.

<sup>4</sup> Ibid.

<sup>5</sup> Atkinson, A. (2006). *Migrants and Financial Services: A review of the situation in the United Kingdom*. University of Bristol.

Research indicates that a number of ethnic groups, notably Pakistani, Bangladeshi, black Caribbean and black African men continue to experience higher unemployment rates, greater concentrations in routine and semi-routine work and lower hourly earnings than members of the comparison groups of British and other white groups.<sup>6</sup> Ethnic minority groups are disproportionately represented among DWP's 'most disadvantaged customers'.<sup>7</sup>

**In relation to ill-health more specifically,** the literature also shows that levels of long-term ill-health differ significantly between ethnic groups. In their research, the literature showed, that for Bangladeshi and Pakistani men, ill-health-induced economic inactivity appears to be a relatively accepted role to assume even from age mid-40s onwards. Hence, Bangladeshi and Pakistani men and women are much more likely to report health conditions than white British or black African individuals beyond 40 years of age.<sup>8</sup> However, it should be noted that not all Bangladeshi and Pakistani men who openly presented themselves as having a long-term health condition necessarily applied for ill-health-related benefits. Several instead relied on family-level support and additional quantitative findings revealed that they were actually less likely than the white British group to be receiving ill-health-related benefits.<sup>9</sup>

This relates to another finding from the review where notions of legitimacy are flexible and linked to perceptions of valued social roles. Concern about the undesirability of claiming ill-health-related benefits are thus related to the perceived negative implications of assuming the identity of 'unfit for work' or 'disabled'. Such concerns were found to be particularly strong among the Ghanaians.<sup>10</sup> In addition, there was a sense that receiving DLA or 'Incapacity Benefit (IB)' would further solidify people's identity as 'long-term ill' and 'disabled', and make a return to employment or active life less likely<sup>11</sup>.

Financial hardship can play an important role in determining whether or not a claim for ill-health-related benefits is made. When faced with financial difficulty, individuals may ignore community proscriptions against claiming an ill-health-related benefit and actively seek out information on additional benefit entitlements, as in the case of several Ghanaian women who were single parents and Pakistani women.<sup>12</sup>

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<sup>6</sup> Simpson, L. *et al.* (2006). *Ethnic minority populations and the labour market: an analysis of the 1991 and 2001 Census*. DWP Research Report No. 333.

<sup>7</sup> Law, I. *Racism, ethnicity, migration and social security*.

<sup>8</sup> Salway, S., Platt, L., Chowbey, P., Harriss, K. and Bayliss E., (2007). *Long-term ill health, poverty and ethnicity*. Bristol: JRF.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

## 2.4 Ethnic minorities and access to welfare services

Evidence shows that receipt of ill-health-related benefits is often well below maximum and that individuals from ethnic minority backgrounds may face particular obstacles, although detailed investigation of people's experiences of claiming is lacking.

Research has shown that ethnic minority customers' access to benefits and their claiming experience were further impeded by cultural, religious and linguistic differences, reinforcing the need for linguistic initiatives, such as interpreters and translated material.<sup>13</sup>

A common theme across the literature was that ethnic minority customers experience a set of barriers to access benefits and wider social security that is specific to this group and often hinders access more significantly than for members of the general population.

Such barriers include<sup>14</sup>:

- lower level of understanding of the concept of benefits – a particular problem for people who come from countries which do not have a benefits system;
- an assumption that they would automatically be given or informed of all the benefits they were entitled to, especially among older people. This assumption has also been found in research with older people, which did not focus specifically on ethnic minority communities;
- attitudinal barriers to claiming benefits, including both a sense of pride and resistance to asking for help, and a wide range of concerns relating to making contact with the Government and to claiming benefits;
- lower knowledge about finding-out about the benefits, what questions to ask, and where to go to ask them;
- being able to understand and believe the advice they were given. Filling in the necessary forms correctly and providing acceptable proofs of identification and financial details;
- delays or difficulties with claims, with the need to understand what these consisted of and be willing and able to follow them up.

The ability to overcome such barriers is likely to be influenced by a variety of factors including personal resources (language, basic skills, ability to manage own finance, ability to remember information, and self-confidence), attitudes

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<sup>13</sup> Bloch, A. (1993). *Access to benefits: The information needs of minority ethnic groups*. London, PSI.

<sup>14</sup> Barnard, H. and Pettigrew, N. (2003). *Delivering benefits and services for black and minority ethnic older people*. DWP Research Report No. 201, Leeds, Corporate Document Services.

to benefits, past experiences or anticipation of refusal, social capital, access to help and resource of third parties, access to community networks and word of mouth<sup>15</sup>, external factors (the absence of an NI number, the office environment, staff attitude, documents required<sup>16</sup>), and macro issues (the wider policy context, benefit administration organisation, funding, voluntary sector).

The literature also highlights that among white British participants with comparable health and socio-economic status, Pakistanis, Bangladeshis and black Africans had much lower probabilities of receiving DLA.<sup>17</sup> This could, therefore, partly explain why ethnic minority customers' satisfaction with DCS overall is lower.

Awareness and understanding of disability benefits was also shown to be particularly poor. Many participants had not heard of available benefits despite having a long-term health condition. For example, those who had heard of DLA often had misconceptions about eligibility criteria, for instance thinking that the benefit is means tested and therefore, that working or having a working spouse would mean ineligibility, believing that DLA cannot be claimed simultaneously with IB, or, in contrast, that Incapacity Benefit receipt is a requirement for DLA eligibility. Some Bangladeshi and Pakistani participants felt that DLA was only intended for individuals with severe physical or mental impairments and not incapacity associated with chronic illness.

Poor knowledge was compounded by a common perception among all ethnic groups that the benefits system was complicated and stressful.

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<sup>15</sup> A lack of specialist support to claims is an issue affecting all ethnic groups. Lower levels of education, poor English language competency and lack of experience with state bureaucracy are likely to make this a particularly serious problem for significant numbers among the ethnic minority groups. For the ethnic minority participants, membership of an 'ethnic community' is also meaningful and brings access to opportunities and support, but also expectations, obligations and constraints. The heavy reliance on support from people within one's own ethnic community, for example, among Pakistanis, Bangladeshis and to a lesser extent Ghanaians, can mean that access to formal entitlements is dependent on informal relationships and therefore becomes less reliable. The Pakistani local networks stand out as being particularly well informed of the benefits system. In contrast, the Bangladeshi networks have been shown to prove less productive and participants less well informed of available options.

<sup>16</sup> This point is further illustrated later in the review.

<sup>17</sup> Salway, S. *et al.* (2007). *Long-term ill health, poverty and ethnicity*. Bristol. JRF.

## 2.5 Potential areas for dissatisfaction

Reviewing the literature also highlighted potential areas of dissatisfaction for ethnic minority customers claiming disability benefits which is explored further in the qualitative research.

### 2.5.1 Role of staff

The role of government staff is key and recurrent in literature on ethnic minority customers and benefits. Personal service is particularly relevant to vulnerable groups and ethnic minority customers:

- Research on satisfaction with Jobcentre Plus suggests that customers from ethnic minority backgrounds place greater emphasis than the general population on the personal contact and friendliness of staff.<sup>18</sup>
- Research on the New Deal for Disabled People (NDDP), a programme of advice and practical support which helps people move from disability and health-related benefits into paid employment, found that customers appreciated the highly individualised approach of the NDDP Personal Adviser (PA) Pilots, helping them to set goals and make progress towards them<sup>19</sup>. Strong relationships with a core adviser and maintenance of contact by advisers emerged as being particularly important in customers' longer-term progress. In the IB Reform pilots, PAs placed emphasis on developing a personal relationship with a customer as a foundation for subsequent guidance through the options available. Hence, PAs play a central and crucial role in co-ordinating and providing continuity of support.<sup>20</sup>
- Research shows that helpful, patient and welcoming staff make the experience of claiming much easier. The attitude of staff in benefits offices could also form a barrier if they were felt not to take a helpful approach or if they gave information so quickly that people could not take it in and did not feel able to ask questions.<sup>21</sup>

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<sup>18</sup> Hudson, M. *et al.* (2006). *Ethnic minority perceptions and experiences of Jobcentre Plus*. DWP Research Report No. 349.

<sup>19</sup> NDDP pilots were set up in 1998 and consisted of two main strands: first, 12 PA Pilots; and secondly, 24 Innovative Schemes. NDDP was extended nationally in 2001 as a voluntary programme, with a wide and broadly defined target population, delivered to customers through Job Broker organisations.

<sup>20</sup> Hasluck, C. and Green, A. E. (2007). *What Works for Whom? A review of evidence and meta-analysis for the Department for Work and Pensions*.

<sup>21</sup> Barnard, H. and Pettigrew, N. (2003). *Delivering benefits and services for black and minority ethnic older people*, DWP Research Report No. 201, Leeds, Corporate Document Services.



### 2.5.2 Welfare organisations' office environment

Negative experiences of the office environment have been shown to revolve around<sup>22</sup>:

- queues and waiting to be seen;
- open-plan offices, felt by some to lack privacy;
- difficulty in accessing the office buildings, (e.g. with stairs being an issue for elderly customers with mobility problems).

The environment of benefits offices have been seen by some as unwelcoming. Preference is given to a smaller, more intimate and familiar environment. In addition, there are some practical issues with benefits offices. For example, they might be distant from customers' homes, particularly those living in rural, hard-to-reach communities.

### 2.5.3 Language barriers

Ethnic minority customers have expressed concern about language barriers and their reluctance to go to a place (such as a benefits office) where they might not be able to communicate. This also affects filling in application forms.

### 2.5.4 Forms

Across the literature, forms are felt to be long and complex, confusing, hard to complete and have questions that are difficult to answer. In particular, giving information about savings and income caused concern for some, as they worried that they might be penalised or have their savings or income reduced.

This is mirrored in the DCS customer survey findings: white customers are significantly more satisfied that the forms are easy to fill in than ethnic minority customers: 71 per cent compared to 64 per cent.

### 2.5.5 Communications

The literature highlights various key findings regarding communications with ethnic minority customers:

- firstly, face-to-face contact appears to be the preferred form of communication for ethnic minority customers. This is interlinked with the language barrier and the requirement for personal contact with staff, which helps to build up a relationship of trust;<sup>23</sup>

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<sup>22</sup> Ibid.

<sup>23</sup> Barnard, H. and Pettigrew, N. (2003). *Delivering benefits and services for black and minority ethnic older people*. DWP Research Report No. 201, Leeds, Corporate Document Services.

- aversion to phone contact has been documented, particularly for Chinese, African and Caribbean customers;<sup>24</sup>
- aversion to chasing the progress of claims is a recurrent theme in the literature. Ethnic minority customers rarely chase for updates on their claims;
- another common theme in the review was 'letter fatigue', a tendency to fear or disregard written correspondence because the letter is too complicated or because customers fear bad news;
- the Ipsos MORI Customer Survey 2008 showed that customers from an ethnic minority background were more likely to have requested contact in an alternative format – approaching half have done so (46 per cent, compared with 30 per cent among white customers), rising to 48 per cent of customers from an Asian background. Interestingly, ethnic minority customers are more likely to request communications in large print (38 per cent compared with 27 per cent).<sup>25</sup>

### 2.5.6 Trips abroad and residence requirements

In the literature, trips abroad and residence requirements often caused confusion and dissatisfaction with welfare services. Strong dissatisfaction has been unveiled regarding the four-week restriction on the length of such visits, which were felt to be too short.<sup>26</sup> Regulations such as these also strengthen beliefs that the government fails to understand how different communities operate. Community groups often report that older people are unaware of this rule and return to the UK to find that their benefits have been terminated, or asked to repay benefits paid while they were away.

### 2.5.7 General feeling of alienation

JRF research has shown that although experiences of direct racist discrimination were rarely reported, general feelings of exclusion from 'mainstream' society and services were widespread among ethnic minority participants. Some of the Pakistani, Bangladeshi and Ghanaian participants harboured specific concerns about the ways in which state provision clashed with what they saw as their 'culture' or failed to take account of the experience of being part of a minority ethnic group. For example, a Ghanaian participant felt that her 'traditional' role as grandmother had been undermined by social services who failed to include her in consultations about the appropriate course of action when her daughter's health was felt to be compromising the well-being of her grandchild.<sup>27</sup>

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<sup>24</sup> Ibid.

<sup>25</sup> Ipsos MORI (2008). *DCS Quantitative Customer Service Survey 2008*.

<sup>26</sup> Barnard, H. and Pettigrew, N. (2003). *Delivering benefits and services for black and minority ethnic older people*. DWP Research Report No. 201, Leeds, Corporate Document Services.

<sup>27</sup> Salway, S. et al. (2007). *Long-term ill health, poverty and ethnicity*. Bristol, JRF.

## 2.6 Important considerations for the research

The review drew our attention to some important considerations which were taken forward into the qualitative research.

### 2.6.1 Diversity within the ethnic minority customer group

The literature highlights the importance of recognising differences between different minority groups artificially presented as homogeneous under the title of 'ethnic minority customer'. For example, it has been found that African, Caribbean and Pakistani participants more commonly raised issues related to pride and avoidance of charity than white and Indian participants<sup>28</sup>. In contrast, positive, rights-based attitudes to claiming were found among some Bangladeshi participants alongside more resistant attitudes from others<sup>29</sup>.

### 2.6.2 Specific vulnerable groups among ethnic minority customers

There is also a need to recognise specific vulnerable groups among ethnic minority customers. Barnard and Pettigrew gave the example of Bangladeshi women who did not have a National Insurance number (NINO). Some had come to the UK to join their husbands; who had never registered them for a NINO. Because of this they found it very hard to claim benefits if their husbands left or died. Voluntary workers complained that it was not seen as part of anybody's job to help these women to get a NINO and that it was difficult for workers, as well as older people, to know how to proceed.<sup>30</sup>

The review of the literature thus highlighted key areas of interest, as well as gaps in the research. These helped to inform the development of the qualitative research materials for the depth interviews with DCS customers. In addition to the existing published literature, Ipsos MORI collected the findings of the staff workshops which were organised and moderated internally by DCS. These findings are detailed in the next chapter.

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<sup>28</sup> Molloy, D. *et al.* (2003). *Diversity in disability: Exploring the interactions between disability, ethnicity, age, gender ad sexuality*. DWP Research Report No. 188.

<sup>29</sup> Law, I. *et al.* (1994). *Racial equality and social security service delivery: A study of the perceptions and experiences of black and minority ethnic people eligible for benefit in Leeds*. Leeds, University of Leeds.

<sup>30</sup> Barnard, H. and Pettigrew, N. (2003). *Delivering benefits and services for black and minority ethnic older people*. DWP Research Report No. 201, Leeds, Corporate Document Services.



# 3 Disability and Carers Service staff workshops

## 3.1 Background

Aiming to prepare for the qualitative research among Disability and Carers Service (DCS) customers, the DCS Customer Insight Team decided to draw on the knowledge and expertise of DCS staff by holding a number of events across the various DCS business units:

- one focus group with staff from ethnic minority backgrounds who had also experienced DCS services as a customer or on behalf of someone else;
- one workshop made up of staff from any ethnic background who had day-to-day experience of dealing with DCS customers from ethnic minority groups.

At all events, attendees were invited to give their opinions on any aspect of customer service they felt was relevant, though the workshop was to be shaped specifically around the key elements of the 'customer journey.'

As Wembley Disability Benefit Centre (DBC) is situated in an area of ethnic diversity, it was felt that this would be the ideal place to hold the first event. After the Wembley event, it was decided that more workshops would be held in different DCS business units across the country, including Disability Living Allowance (DLA)/ Attendance Allowance (AA) Helpline and Benefit Enquiry Line (BEL). Sessions were also arranged at Midlands DBC, Carer's Allowance Unit (Preston) and the Disability Contact and Processing Unit (DCPU) in Blackpool.

Ipsos MORI was not involved in the organisation or the moderation of the DCS staff workshops, which were conducted internally by DCS. The findings which follow are based on what was reported by DCS, rather than Ipsos MORI. However, understanding the experience of DCS staff in relation to administering benefits to ethnic minority customers is important to this research. We have, therefore, included findings from the DCS workshops in the report.

## 3.2 General findings

The general findings emanating from the workshops were:

- Mixed views were expressed when staff were asked whether ethnic minority customers received the same standard of service as white British customers. In Preston, there was a consensus that ethnic minority customers did receive a good service when they could be put through to a member of staff who could speak their language.
- It was felt that past experiences were important and a few felt that if a customer struggled to communicate with staff during their first contact, this would leave a lasting impression.
- The lack of understanding of the basic eligibility criteria among ethnic minority customers was highlighted by staff during the workshops, for example, the misconception that DLA was an out-of-work benefit.
- As found in the literature review, it was perceived by staff that there were low levels of follow up – or ‘chasing’ – claims among ethnic minority customers and few complaints, with language barriers being perceived as contributing to this as people felt nervous about getting in touch with DCS.

## 3.3 Language barriers

Language barriers were highlighted throughout the staff workshops:

- Problems with understanding the English language were perceived to be hindering the receipt of correct information, making oneself understood and generally proceeding through the claims process smoothly. It was noted that there currently is a dedicated team for Welsh speakers, but not for any other language.
- There was a sense that there is wealth of translation talent within the DCS which is not formalised and therefore underused. Sometimes a member of staff can speak more than one language, but they have been told by their manager that they can only use the one language they are ‘on the list for’ or have formal qualifications for. Participants explained that the language allowance is paid only for one language and that was why they weren’t allowed to speak in other languages they knew.
- There was a sense that there is a need for clarity about the standards expected from staff who interpret for customers, with concerns about added pressure on foreign language speaking staff.

- There was felt to be a need for staff training in translation and to recognise the importance of the availability and accessibility of language services. The Big Word was perceived as a good idea, but awareness and usage of it was said to be low.<sup>31</sup>

*'Staff are aware of the services available to customers but the guidance is difficult to find. There is knowledge of The Big Word but members of staff will avoid using it and will struggle through the call rather than arrange a conference call with the assessor due to the time involved. Although unofficial, the Helpline is still target driven.'*

(DLA Helpline staff member)

*'Staff aren't trained to use The Big Word so when they receive a request for an interpreter they panic.'*

(DLA Helpline staff member)

*'It is apparent that at CAU they only use staff on the other languages list and will arrange a call back rather than ring the Big Word. There didn't appear to be much awareness of the Big Word.'*

(DCS staff member from Preston)

It was felt that confusion over translation provision can lead to stress and panic among staff, and thus problems in the service provided, including reluctance among staff to make contact with ethnic minority customers.

### 3.4 Forms

Forms were also discussed and highlighted by the groups as an area for improvement.

- The forms which customers were required to fill in were felt to be complex and confusing. This, however, was thought to be the case for the general population as well as ethnic minority customers, though it was exacerbated for ethnic minority customers who would often also have language and cultural barriers to contend with. An example which was given a number of times was that when asked 'can you hold knife and fork?' some groups would respond, 'I eat with my hands'.
- The feeling that ethnic minority customers should have more time to complete the form-filling process was expressed several times by DCS staff.

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<sup>31</sup> The Big Word is an external agency used by DCS to provide simultaneous translation.

### 3.5 Nationality requirements

Nationality requirements were perceived to be an issue for ethnic minority customers:

- Questions about nationality on the claim forms were either not answered or misunderstood, which led to the delay of customers' applications.
- Nationality check requirements also added to the time taken to process applications.
- It was thought that ethnic minority customers were often reluctant to send their passports with their application, which served to delay applications still further.

### 3.6 Cultural issues

Reluctance to claim (or to ask for help during the claiming process) were linked by DCS staff to the stigma associated with disability among certain ethnic minority customers. This was thought to particularly be the case among South-East Asian communities, where there is a duty for younger members of the community to care for elders and a belief that one should not rely on the State for this.

*'The misunderstanding of the concept of benefit was also presented as an issue. "Ethnic minority customers have different expectations. They misunderstand the purpose of the benefit due to the name Disability Living Allowance. They take this as meaning that they will automatically get a living allowance because they are disabled. It is more difficult to explain the purpose of the benefit and the qualifying criteria.'*

(DLA Helpline)

### 3.7 Trips abroad

Trips abroad were seen to create significant problems for benefit claims:

- DCS staff claimed that customers often left the country for a significant period of time without informing the DCS.
- Absence abroad was said to be a common change of circumstances, particularly in the Asian community where members often travel home to see family.
- The absence abroad criteria<sup>32</sup> are clear cut for DLA and AA customers, but not so for other benefits which was thought to cause some confusion. It was thought that this could also lead to overpayment.

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<sup>32</sup> This is the amount of time a person is allowed to be abroad without benefit payments being interrupted.



- When a benefit comes up for renewal, in some cases the claim pack will not have been received simply because the customer has gone abroad and not let DCS know. This means that the first time the customer becomes aware of the problem is once the money has stopped being paid to them.
- That the current allowance should be extended was suggested as it is not suited to the needs of ethnic minority customers who often need to stay abroad for a long period of time.

*'The two week allowance should be extended because people going to far eastern countries tend to go for at least six weeks. Also, ethnic minority groups will go to other countries for alternative treatment and can be away for more than two weeks.'*

(DCS staff member from the Midlands)

### 3.8 The role of Disability and Carers Service staff

The role of DCS staff was perceived to be essential in overcoming potential barriers to making a claim. An example of a member of staff who had become the focal point within her community for information about benefits and help with completing claim forms was given:

*'Her role started with assisting some people with completing claim forms and providing an interpreting service because they didn't know where else to go. This has now grown via word of mouth within the community, so she now has daily callers to her house asking for assistance. She is trusted within her community to provide the correct information but this service should be provided by the DCS, there is definitely something missing in the service we provide.'*

(DCS staff member from Wembley)

Staff expressed willingness to receive training and guidance on some aspects of ethnic minority cultures and faiths which might impact on the claiming process. Community 1000, which has given staff the opportunity to do voluntary work with customers, was cited as a good way to achieve this.

However, there was also a perception among staff that some community groups were reluctant to engage with or trust DCS staff:

*'There is some reluctance for ethnic minority organisations to get involved with DWP. These include Polish, Chinese and Somali, not just the Indians and Pakistanis. There is apparently a problem getting these groups to attend our events and vice versa. Sometimes external organisations have problems because of their lack of resources. Bengalis can be particularly reluctant to get involved, they won't attend information sessions.'*

(DCS staff member from Preston)

*'Maybe we could attend Mela events throughout the country to promote our services. The disadvantage of this would be the cost so there would have to be some sort of central funding. These events are for celebrating and showcasing South Asian heritage, art and culture as well as celebrating cultural diversity and promoting community cohesion.'*

(DCS staff member from Preston)

*'There seems to be a trust issue with black/ethnic organisations, the general feeling when we ask them to be involved in something is one of mistrust, why do we want them to be involved now when we haven't bothered before? They find it difficult to accept us wanting to involve them.'*

(DLA Helpline)

# 4 Qualitative research findings

## 4.1 Introduction

This section is structured around discussion of the following issues:

- customer perceptions of good customer service and expectations of government services;
- the experience of customers when claiming disability benefits from Disability and Carers Service (DCS);
- customers' perceptions of the decision-making process;
- customers' perceptions of DCS; and
- customers' suggestions for improvements.

This report focuses on interviewees' experiences. Where applicable, it elaborates on the experiences of subgroups, in particular by type of benefit received and the application outcome.

## 4.2 Perceptions of good customer service and expectations of government services

One of the key objectives of the research was to understand what good service means to ethnic minority customers and to gauge how expectations of customer service relate to their experience of DCS. The following section explores this.

### 4.2.1 Engaging with the concept of good customer service

The Ipsos MORI customer satisfaction (quantitative) survey for DCS has consistently revealed that customers from an ethnic minority background tend to be less satisfied with the service they receive from DCS than white customers (73 per cent of ethnic minority customers reported they were satisfied compared with 80 per

cent of non-ethnic minority customers). Alongside highlighting areas of particular dissatisfaction for ethnic minority customers, one objective of the research was to try and gain a better understanding of ethnic minority customers' perceptions of good customer service and their expectations regarding the claiming process.

The first key finding of the research was that many customers were unable to articulate their understanding of what constitutes good customer service. Many of the participants interviewed were puzzled by the question and unable to articulate an answer.

While, when prompted, participants generally understood the specifics of customer service they often found it difficult to spontaneously identify aspects of good customer service or to engage with the concept as a whole. This may partly be due to language barriers – those who found the idea of customer service most difficult to comprehend were often less confident with speaking English. This may also be due to participants not having a clear set of expectations with regards to customer service and finding it hard to articulate their thoughts when asked about the issue in a very abstract manner.

One implication of this failure to understand the concept of customer service is that the questions around customer service in quantitative surveys may be unclear to some ethnic minority customers.

However, some participants did, particularly on prompting, have an understanding of the concept of customer service, including:

- listening, understanding and responding to customer needs;
- efficiency and speed;
- being polite, patient, warm and offering personal service;
- being knowledgeable and giving the correct information.

*'Well somebody who's giving you a good customer service means that they listen and understand what I'm trying to say, and then the way they respond will have a positive impact on me because they've listened to me.'*

(Bangladeshi participant, Disability Living Allowance (DLA) for her son, disallowed)

*'Bad customer service I think is if they don't listen to what you've got to say... You can always tell bad customer service by the tone of someone's voice.'*

(Black Caribbean participant, DLA for her son)

*'Good customer service is, I think, to treat other people the way you would like to be treated. And treat them with respect, be patient with them, and give them the time...It does, I think that person feels good. That person feels good meeting you...a good customer person that can give you a good feel for the rest of the day.'*

(Black Caribbean participant, Carer's Allowance (CA) for her son)

These aspects of customer service were particularly related to processing the application and the way in which queries were dealt with when contacting the service provider.

*'Their efficiency, how quick you get your response and secondly, how well they were equipped knowledge wise...'*

(Pakistani participant, CA)

*'Efficiency, I think is all right. They take action very soon...Yes, they are polite. They are friendly.'*

(Pakistani participant, Attendance Allowance (AA))

Quality of communication was also seen as an important measure of customer service. In this respect, good customer service was identified by some participants as having a fast and direct way of contacting people at the heart of the service who would be there to help when needed.

*'Always knowing that there's somebody at the other end of the phone when you ring instead of constant ring, ring, ring, or who've been put on hold or you've been transferred. I think it's direct customer service.'*

(Black Caribbean participant, DLA for her son)

Specifically in relation to communication by phone, an example of bad customer service was having too many automated options rather than immediate direct contact with an advisor when contacting the service provider. However, one participant, who had recently changed gas supplier, was particularly impressed by the freephone helpline.

*'Well I'll tell you straight: the phone number's free, it doesn't matter how long the conversation goes on for, they will try and help you out if they can.'*

(Pakistani participant, DLA)

As we will discuss in more detail in a later section, our conversations with DCS customers have emphasised that personal service and warmth are important to DCS customers.

#### **4.2.2 The distinction between 'dealing' with applicants and giving them what they want**

Customers' perception of good service was often directly linked to the outcome of the process – i.e. whether their claim had been successful or not. Hence, for

some participants good customer service was directly related to the outcome of the service and whether they were given what they wanted.

*'I think, basically, if we say, if this organisation might fulfil your demands.'*

(Pakistani participant, CA)

However, when discussing their experience in applying for disability benefit, some participants explicitly made the distinction between the two aspects of customer service.

*'Whether I'm happy or not with their decision is another point, I was happy with the way they dealt with me.'*

(Bangladeshi participant, DLA for her son, disallowed)

### 4.3 Claiming disability benefits

Most of the participants first applied for DLA, AA or CA between 12 and 18 months prior to the research. A few had applied for the first time for benefit anywhere up to six years ago and most had been successful in their application.

As an overview, some positive spontaneous impressions of DCS included DCS staff being friendly and nice on the phone, forms arriving promptly, a quick and satisfactory response to the application. Some negative impressions spontaneously given by participants were the lack of information available about what people are entitled to, the lack of transparency over how decisions are made, slow replies, confusion over the appeals process, loss of documents, lack of clarity over backdating of payments or the application being disallowed.

#### 4.3.1 Prior to making a claim

##### *Finding out about the availability of disability benefits*

The research findings show that a source of dissatisfaction was customers struggling to find out about the benefits available for a long time after they had developed their disabling condition. There was a feeling among many participants that it was very hard to find out what they were entitled to, and that this applied similarly to all benefits available, not just those from DCS. Many participants felt that they could have applied for benefits and received help earlier on, which triggered some criticism of DCS. This was particularly true of customers currently receiving CA, a number of whom had been caring for a relative or a friend receiving DLA for a period of time without being aware of the possibility of claiming for themselves. One participant had been receiving DLA for two years and only became aware of the possibility of receiving CA when she moved from Glasgow to London.

A typical way of finding out about benefits was through a hospital or GP. Participants tended to get in touch with DCS when their condition became critical and then realised that they could have applied for benefits much earlier. This was the case for one participant who had been receiving care for two years before finding out about AA at the hospital, for which he then applied.

Others were informed about the potential benefits available to them by their GP or a friend or family member who received a similar benefit or who worked in an organisation with access to that kind of information. Some were informed by their local Jobcentre Plus or Citizens Advice Bureau (CAB) and some by their social worker or a local community centre or community group. There was a feeling on the part of some participants that people had to hear about benefits by word-of-mouth from friends 'in the know', for example, friends who work in social services.

Being unsure about what they were entitled to tended to make participants anxious that they would miss out. One participant had started legal proceedings for precisely this reason. He was not aware of the possibility of receiving benefits for around 18 months after his entitlement began and was very disappointed when he found out that there was no way of backdating the payments. He had found out about the DCS benefits available from a relative who worked as a nurse and happened to be visiting for the weekend.

*'I'm very displeased, and I'm very upset; not just for myself. Luckily I've got good family around me, because what about the old people who get chance and can't do nothing about it whatsoever...what about those can't speak English, those less educated...how do they find out...The advice people, at the jobcentre should find out what people are entitled to if they don't know. The hospital should give a piece of paper with details about who you can speak to about our entitlement. It is your first point of call.'*

(Pakistani participant, DLA)

One participant suggested that DCS arrange a workshop so people could educate themselves about the benefits available (or set-up a freephone number which people could call for information and advice).<sup>33</sup>

That ethnic minority customers seem to be less engaged with public services and therefore less aware of the benefits and help available to them confirms what was found in the literature review. In terms of the implications this has for understanding the findings from the quantitative survey, we might intimate that this could be a factor driving lower satisfaction levels among ethnic minority customers, rather than the actual service received once customers have found out about the benefits they may be entitled to.

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<sup>33</sup> There already is such service in place: Benefit Enquiry Line (BEL).

### *Requesting and receiving the necessary information and forms before applying*

Those who were told about DCS benefits in hospital were generally given the DCS telephone number and were advised to call them directly or to visit their local Jobcentre Plus or Citizens Advice Bureau (CAB).

Some did receive information packs (with their forms) from DCS directly or some information from their local Jobcentre Plus or CAB. However, it was felt by participants that more information at this stage of the process would be helpful. Participants said that they would like clear and concise information on the benefits available, the different levels for each benefit and who is entitled to receive them.

Once forms were requested, the participants said that they generally arrived within two to ten days, although in a small number of cases participants had to wait two months. Between two and ten was generally considered to be an acceptable timeframe for the delivery of the forms. Many people also got the forms in their local Jobcentre Plus or CAB.

### **4.3.2 The claiming process**

#### *Different degrees of interaction with the DCS*

Participants' experiences of the claiming process varied considerably. Experiences often depended on the nature and amount of help customers received while claiming. This (as well as the outcome) was likely to have a strong impact on their views of – and satisfaction with – the claiming process and DCS in general.

There were three broad categories of customers:

- those who only had to sign their form (everything else was done for them by a third party);
- those who completed it themselves with some sort of help; and
- those who did not receive any help at all and had to do everything themselves.

The first group was likely to have had very limited interaction with DCS and their feedback on their experience is therefore mainly influenced by the outcome of the application as well as how promptly they found out about the possibility of claiming in the first place. The second two groups were able to give us some more detailed feedback on their 'customer journey'.

Those who did receive help filling in their claim form received it from a variety of sources, such as:

- Jobcentre Plus/CAB;



- family/friends who were: second generation and spoke English as a native language; those who had gone through the process themselves and were therefore familiar with the forms; or those who worked for social/welfare organisations and the processes involved in claiming;
- social workers;
- DCS staff in a DCS office (one person) and DCS staff on the telephone;
- hospice staff;
- Disability Information and Advice Line (DIAL) volunteer service.

Most participants did not ask for support from DCS to complete the application process. Of those that did, some found DCS staff to be helpful over the phone and were satisfied with the service they received. Others felt that DCS staff could have provided more information and were not helpful enough.

*'I make appointment in the Citizens Advice Bureau, Swansea, and they fill out my application form and I signed up and then sent it.'*

(Bangladeshi participant, DLA)

*'I work with a cousin of mine and helped me with a couple of things, but everything was all right. To be sure that it did fill out the right way, so I don't want no mistake yeah.'*

(Black Caribbean participant, AA)

*'I need to take my help off my social worker, you see. The social worker filled the form.'*

(Indian participant, DLA)

*'For the Disability Living Allowance, the Disability Living Allowance which we made an application to the, to DIAL, the agency is named DIAL, they are the ones that assist and helped fill in that form.'*

(Black Caribbean participant, CA)

### *Completing the application form*

For those who received a limited amount or no help while applying, claim forms were often an object of criticism. Interestingly, language was not the main issue, as those who spoke very little English tended to seek a lot of help. Generally, the questions seemed to be understood reasonably well and the problems customers reported stemmed from the forms being long-winded, repetitive and hard to complete. There was a desire for the forms to be shorter. Many customers also felt that the same question was being asked over and over again, which made them doubt that they had answered earlier questions effectively. The questions on the claim forms were often felt to be an area requiring improvement

*'Well they could make the form less complicated and explain more in detail what's on the form now but, even my son, he's a lawyer and he says some of the questions are complicated.'*

(Chinese participant, DLA)

*'I think the application form, it's a bit too long, and it repeats the same questions about two or three times in two or three different ways. It's basically the same question put in different ways and that can sometime confuse you because you can write one thing on one, and then because the question is said to me in a different way you answer it in a different way so you are confusing yourself as well as the person who's reading the form afterward.'*

(Bangladeshi participant, DLA, unsuccessful)

*'The word is OK, but sometimes it's very hard to, we don't have, we don't find the words. I can speak English fluently but sometimes it's very difficult to write specific words, you see.'*

(Indian participant, DLA and CA)

*'I think the wording, some of the wordings are misleading as well, because obviously one would say, how far would that person be able to walk, and then they'll say, what distance? So it's, it contradicts [itself] in that sense. So they need to make it more user-friendly...I put the application form down three times before I finalised it, because it was so tedious...Yes, I did, I kept going back to it and going, going back.'*

(Black Caribbean participant, DLA and CA)

There also was a feeling that the questions on the claim forms were not suitable for describing specific situations; for example, asking how far someone can walk when the person who fills it in is only temporarily paralysed. Many participants felt that the form was one-size-fits-all and not tailored to their specific condition or needs.

There were some specific questions which were identified as causing particular problems:

- specific information about distances and dates, which participants found hard to remember;
- capacity to walk and to get out of bed;
- number of toilets upstairs and downstairs (one participant was confused by this because she was living in a flat);
- number of hours caring needed: one participant expressed some criticism as she was the mother of the person with the disability and had to care for her child all the time.

*'Well, there was one point I was a bit confused, is the independent review, for independent adults. OK, so it just says, either your partner or somebody you live with as a partner, it's, what if you're living with somebody, but isn't your partner?'*

(Pakistani participant, CA)

*'I don't understand what they mean about 50m or yards or whatever.'*

(Bangladeshi participant, DLA)

*'Right, this bit here, every single one of them gives you that information. For instance...it says, how many days a week do you have this amount before walking? And the thing is, if that person can't walk, obviously they're going to be every day...when I was filling it in I'm thinking, but I've answered that bit, but then I'm going to have to put it in the next bit.'*

(Black Caribbean participant, DLA and CA)

Participants expressed a general lack of confidence with filling in the claim form themselves, fearing that they would do something wrong. They did not necessarily want to call the Helpline, but rather asked for the help of someone they knew and trusted, such as a friend, or a social worker.

*'We don't trust ourselves to complete the forms. We might do something wrong [...] When I take the form and start writing, my mind goes blank. I can't fill it.'*

(Black Caribbean participant, DLA)

Some participants accepted that the forms may be hard to complete and appreciated the need for DCS to collect a large amount of information to assess their condition, but also felt that help to fill in the claim forms should be made easily available.

*'The disability [form], maybe they have their reasons to do the form in the way they do. So I wouldn't say anything as long as I can get the help to fill it I have no problem.'*

(Black Caribbean participant, CA)

Most problems with the forms were applicable to customers having filled in the DLA application form. Generally speaking, feedback about the CA form seemed to be more positive. It was often the case that the carer would be the one filling both the DLA and the CA form. There is feeling that less information is requested for the CA form, that the form is less repetitive and that it is easy to complete once the DLA form has been done as a lot of the information is re-usable.

*'Because I'd filled in the DLA one, and I had copies of that, so the carer's one wasn't as bad. It's not as bad, so I just, and some of the information I extracted from the DLA one into the carer's.'*

(Black Caribbean participant, CA and DLA)

There is a sense that, because the forms are complex, the best approach is to try and get the form completed by 'someone who knows better', whether it is someone from a support group, CAB or a family member/friend:

*'I went to see Citizens' Bureau but I was still working and I think when the first form was filled it wasn't filled by the right people and I think they didn't pay much attention to what I wanted...it was my daughter and she wasn't aware of exactly what they need to know, so that is when it didn't work out.'*

(Portuguese participant, DLA)

Some customers whose first language was not English did suggest forms and information booklets should be available in their own languages. However, language was not the main issue, and most participants just wanted the forms to be simplified. It was also noted that it may not be feasible for the DCS to enter details on their computer systems in languages other than English.

Some participants gave some positive feedback about the form and the clarity of the information requested. Many were able to complete the forms without any help.

*'It [the form] comes with a little booklet that helps you answer the questions, that helps you out, so yeah it was, the way the application was done, pretty straightforward and plainly done so it was simple, you can understand it all.'*

(Black African participant, unsuccessful)

However, the findings suggest that ethnic minority customers may need more help, or may need to be made aware of the help that is available with claim form completion.

#### *Information/documents added to the application form*

Most seemed clear on what documents were required. Some participants had to send doctors' certificates while others provided just their doctor's name and contact details. A couple of participants were nervous about sending important documents by post – one person said the DCS had lost some of her details, despite the documents being sent by recorded delivery. One participant brought their documents to their Jobcentre Plus who verified their authenticity and then photocopied them. This was considered a satisfactory approach. There was a feeling that it was legitimate to require documents as a proof, and customers even felt happy that DCS did this, showing that they are a serious organisation.

#### *Translation services*

Most participants did not use any interpretation services. Of those who did not speak English as a first language, almost all were aware of some type of interpretation service available. The majority of those not confident in English generally used a family member, friend or social worker to contact the DCS on

their behalf. One participant asked to use a translator into Arabic while speaking on the phone to a member of staff, but said that the line cut off twice so she did not try again. One interviewee used an interpreter for a tribunal/appeal and was satisfied with the interpreter, if not the result.

## 4.4 Perceptions of the decision-making process

A key finding of the research was a general feeling that the current assessment process does not allow DCS to truly understand a customer's situation.

### 4.4.1 Poor understanding of claimants' situation

Linked to perceptions that the forms are 'one-size-fits all', there was a sense among the customers interviewed that the current assessment processes do not allow DCS to truly understand their situation and there was a desire for a more personal assessment process and more personalised contact generally.

There is a sense that the questions on the claim form do not always allow people to explain their situation properly. Participants wondered how someone could judge their situation without meeting them in person. As a result, for many customers DCS feels quite remote as an organisation. There is a desire on the part of customers to be treated as an individual, to be assessed on an individual basis, and if possible in a face-to-face meeting (not only through forms).

*'Well really they should assess me personally instead of by letter. By letter people can always put what is not there whereas my case I think I, they gave me the little bit of living allowance which is wrong because I fully cannot move my hand and, one hand, what can you do with one?...They should assess me personally and look...they come and have a look then use their judgement to assess.'*

(Chinese participant, DLA)

*'Because if you came and just got my report somewhere, you don't even see me, or you have seen me, or the day that you get that report you don't see me, you just write it without knowing exactly what this thing is, what do you think about that?'*

(Black African participant, DLA, unsuccessful)

*'I think something like a face-to-face interview would be better, because a parent or carer would be able to express how much they go through looking after. I mean there's something when you write it down and you read it won't make such a big impact on the person who's reading it if it was somebody sitting in front of you and telling you all this you'd be able to understand it better. Because on paper, you're not able to express yourself as well.'*

(Bangladeshi participant, DLA, unsuccessful)

*'If this person (the decision maker) has not seen me and is writing negative things then he is, or she is, able to write positive things to other people who don't deserve this.'*

(Black African participant, DLA, unsuccessful)

#### **4.4.2 Lack of transparency of the eligibility criteria**

Customers often expressed the feeling that the eligibility criteria for claims were unclear and sometimes inconsistent. One participant had three children with the same condition, one of whom successfully claimed DLA while the applications for the two remaining ones had been rejected. She did not understand why there were any differences in the outcomes of the applications. This type of occurrence, as well as success where in the past customers had failed in their claim, led to impressions of arbitrary decision-making based on luck and the individual who assesses the application on a particular day.

*'So maybe sometimes it is different people from different to another, I'm different from you, you're different from your friend and it's the way you see the things, you judge the things... This time maybe another different person he look at the things like in a different angle so when he agrees, and he agreed for full carer, I was really surprised and shocked.'*

(Black African, DLA and CA)

Many also expressed the desire to better understand how decisions were made. This was true for both successful and unsuccessful customers. Among unsuccessful customers there was a perception that the reasons driving the refusal to grant benefits had not been disclosed.

*'When I got the letter back with the decision it doesn't specify why they've refused it...so I have to call up and find out why...So I feel it would be better if you've gone to the trouble of sending me a letter you could write down why exactly and [on] whose words you've refused.'*

(Bangladeshi participant, DLA, unsuccessful)

Among successful customers there was a desire to understand how the benefit amount was calculated (as well as what drove which band they fell into where people were knowledgeable about different levels of entitlement). This was also something which came out of the quantitative survey.

That said, when it came to participants' personal experiences there was little questioning of the decision which had been reached, and especially the amount given. There was a sense that DCS 'knows best' and that what they were getting must be correct and calculated in a scientific manner. However, there was also a fear that payments might be interrupted if the decision was questioned by the customer.

One customer saw the benefit rate given for her son lowered when he turned 16, but did not question it. It was only after speaking to friends and seeing that they

were getting much more that she thought maybe the assessment was wrong and appealed. Another was given the lowest possible amount at first, and although she thought there may have been a mistake, did not really question it until much later, when her condition deteriorated severely.

*'They start paying me minimum rate and I said, this is not right, but I was still working, so I wasn't that much worried if you know what I mean. I was getting that amount weekly, so I said well, they helping me its fine.'*

(Portuguese participant, DLA)

#### **4.4.3 DCS decision-makers: unattainable and impersonal**

There was a clear dichotomy between the way customers perceive the frontline staff (helpful, friendly, and in most cases knowledgeable, but with no decision-making power) and the decision-makers (unreachable, remote and unable to truly grasp customers' situations as they had no personal contact). This feeds into a general impression of DCS as a remote and faceless organisation.

*'There isn't people out there that care but it should be people that actually care about the job they're doing and not just be people that are just getting paid and going home...it feels, like they're just typing information in a machine and it just comes back with an answer'*

(Black African participant, unsuccessful)

*'It feels like you call them up, they relay the message to these ten guys sitting in the back room that are making all the decisions, and then if them ten guys are busy then you can't get any information. It should be the people that you talk to on the phone have the same information as the guys in the back so they can actually help you rather than just tell you stuff.'*

(Black African participant, unsuccessful)

*'Unless you actually go through it yourself you don't realise, people don't realise, and the people that make the decision about the payment for carers, they should actually become carers before they make that decision, seriously, really feel that, yeah.'*

(Black Caribbean participant, CA and DLA)

#### **4.4.4 Finding out about the outcome**

##### *Timings*

The timeframe between sending off an application and receiving a decision varied from two weeks to five months. Most participants said that they waited for between four and ten weeks. One customer had sent an application, but claimed to never have received an answer so they completed a new one a year later.

Many customers seem to be aware that the application process could take between ten and 12 weeks. However, there is no consensus regarding whether or not this is an acceptable time to take. Some customers do not mind waiting for this length of time as long as the correct decision is reached. However, some customers perceive that this is too long to wait.

A few customers would telephone DCS while waiting to hear about the outcome of their claim. When customers called DCS they mostly found the staff helpful and polite. However, some participants did describe how they found it frustrating that call centre staff did not know their case and were not necessarily the 'decision-makers', which perhaps shows that the final decision seems more important to customers than how helpful call centre staff are.

Some customers expressed little desire for chasing the organisation, despite the wait being longer than expected.

*'Once it's in their hands it's no use me chasing after them they just try to fob you off so I didn't, no I didn't really.'*

(Chinese participant, CA and DLA)

Some participants received an update from DCS while the decision was being made, which was greatly appreciated.

### *Communications format*

The letter format was generally appreciated by customers as it was thought to represent a written and serious proof of the decision which had been reached. Most customers thought the letter was clear.

One customer thought that the mention of the possibility to appeal a decision in the letter notifying a successful claim could be confusing to some:

*That means I might, am I getting it, or am I not getting it. They should simplify it a bit more, so that people can understand what their entitlement is, and what they mean by 'if you want to appeal'.*

(Black Caribbean, CA)

## 4.5 Post claim

### **4.5.1 Payments and benefit amount**

Most of the customers who were successful received their benefit directly into their bank account and have had no further contact with DCS. A couple of participants whose payments went missing did contact DCS and this was successfully resolved. One participant was contacted by DCS to inform them that they had missed a payment. This was amended and the participant was satisfied with this outcome.



Some customers had contacted DCS to make changes to the way payments were made, perhaps from a weekly to a monthly basis. This had happened for participants without any problems and they appreciated DCS flexibility on this matter.

Many interviewees said that they would like the amount of benefit to be raised. This seemed to be particularly the case for those claiming CA. Many did not seem to understand how benefit rates were calculated, and more transparency in this area would perhaps raise trust towards DCS. Many, however, mentioned that they understood that the Government only had a limited amount of money and could not grant everyone exactly what they wanted.

#### 4.5.2 Contact with DCS

Some customers were aware that they should contact DCS if their condition changed or if they went into hospital. However, most did not seem to be aware that they had to keep DCS updated about their condition and had very little contact with DCS beyond their initial claim.

*'Any change, anything, if for example my mum died, you have to tell them, if my mum go in to hospital you have to tell them because you're not doing the job, she's in the hospital because everything will be in the computer when she was admitted for two weeks in hospital, yeah, so you have to tell them. They might say they have someone else to go and care for someone until your mum come back, anything change you have to tell.'*

(Black Caribbean, CA)

There was a feeling that DCS 'knows best' and should, therefore, be getting in touch with customers rather than their customers getting in touch with them. One participant thought that DCS should contact his doctors independently so he did not have to get involved.

#### 4.5.3 Potential sources of worry for DCS customers

There were some particular areas which led to concern among customers:

- **Changes in situation can lead to payments being interrupted:** Where DCS seemed to be very efficient in updating customers during the initial application phase, there was some feeling that this was not the case when dealing with changes in situation. One participant receiving CA mentioned that when she started working part-time, DCS stopped payments and did not update her on the situation for a long time. She had to chase a decision, and would have liked to have received updates automatically.
- **Benefit renewal:** Renewal time was said by some customers to be quite stressful. One customer receiving AA mentioned that his allowance would run out in six months' time and that he was unsure of what would then happen to him.

- **Holidays:** A few customers expressed a desire to know what would happen if they went on holiday, whether they were entitled to holiday/leave (notably for carers) and whether they could receive any additional help to do so. Some clarification regarding this matter would thus be helpful.

#### 4.5.4 Appeals and complaints

A key finding from the quantitative survey was that ethnic minority applicants were more likely than white applicants to experience difficulties with their application and to follow this up with a complaint. The survey found that although ethnic minority applicants were just as likely as white applicants to cite 'challenging my decision' as a difficulty experienced during the process (48 per cent compared to 46 per cent in the white British population), they were significantly more likely to cite 'understanding how my benefit was worked out' (33 per cent compared to 23 per cent in the white British population) as a difficulty; of those, they were significantly more likely to complain/appeal and challenge that decision (17 per cent to ten per cent) and overall, they were significantly more likely (29 per cent to 18 per cent) to cite 'more information on how the decision was made' as an area for improvement.

Here we explore the reasons given by participants about why they chose to complain or not and consider any causes of dissatisfaction experienced during the complaints procedure.

Most participants claimed that they were satisfied with the service they received from DCS. Among participants who did experience a range of difficulties during the application process, only a few took their issue further by making an official complaint or appealing the decision. Some participants did not want to complain because they were very appreciative of the financial help they were receiving from DCS. In these cases, despite the delays in receiving a decision, participants remained satisfied with the service they received from DCS because they were positive on the basis that they were receiving any benefit at all.

*'You have a child, you don't know what's going to happen and if somebody's giving him, well it's not your fault why you child is like the way they are, you understand, so you just be grateful with what you get. That's how I see it, that's why I don't really too bothered to dig into it to find out nothing.'*

(Black Caribbean participant, DLA for minor)

Some participants admitted a degree of apathy and unwillingness when it came to finding out more information about their entitlement; other participants experienced discomfort in associating themselves with being disabled and a desire not to involve themselves in the application process any more than the necessary minimum.

*'But I am not the complaining type, I just forget it and can't be bothered.'*

(Bangladeshi participant, DLA, unsuccessful)

*'I don't want to stay like this, disabled, you know. I don't like it. When people call me disabled, I don't like it, I hate it...I want it to stop, I don't really want to rely on these things. I don't want to make any complaints.'*

(Indian participant, DLA)

Other participants who chose not to make a formal complaint or appeal seemed to be less satisfied with the service they received from DCS overall. For these participants, their rationale for not making a complaint or appeal tended to focus on negative perceptions of DCS. One such reason was the belief that appealing or complaining would not make a difference or alter the decision that had been made. Other participants who had received some amount of benefit, but had hoped for more, were concerned that taking their concern further could result in DCS taking away the amount of benefit that had already been awarded.

*'Well I think they did they ask me if I'm not happy with it I think well then appeal but what's the point? Once they make up their mind I wouldn't be able to change it.'*

(Chinese participant, DLA)

*'[At] the Citizens Advice Bureau the girl said to me, there is no benefit to complaining. There will be no benefit, because they can refuse, yeah.'*

(Indian participant, DLA)

Participants who chose to go through the appeals process generally felt that the process had been stressful and tiring. Some participants had attended tribunals. However, even given this opportunity to discuss the application face-to-face, these participants expressed a feeling that they were not presented with a fair opportunity to make their case.

*'So I was listening to their questions, but the questions were biased, it was something they had already made.'*

(Black African participant, DLA unsuccessful)

One participant felt disheartened that she was unable to take up the opportunity to attend a tribunal because her son's condition meant that she could not make the 45-minute journey and no alternative was offered. However, one participant who had applied and appealed three times to receive DLA for her son noted that she continued to receive well informed, polite and respectful customer service despite disagreeing with the decision reached by the DCS.

## 4.6 Perception of Disability and Carers Service in general

### 4.6.1 Gratitude towards DCS

Most participants expressed strong feelings of gratitude towards DCS as it provided them with an essential source of income. This links back to customers' expectations, especially among first generation immigrants who explained that such help would not be available in their native countries.

*'We don't have this system. No benefits, no housing, no Income Support. You have to work or you have to die.'*

(Pakistani participant, DLA)

*'[You'd get] nothing... Yeah, my brothers [would look after me], but there, nobody want to look after someone in old age, you know that. If you got the money everybody come see you, if you have nothing, nobody want to see you.'*

(Indian participant, DLA)

*'Well, people are pretty good, I can't complain. I mean that I thank the Lord they can send me a little Housing Benefit and Pension Credit'*

(Black Caribbean participant, AA)

### 4.6.2 Differentiating DCS from other welfare services

Many participants struggled to differentiate DCS from other government and social services. They sometimes perceived Jobcentre Plus, social services, and other public services to be parts of a single overarching structure, and struggled to define the boundaries of DCS. Some customers also confused Jobcentre Plus and DCS offices.

One customer, who was extremely pleased with the service she had received, commented on her personal carers visiting her twice a day rather than the way she had been treated by the organisation as a reason for her satisfaction with DCS.

*'I only have good things to say about it since I've been helped with the carers and it's been wonderful really.'*

(Portuguese participant, DLA)

Customers sometimes struggled to differentiate between the various types of benefits received, such as disability benefit, Income Support and tax credits, finding it hard to recall the differences between the various application procedures for each one.

### 4.6.3 A distant and faceless organisation?

Part of the confusion about the different benefits available might be attributed to the little contact customers have with DCS in general. It seems that the smoother the process, the less direct contact customers need to have. Some customers did not have to deal with a member of DCS staff during the process of claiming. They ordered and completed the forms with the help of a third party and received payments directly into their bank accounts. Only a very small number had visited a DCS office and most did not know whether there was a DCS office near them.

Customers thus perceive DCS to be a very distant, faceless organisation who review their situation through pre-formatted forms. Participants often expressed a wish for a more personal, individual and tailored approach. The literature review and qualitative findings both highlight the desire for a personal assessment, possibly face-to-face, which would allow DCS to truly understand customers' living situations and medical conditions. DCS is perceived to lack warmth and flexibility in its approach, sending standardised letters and making customers feel like they are just one part of a process, a formality.

*'They are polite they are ok...Well it's professionalism isn't it. They are professional. They don't have any personal sentiments with anybody.'*

(Pakistani participant, DLA)

A frustrating factor was the involvement of experts from whom DCS would seek their opinion. Several participants cited dismay at DCS taking the word of Doctors or school staff who have very little if any personal contact with the applicants. Participants felt that these distant experts had not had enough interaction with the applicant to be able to apply their expertise appropriately and that DCS should seek second opinions where possible. This was particularly the case where the opinion of experts differed to that of the applicant.

*'They don't see me, I'm being seen by the visiting doctors, they are not there, but when this thing comes they are the ones to write the report without even calling me there, asking me how it is.'*

(Black African participant, DLA, unsuccessful)

*'Before they send these forms off to school and ask the school to fill it in, I'd like them to ask the school to get a person who knows the kid well to fill this form in, not just any random teacher. He's the deputy head but he has no interaction with my son. My son's never talked to him, so how does he know about his problems? How is he going to answer them properly?'*

(Bangladeshi participant, DLA, unsuccessful)

Being flexible and adapting to individual needs and circumstances was a key priority for customers, who wanted to be understood and treated as individuals. However, some customers had some positive feedback to give. One example of this was the way DCS dealt with a woman claiming DLA. The process took a

considerable amount of time because there was a problem sorting out entitlement to other benefits between herself and her ex-partner. However, she was kept fully informed of developments and, because it took so long, DCS started paying her some money before entitlement was fully confirmed, which was very much appreciated.

## 4.7 Customers suggestions for service improvement

### 4.7.1 Keeping in contact with customers

Keeping customers updated is something that is also appreciated. DCS is currently perceived to be very efficient in updating customers in the initial phase of the application process. However, this does not always seem to be the case for later procedures such as when there has been a change in circumstances. Many customers would not chase claims as there was an assumption that DCS 'knows best' and knows when to get in touch with them. One unsuccessful customer, who had completed the appeal form was still waiting to hear from DCS after a year.

Some customers also thought that DCS should spontaneously contact their customers every two to three months to ensure that everything was fine, hence showing that they cared for them. It was also suggested that DCS should check that the carers receiving the CA are doing their job properly.

### 4.7.2 Go beyond the money

Some customers suggested that DCS could expand its remit and go beyond paying money, extending services to other areas such as help with home modifications, help with finding a new job, and giving advice about other sources of help available. They could hold workshops alongside other government agencies in community centres so people could find out what services and benefits were available. It was also thought that DCS should provide more information in languages other than English and that DCS should be more proactive and send helpful material so customers know exactly what they are entitled to. This must be balanced against those who feel they receive enough correspondence and do not want more.

*'I think what they have to do is, they should have someone there who knows everything. Like when I go to DSS, they should be able to tell me what benefits I'm allowed to get, or what I need to do, someone who knows there. I should go to DSS and find a document of what benefits I'm allowed to get? But there is nothing there.'*

(Turkish participant, CA)

## 4.8 Summary

The qualitative interviews with DCS customers thus confirmed many of the findings from the literature review.

The first key finding of the research was that many customers were unable to articulate their understanding of what constitutes good customer service. Many of the participants interviewed were puzzled by the question and unable to articulate an answer. However, some participants did, particularly on prompting, have an understanding of the concept of customer service, including listening, understanding and responding to customer needs, efficiency and speed, being polite and patient, being knowledgeable and giving the correct information. As highlighted in the literature review, our discussions with customers also suggested that the personal aspect, the warmth in the interaction, may be particularly relevant to ethnic minority customers. Hence, being flexible and adapting to individual needs and circumstances was a key priority for customers, who wanted to be understood and treated as individuals. Importantly, it transpired that customers' perception of good service was often directly linked to the outcome of the process – i.e. whether their claim had been successful or not.

Overall, feelings towards DCS were generally positive, with most participants expressing strong feelings of gratitude towards the organisation as it provided them with an essential source of income, which some outlined would not be available in their native countries.

Potential sources of dissatisfaction highlighted during the interviews included:

- Customers struggling to find out about the benefits available for a long time, meaning that many could have applied and received help earlier on, without the possibility to claim back the missed payments.
- Application forms – which were found to be long-winded, repetitive and hard to complete. In addition, there was a feeling that the questions were not adapted to customers' specific situations, which created impressions of 'one-size-fits-all', and feelings among customers that DCS would not be able to assess their situation properly. Many customers mentioned that a face-to-face assessment would be more appropriate and desirable.
- Lack of transparency regarding the eligibility criteria and a desire to better understand how decisions are made. This feeling was shared by disallowed customers, who thought that the reasons driving the refusal to grant benefits had not been explained thoroughly, and successful applicants, among whom there was a desire to better understand the way the benefit amount was calculated and decided. Linked to this issue, some customers expressed views that decision-making at DCS was arbitrary and dependant on luck.

- A general impression of DCS as a remote and faceless organisation, driven by a perceived dichotomy between the way customers perceive the frontline staff (helpful, friendly and, in most cases, knowledgeable but with no decision-power) and the decision-makers (unreachable, remote and unable to truly grasp customers' situation as no personal contact (only through forms).

Areas which seemed to cause particular concern among customers were:

- changes in situation, which could lead to payments being interrupted;
- renewal time, which was said by some customers to be quite stressful;
- holidays: A few customers expressed a desire to receive some clarification on whether they were entitled to holiday/leave (notably for carers) and whether they could receive any additional help to do so.

As a possible improvement, alongside the points highlighted above, some customers also suggested that DCS could expand its remit and go beyond paying money, extending services to other areas such as help with home modifications, help with finding a new job, and giving advice about other sources of help available.

The following section presents the findings of the stakeholder workshop before presenting our conclusions and recommendations for project as a whole.



# 5 Stakeholder workshop and depth interviews

## 5.1 Background and methodology

Following on from the qualitative research, it was decided to undertake a workshop with representatives from community and support groups who help people in their community with accessing benefits and other services. The workshop was conducted in the Ipsos MORI viewing facility, in Harrow, on 16 March 2009 and included five participants. Recruitment targeted people from the same ethnic backgrounds as those who took part in the depth interviews. Many of those approached were interested in taking part. However, the final group comprised of a coalition of participants who were affiliated, almost exclusively, to one third party organisation (a Sickle Cell service users support group). The group also comprised a member of an African Caribbean organisation. It was supplemented by depth interviews with two participants (from the Watford Muslim Community Project and the Pendle Pakistan Welfare Association), who expressed an interest in the workshop, but were unable to take part.

The workshop started by collecting participants' spontaneous opinions about ethnic minorities' access and experience of welfare services and disability benefits. Ipsos MORI then presented the key findings from the qualitative research, after which participants were asked to feed back on these and suggest possible action points and solutions where applicable. The session ended with a questions and answers involving members of the Disability and Carers Service (DCS) Customer Insight Team.

## 5.2 General findings

### 5.2.1 Welfare services and ethnic minority customers

Generally, the groups and interviews highlighted the fact that there was a need for government services to better understand the needs of people from ethnic minority groups.

There was a perception that ethnic minority groups were not represented adequately within government services, and that the State and welfare service did not truly understand or take into account the specific needs of minority communities. The example of a Muslim disabled woman whose need of extra help to perform prayers five times a day had not been taken into account, was given by one participant.

Barriers specific to ethnic minority groups when accessing welfare services were also discussed.

As highlighted in the literature review and the qualitative interviews, the group expressed a concern over the lack of knowledge among ethnic minority customers about what services people were entitled to.

The group felt strongly that people from ethnic minority groups had to overcome more barriers than the white population when accessing welfare services and benefits, with many feeling discriminated against. Feelings that these customers would have to answer additional questions to those asked of the white population, and being looked on as 'scroungers' were also raised by the group. Linked to this issue, bad word-of-mouth was also said to play a role in deterring people from ethnic minority groups from applying for welfare benefits. Participants explained that many hear that the process was long-winded and the chances of success meagre and hence give-up trying to apply for welfare benefits. In addition, people who have gone through the application process do not recommend services because they do not want friends and relatives to go through the same ordeal as they have been through in applying for benefits.

Language barriers were also outlined – with many applicants not having the language skills to express in detail the condition they have and how it affects them. This was thought to be a bigger problem for the older generation.

As seen previously in the literature review and interviews, lower understanding of the eligibility criteria was also cited as an issue affecting ethnic minority customers more deeply when trying to apply for benefits. One participant explained that ethnic minority customers fail to fully grasp the need to provide detailed evidence of the care and mobility needs arising from their disability. It was felt that, due to the complexity of the matter, it would be very hard for ethnic minority customers to fully understand this other than through a face-to-face meeting with someone speaking their native language. However, once this element was understood, there was a feeling that it was much easier for customers to answer the questions on the form, and that success rates increased significantly as customers understood the rationale of the forms and the spirit in which they should be completed.

### **5.2.2 The claiming process**

As expected from the literature review and the qualitative research, the application forms were criticised as too complex and inflexible by the workshop participants. They perceived a lack of understanding among DCS staff of how difficult it is

for applicants to explain their condition using a 'one-size fits all' form. The claim forms were also perceived to be long-winded and repetitive. Specific problems were highlighted, including the measurements of distances, such as yards/metres, which were said to cause some confusion. In relation to the sickle cell condition specifically, participants explained that although sickle cell patients were in pain, the symptoms were not necessarily visible from the outside. However, the questions on the Disability Living Allowance (DLA) form were not able to capture this and hence, did not allow for a true assessment of their condition by DCS.

Linked to this issue, participants also highlighted the fact that there seemed to be a lack of knowledge in the medical community and among DCS decision-makers of particular conditions, making it hard for customers to express the complexity of their condition on a form or in front of an appeals panel. This may not necessarily apply to just ethnic minority groups, however, if a condition, for example, sickle-cell, affects a particular ethnic group, then there may be a perception of exclusion. A possible solution was said to be having specialists for common conditions in order for DCS to gain a better understanding of what applicants are trying to communicate.

Positively, both the group and individuals interviewed later mentioned that things had improved recently and efforts had been made to simplify forms, as well as to try to understand and cater for the needs of ethnic minority customers better.

However, there was also a feeling that the eligibility criteria were getting tighter over time due to cost savings reasons and that receiving disability benefits was getting harder and harder, with the majority of applications being disallowed. In addition, participants also expressed the view that although Citizens Advice Bureau offices were previously very helpful, many were now closing down and those that remained no longer represented people, only offering an advice service now.

### 5.3 Proposed solutions

A range of possible improvements, or solutions was discussed, including:

- **Forms:** There was an understanding of the need for one streamlined claim form while recognising that there are so many medical conditions to take account of. The group felt it was essential to review the wording in the claim form with particular focus on how questions currently tended to be repeated. Some suggested that more weight should be put on the doctor's/consultant's letter than the answers the applicant provides. It was also suggested that a face-to-face element would be very helpful for people to express their condition in more detail.

- **Working with community groups:** Although participants expressed the feeling that the responsibility for raising awareness of the benefits available should fall exclusively upon support groups, all highlighted the need for welfare services to work closely with community-based organisations. The reasons given were that those organisations were trusted by people, understood their needs and spoke their language, thus providing significant resources which should be maximised by public services. Those groups could thus both help raise awareness and understanding of the benefits system among ethnic minority customers, and help public services understand ethnic minority customers.
- **Awareness of services:** It was suggested that working more closely with both the healthcare community and schools would help to enhance awareness of benefits.

# 6 Conclusion and recommendations

## 6.1 Understanding lower satisfaction levels

The need for this piece of research arose from the findings of the Ipsos MORI quantitative survey that customers from an ethnic minority background are less satisfied with Disability and Carers Service (DCS), and the desire to understand the reasons driving this. In light of the findings compiled in this report, from the literature review, the staff workshops, and the qualitative research undertaken by Ipsos MORI, several hypotheses can be made:

- **Ethnic minority customers are less aware and knowledgeable about the benefits available and take longer than the general population to find out about the benefits available after developing their disabling condition.** Finding out about benefits a long time after they have developed their disabling condition seems to have an impact on customers' satisfaction with DCS. The literature review and the qualitative findings have shown that ethnic minority customers often live with their condition for a long period of time before finding out about benefits available. Although not dissatisfied with the service they have received since making a claim, this has a long-lasting effect on their feelings about DCS, as customers find out they have missed-out on help to which they were entitled and which they are not able to claim back. This hypothesis could be further tested with the addition of a question on the quantitative survey, asking customers how soon they found out about the availability of benefits after developing a disabling condition.

- **Ethnic minority customers' understanding of the benefits system in general is weaker than that of the general population.** That ethnic minority customers are less likely to understand how the system works, and on what basis benefits are granted (the eligibility criteria) has several implications:
  - Claims are more likely to be rejected due to customers failing to understand that they do not qualify for the benefit for which they are applying in the first place.
  - Claims are more likely to be rejected because customers fail to understand which details matter and need to be provided in the application forms for DCS to make a favourable judgement about their claim.
  - Forms are perceived to be all the more repetitive and intrusive, as customers fail to grasp the reasons why DCS require such a level of detail in the application.
  - Lack of clarity on the eligibility criteria means that perceptions of arbitrary and unfair decision-making will be enhanced.
- **Ethnic minority customers face additional barriers to claiming not experienced by the general population.** They face additional barriers which white British customers do not encounter, including trips abroad restrictions, nationality requirements, and lack of National Insurance numbers, which may help to explain why they are less satisfied with DCS.

These factors combine to explain why satisfaction might be lower among ethnic minority customers than the white British population.

## 6.2 Perceptions of good customer service

- This research also aimed to better understand what good customer service means to ethnic minority customers. Although a key finding of the qualitative research was that many customers were unable to articulate their understanding of what constitutes good customer service when directly asked about it, an analysis of responses given throughout the interviews enables us to make inferences about what participants felt constituted good customer service. **The literature review and the qualitative findings suggest that a personalised approach is particularly appreciated by ethnic minority customers.** This often implies having face-to-face meetings with a consistent point of contact. It seems that DCS is often perceived as a remote organisation, mainly coming into contact with its customers through long and complex forms, which are perceived to be 'one-size-fits-all' and not always allowing customers to explain their individual condition in the way they feel would be most compelling to anyone making an assessment of their needs.

- **Customers from an ethnic minority background expected the organisation to be proactive in contacting them, sending out progress updates, and chasing information needed.** This is partly linked to these customers feeling less knowledgeable about the system and thus more likely to assume that DCS would know what to do and when to contact them. Good customer service therefore consists of a proactive organisation which keeps in touch, lets its customers know of other related services or benefits available and provides a service suited to the needs of the individual customer.

### 6.3 Recommendations

Based on these findings, DCS may want to consider the following actions:

- **DCS should direct efforts towards enhancing ethnic minority customers' understanding of the eligibility criteria for claiming benefits.** It was felt that this would be difficult to do through written correspondence. However, this problem could be greatly diminished with a face-to-face meeting, during which the various components of the eligibility criteria would be explained, perhaps in customers' first language. In addition, as suggested above, DCS needs to work with community-based organisations which currently have the capacity to deliver this part of the service. Such approach could reduce the number of (ineligible) customers applying in the first place and enhance customers' understanding of the rationale behind the questions in application forms and make them appear less tedious and intrusive.
- **DCS should work to enhance transparency when it comes to how decisions are made.** DCS should work to make the decision maker less distant and faceless to its customers to combat the perception of arbitrariness. It was suggested that the letter received by customers notifying them of the outcome of their claim could include a list of reasons why they were successful or unsuccessful. In addition, a copy of the medical report, on the basis of which the decision is made, might be made available to the applicant. These things would also help applicants decide whether to enter the appeals process, as they would know whether the basis for the decision was correct or incorrect.

DCS also need to focus on implementing initiatives to overcome the barriers which ethnic minority customers face when applying for disability benefits.

- **The most obvious way to do this would be to maximise the in-house language capacity, currently underused.** The research has suggested that the Big Word was perceived as a positive initiative by staff and customers, who felt that a multilingual capacity is intrinsic to providing a good service to ethnic minority customers. However, the findings also show that usage of the Big Word is still very limited. This needs to be addressed by:
  - ensuring any technical problems are overcome;
  - providing staff with the training needed;
  - setting out clear lines of responsibility for multilingual staff, to overcome fears regarding workload.

- **DCS might aim to simplify the application forms and better publicise the help available from DCS.** The findings suggest that DCS might aim to review its current forms, with a view to make them shorter, simpler, and if possible available in different languages. The Disability Living Allowance (DLA) application form was the one which was felt to be the most difficult to fill in, and difficulty seems to be particularly acute for the numerical questions on the form which ask about distances, number of hours, days and weight. These should constitute areas of priority for DCS. DCS should also aim to enhance the help available to customers. Currently, the findings suggest that although customers find the form-filling process very challenging, few turn to the DCS for help. Possible ways to provide this help might be through face-to-face contact with DCS staff, possibly through surgeries at DCS offices, or community organisations where customers could drop in for help.
- **DCS may want to focus on particular areas of concern for ethnic minority customers.** Particular areas of concern include changes in current situation, benefit renewal and holidays. The findings suggest that there is much uncertainty during these periods, causing stress among customers who may not be proactive about contacting DCS. DCS may wish to make sure that customers are kept updated in a similar way as in the very early phase of the application process. The literature review, the staff workshops and the qualitative work all suggest that some of the dissatisfaction experienced by ethnic minority customers is linked to the benefit regulations surrounding absence abroad. DCS might tackle this issue by communicating these regulations more clearly, and communicating the rationale behind the determination of the chosen period for each benefit. It may also be possible to open a debate on extending the time-periods which are currently felt to be too short by many customers and symptomatic of an organisation failing to grasp the specific nature of ethnic minority customers' needs.
- **DCS should aim to sustain and improve its good performance in the areas where customers are satisfied with the service they have received.** These include the speed with which the application form is sent and with which the application is processed. Customers who participated in the research also mentioned that they greatly appreciate the updates sent to them while DCS were processing their claims. Another initiative which received positive feedback was the possibility of having documents checked at the local Jobcentre Plus, thus avoiding customers having to send original documents through the post. However, this service had not been used by many participants in our research and there was a sense that DCS should try to raise awareness of its availability.
- **DCS staff might benefit from receiving training on diversity and different cultures.** This idea was raised in the DCS staff workshops, and the findings from the qualitative interviews suggest that this might be helpful as it has been shown that ethnic minority customers desire a more tailored approach and better understanding from DCS.



# Appendix A

## Depth interviews discussion guide

Research for the Disability and Carers Service into the satisfaction of its ethnic minority customers

Depth Interviews with 30 participants

**Discussion Guide: 22 January 2009**

### **Objectives**

- To follow quantitative research which found that ethnic minority customers who make a claim to the Disability and Carers Service are less satisfied with the service they receive than white customers.
- To gauge awareness, knowledge and comprehension of benefits entitled to and how this impacts on customers' relationship with DCS
- To understand what good service means to ethnic minority customers and to gauge expectations of customer service and how this relates to their experience.

The research will include sub-group analysis in the following areas: the benefit claimed (Disability Living Allowance, Attendance Allowance, Carer's Allowance), the ethnic background of the participant, English and non-English speakers, type of disability, whether the participants' claims have been successful or unsuccessful.

### Outline of the research programme

- 30 x 45 minute semi-structured depth interviews with 30 customers from an ethnic minority background claiming Disability Living Allowance (DLA), Carer's Allowance (CA) or Attendance Allowance (AA).

Interview sections	Notes	Approx timing
1. Introduction and background	Welcomes interviewees, outlines the 'rules' and picks up any background and contextual information.	5 mins
2. Expectations of customer service	Explores respondents' expectations of customer service generally and of State/welfare services in particular.	2-3 mins
3. The customer journey	Bulk of the interview: Explores the various aspects of the customer experience from the initial application to the various stages through which customers go.	30 mins
4. Unsuccessful claimants	Looks specifically at previously unsuccessful claimants and how the initial rejection has been dealt with as well as the impact it has had on their relationship with DCS.	5 mins
5. Since making a claim	Respondents' experience since the claim has been made and processed. Awareness of adjustments which may be needed over time.	5 mins
6. Conclusions	Sums up main findings and recommendations, formally ends the interview.	2-3 mins

Discussion Guide	Notes	Approx timing
<p><b>1. Introduction and background</b></p>		<p>5 mins</p>
<p><b>Scene-setting:</b></p> <ul style="list-style-type: none"> <li>• Thank interviewee for taking part.</li> <li>• Introduce self, Ipsos MORI, and explain the aim of the interview <i>The Disability and Carers Service is a government organisation for disabled people and their carers. The Disability and Carer’s Service have commissioned Ipsos MORI to explore people’s views and experiences of claiming Disability Living Allowance (DLA), Attendance Allowance (AA) or Carer’s Allowance (CA). The aim of the research is to help the Disability and Carers Service to improve its service to its customers.</i></li> <li>• Reassure participant of our independence, and that their participation will not affect their benefit in any way.</li> <li>• Role of Ipsos MORI – research organisation, gather all opinions: all opinions valid, no right or wrong answers.</li> <li>• Confidentiality: reassure all responses anonymous and that information about individual people/households will not be passed on to any third party (including DCS).</li> <li>• Get permission to record – transcribe for quotes, no detailed attribution.</li> </ul> <p><b>Introduction and background info:</b></p> <ul style="list-style-type: none"> <li>• Please could you tell me a little bit about yourself? PROBE: employment, living situation, condition or condition of person caring for</li> </ul>	<p>Orientates interviewee, gets them prepared to take part in the interview.</p> <p>Outlines the ‘rules’ of the interview (including those we are required to tell them about under Market Research Society (MRS) and Data Protection Act guidelines).</p> <p>Provides contextual background information about the interviewee which can then be used in the analysis and also eases the participant into the discussion.</p>	

2. Expectations of customer service		2-3 mins
<ul style="list-style-type: none"> <li>• What do you consider to be good customer service? What are the features of good customer service? PROBE: speed, efficiency, politeness, clarity etc.</li> <li>• Can you think of an example of good customer service? Where have you received good customer service? PROBE: helplines, private sector companies, shops, transport etc. What made the customer service good?</li> <li>• What kind of customer service have you received from the Government? PROBE: council, housing, welfare, transport, medical etc.</li> <li>• Do you expect government services to provide the same level of customer service as in the private sector? Why do you say that?</li> <li>• How do you feel about the customer service you have received when dealing with the Government? Why?</li> <li>• Have you experienced any difficulties with the service you have been given when dealing with the Government? In what way?</li> </ul>	<p>This section will continue the warm up and look at what participants think is good customer service and how this compares to State services generally and DCS customer service in particular.</p>	

3. The customer journey		30 mins
<p><i>Now I'd like to talk more specifically about the benefit you receive from the Disability and Carers Service and the process you went through when claiming</i> (MENTION APPROPRIATE BENEFIT RECEIVED AS DISCUSSED EARLIER IN THE INTRODUCTION)</p> <p><b>Spontaneous impressions</b></p> <ul style="list-style-type: none"> <li>• When did you first apply to DCS for benefits? PROBE: type of benefit (DLA, AA, CA) but if they don't know the name of the benefit move on</li> <li>• Please talk me through how you made a claim to DLA/AA/CA</li> <li>• Was this your first claim to DLA/AA/CA? Have you claimed before? Was that claim successful? <b>IF NEGATIVE HERE TELL PARTICIPANT THAT WE WILL SPEAK LATER (SECTION 4) ABOUT PREVIOUS UNSUCCESSFUL CLAIMS AND FOR NOW SHOULD FOCUS ON RECENT SUCCESSFUL DECISION</b></li> <li>• How do you feel about the service you received? What were the good things about the service you received? Did you have any problems or difficulties while dealing with them? If so can you explain them to me?</li> </ul> <p>IF SPONTANEOUSLY SAY THEY HAD PROBLEMS ASK:</p> <ul style="list-style-type: none"> <li>• How did you deal with the problem? How did DCS deal with the problem?</li> <li>• Did you make a formal complaint to DCS? <b>IF SO, TELL PARTICIPANT THAT WE WILL SPEAK LATER (SECTION 4)</b></li> <li>• If not, why didn't you complain?</li> </ul>	<p>This is the bulk of the interview, and explores the various aspects of the customer experience from the initial application to the various stages through which customers go</p>	

<p><b>Pre-claim</b></p> <ul style="list-style-type: none"> <li>• What information did you get about the benefits you were entitled to? How did this information come to you (paper, email, verbally)? From who? Was the information easy or difficult to understand? Would more information have been useful?</li> </ul> <p>MODERATOR NOTE ANY EVIDENCE OF UNREALISTIC EXPECTATIONS ABOUT ENTITLEMENTS</p> <ul style="list-style-type: none"> <li>• Do/did you require documents in a different format (probe for Braille, large print, non-English)? How did you request the documents/were they offered to you?</li> <li>• How long did it take to receive the documents? Was this an acceptable length of time?</li> <li>• How did you find the documents? Were they easy or difficult to understand? Why? What could be done to improve the information you received?</li> </ul> <p><b>The application process</b></p> <ul style="list-style-type: none"> <li>• Where did you get the <b>application form</b> from? Were there any problems obtaining a form? Were the questions easy to understand? Were any particularly difficult/confusing? How easy was the form to complete? How long did it take you to complete it?</li> </ul> <p>REFER TO STIMULUS MATERIAL (CLAIM FORMS) IF HELPFUL</p> <ul style="list-style-type: none"> <li>• Did you find any sections/questions particularly difficult or confusing? PROBE: comprehension of nationality questions, checks, 'when did your needs start?' Why is that? How did you overcome this? PROBE: guess, ask for help etc.</li> </ul>		
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<ul style="list-style-type: none"> <li>• Do you remember what else you had to do to complete the claim? Did you have to send other <b>documents or evidence</b>? What kind? PROBE: National Insurance numbers, immigration status, medical evidence</li> <li>• How did you go about finding the documents and evidence required for making the claim? Was it clear what documents you needed to provide with your application?</li> <li>• How easy was it to find the right documents or evidence? Did you manage to get all the correct documents? Did you send originals or photocopies? Did you get them back?</li> <li>• <b>Did you receive any help while applying?</b> If so from whom? PROBE: family, friends, carer, DCS, others. What sort of help did they give you?</li> <li>• <b>Do you feel you received an appropriate amount of support from the DCS while applying?</b> Was there anything you were expecting DCS to do which they did not do? Is there anything which could have been done to make the application process easier?</li> </ul> <p><b>Interpretation services (will only apply to some customers)</b></p> <ul style="list-style-type: none"> <li>• Do you have any need for interpretation services?</li> <li>• Did you use a family member/friend/ neighbour to help with interpretation at any stage of the claims process?</li> <li>• Were you offered the use of interpretation services at any stage of the claims process? What services were you offered? By whom?</li> </ul>		
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<ul style="list-style-type: none"> <li>• Did you use any interpretation services in the process of making your claim? Were they easy or difficult to use? How helpful did you find the interpretation services you used?</li> <li>• Is there anything which could be done to improve the interpretation services offered to customers by DCS?</li> </ul> <p><b>The office environment</b></p> <ul style="list-style-type: none"> <li>• Did you visit a DCS office in the process of making your claim?</li> <li>• If so, how did you find the office you went to while making your claim? How did you find the staff? Were they helpful? Could the staff at the offices have been more helpful?</li> <li>• Did you feel comfortable answering questions from DCS staff? Was there anything which made you feel uncomfortable? PROBE: condition, privacy, data security</li> </ul> <p><b>Immediate post-claim</b></p> <ul style="list-style-type: none"> <li>• How long did it take DCS to process the claim (length of time between you sending the claim form and receiving a decision on your claim)? Was your claim processed quickly enough? If not, what would have been an acceptable time for you? Were there any delays? If so, what caused the delays?</li> <li>• How satisfied were you with the amount of benefit you received from DCS? Why/why not? What reasons were given to you for the amount of money you received? Did you feel that this was clearly explained to you?</li> </ul>		
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<p><b>Dealing with DCS Staff (this may have already been touched on during course of earlier discussion)</b></p> <ul style="list-style-type: none"> <li>• Did you directly deal with people from DCS during the claims process?</li> <li>• If so, how did you find the people from DCS? Were they helpful? Friendly? Why do you say that?</li> <li>• Did they give you all the information you needed? Do you feel that they gave you the correct information? Why do you say that?</li> <li>• Did you feel comfortable answering questions from DCS staff? Was there anything which made you feel uncomfortable? PROBE: condition, privacy, data security</li> <li>• Overall do you feel that the people at DCS gave you good customer service? Why/why not? PROBE FULLY</li> <li>• What could DCS do to improve the service they give people? PROBE FULLY</li> </ul> <p><b>Communications and feedback</b></p> <ul style="list-style-type: none"> <li>• Do you feel you were kept informed by DCS on your claim? How about any other issues you needed to be aware of?</li> <li>• How did DCS communicate with you? PROBE: post, telephone, email. What was good or bad about this method of communication? Would you have preferred them to communicate in a different way? Why?</li> <li>• Does someone else (friends/family member etc.) contact or speak to DCS on your behalf? Why? Does this cause any problems?</li> </ul>		
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<ul style="list-style-type: none"> <li>• Were communications made in an appropriate language? (English or other) How easy did you find it to understand DCS when they got in touch with you?</li> <li>• Do you feel there is anything DCS should change about how they communicate with their customers?</li> <li>• Did you try to contact DCS yourself to follow up your claim? How easy or difficult was this to do? If so how did you do it? PROBE: telephone, email, post. How did you find the contact details? Was it easy to get information about your claim once you contacted DCS?</li> </ul> <p><b>Complaints (if mentioned a problem with DCS customer service)</b></p> <ul style="list-style-type: none"> <li>• Did the problem lead you to make a formal complaint? Why? PROBE: delays in payment, mistake with forms (such as loss)</li> <li>• How did you know who to contact with your complaint?</li> <li>• How did you make the complaint? What process did you go through? Can you talk me through what happened?</li> <li>• PROBE ON RESORT TO ANY COURT ACTION/LAWYER</li> <li>• How was the complaint handled by DCS? Was the process easy or difficult? Was your complaint taken seriously or not? Why do you say that?</li> <li>• What was the outcome of the complaint? Was it satisfactory? Why do you say that?</li> </ul>		
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4. Previously unsuccessful claimants (if mention this in claims section)		5 mins (most will skip this section)
<ul style="list-style-type: none"> <li>• Were you successful the first time you made a claim?</li> </ul> <p>IF YES GO TO NEXT SECTION</p> <ul style="list-style-type: none"> <li>• How many times did you make a claim before you were successful?</li> <li>• Why do you think that your claim was unsuccessful before? PROBE: ineligible, made a mistake on the form, didn't provide correct supporting documents, DC mistake.</li> <li>• Did you understand the reasons that were given for the decision that was made?</li> <li>• Has anything changed since you made the unsuccessful claim? PROBE: change in circumstances since unsuccessful claim (ineligible before), made mistakes in application</li> <li>• How long did it take for you to ask for reconsideration/make a new claim?</li> </ul> <p>IF BECAUSE OF MISTAKE</p> <ul style="list-style-type: none"> <li>• What exactly happened? Was DCS helpful or unhelpful in putting the mistake right? Why do you say that? How could DCS have been more helpful? What else could have helped you to be successful before?</li> </ul>	<p>This section will look specifically at previously unsuccessful claimants and how the initial rejection has been dealt with as well as the following impact it has had on their relationship with the DCS.</p>	

5. Since making a claim		5-10 mins
<ul style="list-style-type: none"> <li>• What has happened since your successful claim?</li> <li>• Do you have regular contact with DCS? What kind of contact? PROBE: telephone, email, post/what subject matter. How do you find this contact? Is it helpful?</li> <li>• Do you require particular formats for communications? PROBE: translated materials, Braille, large print etc.</li> <li>• Would you say that the amount of contact you receive from DCS is too little/ too much/about right? Why do you say that?</li> <li>• Is there anything DCS could do to keep you better informed? How could they improve their communications to you?</li> <li>• Do you keep DCS updated on your situation? How do you do this? How often?</li> <li>• Are you aware that you need to keep DCS updated? E.g. if your situation changes.</li> <li>• Is there likely to be improvement or deterioration in health condition which might affect your claim? If so, how will you handle this?</li> </ul>	<p>This section explores respondents' experience since the claim has been made and processed.</p>	

6. Conclusions		2-3 mins
<ul style="list-style-type: none"> <li>• Thinking about everything we have discussed today, what are your main thoughts on the way DCS treats its customers?</li> <li>• Is there anything you wish they did which they don't currently do? What is the main thing you could think of to improve the service DCS provides?</li> <li>• Is there anything we haven't covered today that you would like me to pass on to DCS?</li> </ul> <p>THANK INTERVIEWEE, EXPLAIN NEXT STEPS, GIVE OUT INCENTIVE, CLOSE.</p>	<p>Formally ends the interview and provides reassurance that the findings will be both appreciated by and useful to DCS.</p>	



# Appendix B

## Stakeholder workshop discussion guide

Research for the Disability and Carers Service into the  
satisfaction of its ethnic minority customers

Stakeholder discussion group

### **Discussion Guide**

#### **Objectives**

- To follow quantitative research which found that ethnic minority customers who make a claim to the Disability and Carers Service are less satisfied with the service they receive than white customers.
- To complement the findings from the 35 depth interviews and gather stakeholders views on best practices in servicing customers from ethnic minority backgrounds.

#### **Outline of the research programme**

- One discussion group with 8-10 members of organisations all involved in dealing with ethnic minority customers. The workshop is due to take place on Monday 16 March in London

Interview sections	Notes	Approx timing
1. Introduction and background	Welcomes participants, refreshments made available and outlines the 'rules' of the discussion.	10 mins
2. Ethnic minority customers and public services	Gathers spontaneous views on key issues faced by ethnic minorities in dealing with public services, as well as examples of good practice.	35 mins
3. Short break	Participants can rest for 5 min, and leave the room to use the bathroom if needed.	5 mins
4. Presentation of key findings from the current research	Exposes the findings of the new research (depth interviews) to stakeholders.	15 mins
5. Group's reaction to the findings and proposed actions	Gives stakeholders the chance to react to the findings, and express their views possible actions to be taken as a result.	35 mins
6. Q&A Session	DCS staff enter the room and join in discussion for a Q&A session.	20 mins
7. Conclusion	Round-up of findings. Thank participants for taking part.	5 mins



Discussion Guide	Notes	Approx timing
<p><b>1. Introduction and background</b></p>		<p>10 mins</p>
<p><b>Scene-setting:</b>  <b>Scene-setting and Background:</b></p> <ul style="list-style-type: none"> <li>• Welcome and thank participants for taking part. Refreshments available.</li> <li>• Introduce self, Ipsos MORI, and explain the aim of session. <i>The Disability and Carers Service is a government organisation for disabled people and their carers. The Disability and Carer’s Service have commissioned Ipsos MORI to explore views and experiences of claiming Disability Living Allowance (DLA), Attendance Allowance (AA) or Carer’s Allowance (CA) among customers from an ethnic minority background). The aim of the research is to help the Disability and Carers Service improve its service to its customers.</i></li> <li>• This session follows on quantitative satisfaction survey which shows that BME customers are less satisfied with the service they receive from DCS, and 35 individual interviews carried-out among BME customers recently.</li> <li>• Confidentiality: reassure all responses anonymous and that information about individual people will be displayed in the report.</li> <li>• Inform participants that being recorded and that DCS behind mirrors observing.</li> </ul>	<p>Sets the scene and eases the respondents into the discussion.</p>	

<p><b>Rules of the discussion and Icebreaker:</b></p> <ul style="list-style-type: none"> <li>• Reassure participants that we are interested in their views and there are no wrong or right answers, not to talk over people – respect different views</li> <li>• Housekeeping – toilets, fire exits, mobiles off</li> <li>• Warm-up: Please could you introduce yourself, letting us know your name, the organisation you work for and one of your hobbies.</li> </ul> <p>Sets the scene and eases the respondents into the discussion.</p>	<p>Outlines the ‘rules’ of the discussion and allows participants to introduce themselves</p>	
<p><b>2. Ethnic minority customers and public services</b></p>		35 mins
<ul style="list-style-type: none"> <li>• In your view, do customers from an ethnic minority background have a different experience of welfare services (e.g. housing benefit/unemployment benefit) than the general/majority population?</li> <li>• If different, in what way?</li> <li>• Do you think <b>their expectations</b> are different from white British customers? If so, in what way? PROMPT: PERSONAL SERVICE/WARMTH; LANGUAGE/TRANSLATION SERVICES; to what extent do you think their experience in country of origin (if applicable) may or may not shape expectations?</li> <li>• Would you say that British public services are adapted to the needs of ethnic minority customers? Why do you say that?</li> <li>• How easy or difficult is it for them to use these services? PROMPT: Do you think some groups find it easier than others?</li> </ul>	<p>Gathers spontaneous views on key issues faced by ethnic minorities in dealing with public services, as well as examples of good practices</p>	

<ul style="list-style-type: none"> <li>• Are there any specific <b>problems or barriers</b> which ethnic minority customers may encounter when dealing with public services?</li> <li>• If so which ones? PROMPT: PRE-CLAIM; STAFF; OFFICE LAYOUT; FORMS; LANGUAGE; CULTURAL ISSUES; TYPES OF COMMUNICATION; TRIPS ABROAD/ HOME.</li> <li>• How does that affect them?</li> <li>• How could this be addressed?</li> <li>• Can you think of examples of initiatives developed by some organisations which have reduced this barrier?</li> <li>• The quantitative survey we did showed that ethnic minority customers were less satisfied with the service received from the Disability and Carers Service overall. We have also found that this is the case in other customer satisfaction research. Why do you think that may be?</li> <li>• However, we know that ethnic minority customers are less likely to place a formal complaint. Why do you think that is?</li> </ul>		
<p><b>3. Short Break</b></p>		<p><b>5 mins</b></p>
<p>Participants can rest for 5 min, and leave the room to use the bathroom if needed.</p>		

4. Presentation of key findings from the current research		15 mins
<p>USE PRE-PREPARED FLIP CHART</p> <ul style="list-style-type: none"> <li>• Many customers were unable to articulate their understanding of what constitute good customer service.</li> <li>• A source of dissatisfaction came from the fact that customers had not found out about the benefits available for a long time. They could have applied and received help earlier on.</li> <li>• Customers tend to find the forms long-winded, repetitive and hard to complete. Language is not the main issue, rather the sheer number of questions, and the impression that the same question is being asked over and over again.</li> <li>• Linked to the forms felt as 'one-size-fits-all' there is a sense that the current assessment does not allow DCS to truly understand their situation; and a desire for more personal contact.</li> <li>• Lack of transparency regarding the eligibility criteria, which means that some customers feedback impressions of arbitrary decision-making: <ul style="list-style-type: none"> <li>– Among disallowed customers: do not understand the reasons driving the refusal to grant benefits</li> <li>– Among successful customers as well. Desire to understand the way the benefit amount is calculated and decided/or what drives which band they fall into.</li> </ul> </li> </ul>	<p>Exposing the findings of the new research (depth interviews) to stakeholders</p>	

<ul style="list-style-type: none"> <li>• However, despite the point above, little questioning of the decision which has been reached – especially the amount given. Sense that DCS knows better and what they are getting is inevitably right.</li> <li>• Dichotomy between the way <b>frontline staff</b> (helpful, friendly, and in most cases knowledgeable but with no decision power) and the <b>decision-makers</b> (unreachable, remote and unable to truly grasp customers situation as no personal contact (only through forms)) are perceived. This feeds into a general impression of remote/faceless organisation in general.</li> <li>• Suggestion that DCS should go beyond paying money: extend service to other areas such as help with home modifications needed following disability, help with finding a new job.</li> </ul>		
<p><b>5. Group’s reaction to the findings and proposed actions</b></p>		<p>35 mins</p>
<ul style="list-style-type: none"> <li>• <b>Many customers were unable to articulate their understanding of what constitutes good customer service.</b> What does the group think? Surprising? Expected? What are the main reasons behind this? Does this have implications on how we ask the question in the quantitative survey?</li> <li>• <b>Customers struggle to find out about the benefits available for a long time. Many could have applied and received help earlier on.</b> Do they think this is specific to the Disability and Carers Service? Why? Is it a problem which their organisation faces? What action(s), if any could be taken as a result? How important is this/what priority should this be given?</li> </ul>	<p>Giving stakeholders the chance to react to those findings, and voice some hypotheses on the reasons behind this.</p> <p>Getting their views on whether anything should be done about it and how could this be done</p>	

<ul style="list-style-type: none"> <li>• <b>Form filling: long-winded, repetitive and hard to complete.</b> Do they think this is specific to the Disability and Carers Service? Why? Is it a problem which their organisation faces? What action(s), if any could be taken as a result? How important is this/what priority should this be given?</li> <li>• Linked to the forms felt as 'one-size-fits-all' there is a <b>sense that the current assessment does not allow DCS to truly understand their situation</b>; and a desire for more personal contact – if possible in a face-to-face meeting (not only through forms). Do they think this is specific to the Disability and Carers Service? Why? Is it a problem which their organisation faces? What action(s), if any could be taken as a result? How important is this/what priority should this be given?</li> <li>• <b>Lack of transparency regarding the eligibility criteria</b>, which means that some customers feedback impressions of arbitrary decision-making (both among disallowed and allowed customers). Do they think this is specific to the Disability and Carers Service? Why? Is it a problem which their organisation faces? What action(s), if any could be taken as a result? How important is this/what priority should this be given?</li> <li>• However, despite the point above <b>little questioning of the decision which has been reached</b>. Do they think this is specific to the Disability and Carers Service? Why? Is it a problem which their organisation faces? What action(s), if any could be taken as a result? How important is this/what priority should this be given?</li> </ul>		
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<ul style="list-style-type: none"> <li>• Dichotomy between the way <b>front staff</b> is perceived (helpful, friendly, and in most cases knowledgeable but with no decision power) and the <b>decision-makers</b>, unreachable, remote and unable to truly grasp customers situation as no personal contact (only through forms). This feeds into a general impression of remote/faceless organisation in general. Do they think this is specific to the Disability and Carers Service? Why? Is it a problem which their organisation faces? What action(s), if any could be taken as a result? How important is this/what priority should this be given?</li> <li>• <b>Suggestion that DCS should go beyond paying money:</b> extend service to other areas such as help with home modifications needed following disability, help with finding a new job. ). General impressions? What action(s), if any could be taken as a result? How important is this/what priority should this be given?</li> </ul>		
<p><b>6. Q&amp;A Session</b></p>		<p>20 mins</p>
<p>DCS staff enter the room and join in discussion for a Q&amp;A session</p>		
<p><b>7. Conclusion</b></p>		<p>5 mins</p>
<p>Round-up of key findings from the workshop.</p> <ul style="list-style-type: none"> <li>• Thinking about everything we have discussed today, what are the most important points which you think DCS should take out from this session?</li> <li>• What do you think the Disability and Carers Service should do better or differently when providing a service to ethnic minority customers?</li> <li>• Is there anything we haven't covered today that you would like add?</li> </ul> <p>THANK PARTICIPANT, EXPLAIN NEXT STEPS, GIVE OUT INCENTIVE, CLOSE.</p>	<p>Formally ends the session and provides reassurance that the findings will be both appreciated by and useful to DCS.</p>	





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