Implicit Consent

Extracted from Operational Instructions / Retirement Provision / Pensions / Single Source of Guidance / Handle Contact / Contact

During the **Handle Inbound Call** smartscript, you will be asked a series of questions to ascertain **Alternative Enquiry. The Alternative Enquiry** screen can only launch when the answers to all of the questions are recorded as follows:

1. **What type of enquiry do you wish to make?** - answer selected must be: **Account Specific Enquiry.**
2. **Are you ringing on your own behalf?** - answer selected must be: **No.**
3. **Establish if the caller is Informal Rep or OGD?** - this is a silent question. Answer selected must be: **Informal Representative/spouse/civil partner/partner.**
4. **Is the customer deceased?** - this is a silent question. Answer selected must be: **No.**

Where it is established that **Alternative Enquiry** applies take the following action:

1. **Alternative Enquiry** only applies where all of the criteria shown on **SC34 Alternative Enquiry** screen is satisfied. Select **Yes** then **Finish**, you are taken to the **Search Centre.**
2. Access the customer's record, the **Security Questions** will not launch, answer the query then complete Call Wrap Up.

Where the representative has failed **Alternative Enquiry**, you are taken to the **Search Centre** to launch the Frequently Asked Question (FAQs).

Callback

If it is not possible to deal with a query during the inbound call, and a callback is necessary, **Alternative Enquiry** must be established as part of the callback. If it is not possible to establish **Alternative Enquiry** on the callback, a written authority must be requested before releasing information.

There is no smartscript for an outbound call. If **Alternative Enquiry** is accepted you **must** record a note of **Alternative Enquiry Accepted** in the **Comments** field of the **Contact History** view.

Informal Representative Reports Change

Extracted from : Operational Instructions / Retirement Provision / Pensions / Single Source of Guidance

On receipt of notification of a change from an Informal Representative, navigate to the **Evidence Plan View** to consider the actions needed in order to make the change. For further information on action to take see: Evidence Plan View. For a Pension Credit case you must navigate to the **PC RM Picklist View**. For further information on action to take see: PC RM Picklist View.

Do not change any details unless the customer is present at the time of the call. The customer must pass the security questions and confirm they are happy for the informal representative to speak on their behalf.

Written authorities and Alternative Enquiry cover only the disclosure of information to representatives; they do not authorise representatives to report changes of circumstances on behalf of customers.

There may be occasions, when in the absence of the customer an informal representative provides us with information that could potentially affect a customers entitlement, for example, hospital admission or notification of going abroad. You must note these potential changes and the source. The decision maker must then consider the appropriate action, for example, verification of the information provided or suspension of benefit action.

Where the customer is present to confirm that they wish the representative to speak on their behalf, go to **Contact History** and continue with the call by launching the Security Questions. If the customer can answer the security questions the informal representative is able to report all changes.

You must record their details in the Informal Representatives applet.

If the customer is unable to answer the security questions use the Call Wrap Up smartscript with the appropriate call outcome reason. The script provides the appropriate message to give to the customer and creates a contact history. For further information see: Failed Security Questions

Informal representatives and Alternative Enquiry

Extracted from: Operational Instructions / Retirement Provision / Pensions / Single Source of Guidance / Context Sensitive

When an informal representative contacts The Pension Service (TPS), on behalf of the customer, where the informal representative has been accepted as having Alternative Enquiry the CAM does not present the Security Questions.

The **Alternative Enquiry** screen can only launch when a representative has correctly answered a series of questions during the **Handle Inbound Call** smartscript. A new **Contact History** record is automatically created for **Alternative Enquiry** in these cases. For further information on the series of questions see: Caller is not ringing on their own behalf.

Supersessions and renewals

Extracted from: Operational Instructions / Retirement Provision / Attendance Allowance / Attendance Allowance Instructions

Summary

1. When you receive a supersession request, issue a claim form to the customer or their payee, such as the appointee or power of attorney.

Note: You must follow the identification verification or alternative enquiry process before taking a request to issue a form.

Amending or deleting representative details

Extracted from Operational Instructions / Retirement Provision / Carer's Allowance / Carer's Allowance Instructions / Dialogues / Contact History

Where existing representative details are displayed, any or all of the details can be amended.

2. When the screen is updated you must also record details in the 6 lines of freetext. You are redirected to the Type of Contact Screen 880882 or the Contact Update Screen 880888 to record the contact details depending on which screen (either ICA 880882 or ICA 880886) you were in when you left to update the representative screens.

Alternative Enquiry

3. Record only representatives acting on a regular basis on the representative details screen. Input I in the alternative enquiry field in the **rep** field at **Origin of Contact**.
4. Do not use the representative screens to record details of a person who acts for the customer on a one-off basis.

Written consent

5. If a customer has given written consent this will only last for a particular piece of business. For example, the duration of an appeal. In these instances the representative can be recorded in the Contact Representative screens. Note in the six lines of free text that the representative can't act for the customer indefinitely. Remove details when the consent period has elapsed. Refer to disclosure of information.

Alternative Enquiry when dealing with calls from claimant representatives

Extracted from: Operational Instructions / Working Age Benefits / Employment and Support Allowance / 02 ESA instructions for service centre telephony (new claims) / 03 New Claim Data Gather / 02 Personal, Partner and Representative Gather

Security questions are used to confirm a customer's identity at the beginning of telephone calls. However, some information can be safely provided when the caller is not the claimant but a representative who does not have appointee status.

Staff should use their judgement to satisfy themselves that the caller has the agreement to act on behalf of the claimant.

Transferring calls to the Attendance Allowance Unit

Extracted from : Operational Instructions / Retirement Provision / Attendance Allowance / Attendance Allowance Instructions / 22 Requesting call backs, transferring calls and reverse charge calls

General work under **MU68** is dealt with by the call handler. If the customer insists on speaking with specialised areas such as **MU59** exportability, **MU65** disputes, **MU64** new claims, you must transfer the call. To do this you must:

Step	Action
1.	the identity and verification test or make an alternative enquiry.
2.	the customer has specifically requested to speak to the relevant AAU Command.
3.	Transfer the call.
4.	If you are unable to obtain a response from the AAU Command, apologise to the customer and arrange for a customer call back.

Establishing the identity of callers

Extracted from: Operational Instructions / Retirement Provision / Attendance Allowance / Attendance Allowance Instructions

Summary

1. The main functions of the Attendance Allowance Service Centre is to:

- answer enquiries from customers and their representatives
- take details of any reported change of a customer's circumstances.

2. You must read and be familiar with the Disclosure, Data Matching and Data Sharing policy.

3. Before a call can go ahead you must establish the identity of the customer/caller.

4. If you are contacted by the customer or their personal acting body (PAB), you must complete an identity verification (IDV) test.

5. If you are contacted by an informal representative, you must make an alternative enquiry.

Establishing the identity of callers

Extracted from: Operational Instructions / Retirement Provision / Attendance Allowance / Disability Living Allowance Instructions

Summary

The main functions of the Disability Living Allowance Service Centre is to:

- answer enquiries from customers and their representatives
- take details of any reported change of a customer's circumstances.

2. You must read and be familiar with the Disclosure, Data Matching and Data Sharing policy.

3. Before a call can go ahead you must establish the identity of the customer or caller.

4. If the customer or their personal acting body contacts the department, you must complete an identity verification test.

5. If an informal representative contacts the department, you must make an alternative enquiry.

Transferring calls to the DLA65+ Unit

Extracted from: Operational Instructions / Retirement Provision / DLA 65+ / DLA 65+ Instructions / 20 Requesting call backs, transferring calls and reverse charge calls

1. General work under **MU66 and MU39** is dealt with by the call handler. If the customer insists on speaking with specialised areas such as **MU59** exportability, **MU65** disputes, you must transfer the call. To do this you must:

Step	Action
1.	Complete the identity and verification test or make an alternative enquiry.
2.	Explain the customer has specifically requested to speak to the relevant DLA Command.
3.	Transfer the call.
4.	If you are unable to obtain a response from the DLA Command, apologise to the customer and arrange for a customer call back.

Create a Communication Record

Extracted from : Operational Instructions / Disability Services and Dispute Resolution / Personal Independence Payment / Personal Independence Payment Instructions / 01 Workflow and Task Management / 01 Workflow and Task Management

To create a new Communications Record, take the following action:

Step	Action
1	in the Person Homepage select the Contact tab
2	select Communications from the LHS menu
3	select New action button on right hand side (RHS) of screen which displays a pop up Record New Communication screen
4	complete the following information: Date of Contact - this defaults to today's date and will not accept a future date Contact With – choose one of the following options from the drop down list: Claimant Recognised Representative Unofficial Representative Not Known
5	from the drop down list in the Channel field the user must select one of the following: Telephony Correspondence E-Channel Text Phone SMS
6	in the Inbound/Outbound field select either Inbound or Outbound. This will display as a blank field but is mandatory and one of these options must be selected
7	the Security Questions field must be completed with one of the following options: Pass Automated Pass Biographical questions

Pass Memorable Information
Authenticated
Unauthenticated
Pass Security Questions
Fail Automated
Fail Biographical Questions
Abandoned Insufficient Data
Abandoned Other
Fail Security Questions
Passed Alternative Enquiry
Failed Alternative Enquiry
Not Applicable i.e. correspondence (post)

8   in the Contact Reason field select the appropriate contact reason from the drop down list:

Post
Reclassification for AP
Change of Circumstances
Enquiry
Evidence
Update
New Claim
Feedback

9   the Contact Sub Reason field must be completed from the drop down lists which are specific
       to the Contact Reason selected above

10   only complete the Notification Type field if it is a request for a Certificate of Entitlement, a
       request for a Letter of Entitlement or a PIP1007 (paper PIP1 pack)

11   complete the Notes Box with details of what has been received and select 'save'. A new
       communication record will now be visible in the communications page.

Smart Script Help

Extracted from: Operational Instructions / Retirement Provision / Pensions / Single Source of Guidanc

Summary

SmartScript is a tool within the Customer Account Management System (CAM) designed to increase user consistency and to ensure a consistent customer experience in dealing with pension centres.

The SmartScripts:

- are used in conjunction with business processes
- display questions to be asked of the customer
- display informed choice scripts to be read to the customer.

The SmartScripts prompt you to ask the required questions to the customer. Depending on the information you input, it then displays the next appropriate question or informed choice script, until the script is complete.

You must ensure you follow appropriate security protocols prior to commencing any interaction with the customer, asking relevant security questions to assure yourself that you are talking to either the customer or their legal representative.

Critical Process Consequences

If you do not follow the appropriate security procedures before talking to a customer or their legal representative, this can mean:

- you fail to correctly identify the customer or establish alternative enquiry (previously implicit consent), and divulge information to a bogus caller
- you fail to comply with the Data Protection Act, by not keeping the customer's personal information secure
- the customer is put at risk of identity fraud
- money is paid to the wrong person
- the Department is left liable to fraud
- there is the potential to cause reputational damage to DWP.

Example - SmartScript

You take an inbound call.

You must follow handle inbound call script:

Handle inbound call script

1. Question: **How did you hear about Pension Credit?**
2. Enter the response
3. Next Question: **Please can I take your name?**
4. Enter the customer's name
5. Next Question: **Are you comfortable continuing in English?**
6. Enter the response: **Yes.**
7. Next Question: **Are you ringing on your own behalf?**
8. Enter the response **Yes.**

Related items

- Find fast list - SmartScripts
- Alternative Enquiry.

The revised Housing Benefit (HB) and Council Tax Reduction (CTR) SmartScripts can be found in: Pension Credit - HB/CTR new claims.

Security Questions Generator

Extracted from: Operational Instructions / Retirement Provision / Pensions / Single Source of Guidance / Smart Script Help

You must ensure you follow appropriate security protocols prior to commencing any interaction with the customer, asking relevant security questions to assure yourself that you are talking to either the customer or their legal representative.

Security Questions Generator (SQG) must be used to generate security questions when you are unable to process a case using Customer Account Management System (CAM) and have to use a legacy system.

The SQG:

- is a desktop application that randomly generates appropriate security questions to ask for the Identity Verification Test test.

- is constantly updated so always holds the latest list of acceptable questions

- is accessed via a desktop icon that can be minimised when not in use

- can be open at the same time as legacy systems

- contains a link to the Bogus Call Report Form, which on completion can be automatically sent to your site's Security Adviser.

You must not use any previously used paper or locally produced deskaids when deciding on which security questions to ask a customer.

Critical Process Consequences

If you do not follow the appropriate security procedures before talking to a customer or their legal representative, this can mean:

- you fail to correctly identify the customer or establish alternative enquiry (previously implicit consent), and divulge information to a bogus caller

- you fail to comply with the Data Protection Act, by not keeping the customer's personal information secure

- the customer is put at risk of identity fraud

- money is paid to the wrong person

- the Department is left liable to fraud

- there is the potential to cause reputational damage to DWP.

Standard Work Instruction - telephone call

You must ensure you follow appropriate security protocols prior to commencing any interaction, asking relevant security questions.

1. Ask security questions.
2. Failed security questions.
3. Update deceased customer records.
4. Consider arrears or overpayment.
5. Offer BICT eligibility.
6. Wrap up call.
7. After call steps.
8. Establish payment details and death arrears payee.
9. Recall payment.

Signposting

If the telephone call is not for the Bereavement Service line ensure the customer has the correct telephone number that they wish to contact. Do not assume that they know this.

Key point

Analysis has shown that on occasion when we receive a call that is not for the Bereavement Service (BS) we do not check that the customer has dialled the correct number for the department or office they require. This results in a further call to the BS line. Ensure in all cases that the customer has all relevant contact details after they report the death if they need to contact other departments or offices.

Call receiving office action

All work required in relation to the bereavement process - for the case of the deceased or surviving spouse or civil partner must be handled at the office receiving the call and not in any case referred to the owning office (except a PC2 review see crib sheet).

Critical Process Consequences

If you do not follow the appropriate security procedures before taking a call this can mean:

- you fail to correctly establish alternative enquiry (previously implicit consent) and divulge information to a bogus caller

- you fail to comply with the Data Protection Act, by not keeping the customer's personal information secure

- there is a risk of identity fraud

- money is paid to the wrong person

- the Department is left liable to fraud

- there is the potential to cause reputational damage to DWP.

For more information see Alternative Enquiry

Contact History

Extracted from: Operational Instructions / Retirement Provision / Pensions / Single Source of Guidance

Summary

This applet displays a list of Contact History records for the particular customer whose details are displayed in the **Contact Form** applet.
A contact history is automatically created for a customer after the Call Wrap Up SmartScript has been successfully completed for teleclaims. You need to complete a manual contact history for clerical claims.

System Messages
Problem Solver

A contact history record is not updated once created, therefore no edit mode is available. When creating a new record all fields are mandatory, except the comments and correspondence fields.

The following options can be selected in this applet:

- **New** button creates a new record for the customer
- **Cancel** button cancels any action previously taken, for example the input of incorrect information
- **Query** button enables the fields within this applet. Once the fields are populated you have the option to continue with the query by activating the **Go** button or cancel the action. For further instructions on how to use the query function see: Query Function
- **Relationship Maintenance** button if the call is related to Relationship Maintenance (RM)
- **Enquiry** button when a case is highlighted to see the relevant details relating to the call
- **New PC Claim** button if the call relates to a New Pension Credit Claim
- **New SP Claim** button if the call relates to a New State Pension Claim
- **LS Referral** button if the call relates to a DWP Visiting Referral.

To enter or amend any field within this applet take the following actions:

1. The date of contact by the customer is displayed in the Date of Contact field. This is a Read Only field when prepopulated by the Inbound Smartscript.
2. The Time of Contact field displays the time of contact. This field is only populated during automatic contact history creation. For other types or for manual contact history creation, this field is not populated.
3. Select the icon in the Case No field to launch the Pick Case popup applet.
4. Enter the case type the customer is enquiring about in the Case Type field.
5. The Referral No field displays the unique identifier for the DWP Visiting Referral.
6. Enter the channel in the Channel field.
7. Select the relevant option from the dropdown menu in the In/Out field.
8. Enter the type of caller which has contacted in the Caller Type field.
9. Enter the name of the person who has called in the Caller Name field.
10. Select the reason for the contact by launching the Contact History Reason popup applet from the icon in the **Reason** field.
11. If the caller is repeatedly failing security questions this is displayed in the **Failed Security Questions?** field. This field is read only and cannot be edited.
12. Select the correct correspondence type from the dropdown in the **Correspondence Type** field. Always record the issue of a clerical form or letter. For further information see: Clerical Forms and Letters.
13. Enter the correspondence contact in the **Correspondence Contact** field.
14. Enter any comments in the **Comments** field. This is used to add any relevant additional detail that may be required, for example if the options from the dropdown menu are not specific enough for the circumstances.

15. The **Handoff** field displays the relevant department the caller has been handed off to id applicable.
16. The **Owner** field automatically defaults to your name as the user.

Informal Representatives and Alternative Enquiry

When an informal representative contacts the Pension Service, on behalf of the customer, where the informal representative has been accepted as having Alternative Enquiry, the Customer Account Management System (CAM) does not present the Security Questions. The **Alternative Enquiry** screen can only launch when a representative has correctly answered a series of questions during the **Handle Inbound Call** smartscript. A new **Contact History** record is automatically created for **Alternative Enquiry** in these cases. For further information on the series of questions see: Alternative Enquiry and Caller is Not Ringing on Their Own Behalf.

State Pension and Pension Credit Claim

Next steps for processing either State Pension or Pension Credit claims see: Personal details.

Disclosing personal information about a customer's claim to DLA

Disclosing personal information about a customer's claim for Disability Living Allowance

Extracted from : Operational Instructions / Retirement Provision / DLA 65+ / DLA 65+ Instructions

Summary

1. The Service Centre receives requests for information from:

- a customer
- an appointee
- a Member of Parliament
- someone with the customer's written authority
- a representative group such as:
o Citizens Advice Bureau
o Welfare Rights and so on
- other organisations:
o Police
o local authority
o other Department for Work and Pensions and partner offices
- someone acting informally with the customer's knowledge and consent for example, a neighbour, relative or friend.

Progress requests

2. You can only give general information to any caller provided you are satisfied the caller is acting with the customer's knowledge and consent but you must establish identity before disclosing any information, see: Telephony procedure note 37-establishing the identity of callers.

Personal information

3. This is issued in writing to the customer or their authorised representative. However, if a caller insists they want personal information given to them over the phone, this can be given provided the customer has successfully answered the identity validation questions. Please note you must not readily disclose this information over the phone without a specific request.

4. The authorised representative details are held in dialogue DA110 Notepad.

For further information, see: Telephony procedure note 37-establishing the identity of callers.
5. For other callers, implicit consent must be established by using the identity validation process, see definition of alternative enquiry below:

- if the request is for an outcome decision, tell the customer the last decision notification has already been issued. This can also be given over the phone
- if the request is for entitlement details such as dates and rates.
  Note: If you are in any doubt as to the identity of the caller, offer a call back to a known number. You may be able to validate telephone numbers using the internet, or take action as in Telephony procedure note 21- Bogus callers.

Caller asks for personal information over the telephone

6. If the caller is:

- a Member of Parliament
- from a local authority
- another Department for Work and Pensions, partner or joint office, they all have access to the Common Enquiry Service (CES). Take action as in Telephony procedure note 34- Sharing information relating to the customers claims with other organisations.

7. For anyone else, provided that the conditions above are satisfied, you may disclose the information.

Definition of alternative enquiry

8. An alternative enquiry is where a caller can give details of the claim that we would normally only expect the customer to know. You must read and be familiar with the Disclosure, Data Matching and Data Sharing Policy (link is external).

9. The following are examples where consent can be considered implicit:

"I am a friend, relative or representative of Mr X, National Insurance number QO123456A, and ....

.... he made a claim for Disability Living Allowance four weeks ago and hasn't heard anything. Can you tell me what is happening?"

.... he has had a letter saying that his claim for Disability Living Allowance has been disallowed. Can you tell me why?"

.... he has a letter saying that he will be paid £xxxx per week. Can you tell me how this has been worked out?"

10. in these cases the caller has specific information about the customer's claim and is asking for information which is consistent with the role of a representative.

Caller is not ringing on their own behalf

Extracted from: Operational Instructions / Retirement Provision / Pensions / Single Source of Guidance

If the caller is not ringing on their own behalf, the Handle inbound call script navigates you to get the customer's name and then takes you to the **Search Centre** where you can show if the caller is authorised to act on the customer's behalf.

Caller states they are an authorised - PAB/CAB

If the caller states that they are authorised to act on behalf of the customer, search under their National Insurance Number (NINO) and show if they are authorised to act, for example PAB details can be found in **Customer Representative** view.

Where you can establish that the caller is authorised to act, go to **Contact History** and continue with the claim/application or relationship maintenance change, by launching the Security Questions. If you do not have access to CAM use the Security Questions Generator.

If the representative is new to our system, proceed with the Pension Credit application as far as possible without registering the Pension Credit application. All details supplied are to be entered on Customer Account Management System (CAM) as **NV**.
You must send a populated PC1-Pension Credit Application form to customer and request Power of Attorney (PoA) to sign and return with PoA documentation.

Where you cannot show that the caller is authorised/verified to act on behalf of the customer, use the Call Wrap Up script with the appointee call outcome reason: **Unverified Representative** or **Unverified Appointee**. For further information see: Working with Representatives (link is external).

In both of the above scenarios the script provides the appropriate message to give to the customer and creates a Contact History.

Caller states they are not authorised - informal representative

If the customer is present and has given their verbal authorisation, go to **Contact History** and continue with the claim/application or Relationship Maintenance (RM) change by launching the Security Questions. If you do not have access to CAM use the Security Questions Generator.

If the caller wants to make a claim/application on behalf of the customer for State Pension (SP) or Pension Credit, issue a populated PC1 and/or State Pension Claim form (BR1) form for the customer to sign.

If the customer is not present, judge if the caller is in possession of the basic information/facts or is able to quote from recent correspondence and makes enquiries consistent with the role of a genuine representative. For further information see: Working with Representatives (link is external).

Alternative Enquiry

Security Questions are used to confirm a customer's identity at the beginning of most telephone transactions however, it is not appropriate to ask security questions in the same way of an informal representative, spouse/civil partner/partner. An **Alternative Enquiry** is where staff must use their experience and judgement to satisfy themselves that the caller has consent to act on behalf of the customer. For further information see: Alternative Enquiry

Do not change Direct Payment details unless the customer is present at the time of the call. The customer must pass the security questions and confirm they are happy for the informal representative to provide changes to their bank details. For further information see: Protecting customer information over the phone (link is external).

If you are in any doubt the caller is genuine **do not disclose any information** and seek advice from your line manager.

For further information see: Failed security questions

Note: SP claims. If the issue of the BR1 is not displayed within **Contact History** immediately, select the **Query** button to display a blank yellow line, then select **GO**. This populates the **Contact History** successfully.

Corporate representative

When you have confirmed that a corporate body is calling on the customer's behalf, establish if the caller is present to give permission to talk to the caller.

If the customer is not present you need to establish if the organisation has authorisation to act on the customer's behalf. For further information see: Working with representatives (link is external).

For guidance on the actions the customer adviser must take see:
- Caller is authorised to act on customer's behalf
- Caller is not authorised to act on customer's behalf
- Caller is unsure if authorised to act on customer's behalf
- Caller details do not match departmental records or there is no record of a CAB
- Caller does not have a copy of the authorisation document or is unsure if they are authorised to act on the customers behalf.

Disclosure of information - customer representatives and organisations

Extracted from: Operational Instructions / Retirement Provision / Carer's Allowance / Carer's Allowance Instructions / Customer Contact / Data protection, disclosure and Right of Access Requests

If correspondence is from a third party advising they are the customer's representative and written authority is enclosed, **do not** send these to the deputy Data Protection Officer (DPO) Enter the representative details in Contact History, if not already held, and take relevant action. This is not a disclosure request.

2. Department guidance working with representatives (link is external) is available regarding providing information about customers to their representatives. It gives advice regarding who you can disclose information to, when you can disclose and what can be disclosed. Alternative enquiry is explained and when you need written consent.

3. A customer can ask any individual to act on their behalf. These can include:

- Welfare Rights Officers – they may be from the local council or a recognised organisation such as MIND (link is external) or Age UK (link is external)
- Benefit Advisors – they may be from the local council or a recognised organisation such as Citizens Advice Bureau (link is external)
- family members or members of the local community (for example English is not the customer's first language)
- companies who help individuals claim benefits

4. Contact from companies are handled as normal. It's the customer's choice to appoint these types of companies as their representative. Check if you have authority to deal with them as a customer representative or if implicit consent applies. Ensure the company is making enquiries that are consistent with a representative.

Written enquiries

5. If the enquiry relates to dates and/or rates of entitlement and customer authority is attached, reply direct to the enquirer.

6. If the enquiry relates to dates and/or rates of entitlement and customer authority is not attached but an alternative enquiry can be accepted, reply direct to the enquirer. If not, send the information to the customer with a covering letter.

7. If the enquiry is from the Disabled Person's representative send to deputy DPO. Although caring for the DP gives the customer entitlement to CA, this does not mean the DP is entitled to information about the CA claim. Cases are considered on an individual basis and the decision to disclosure is made by deputy DPO.

Warm Handover back up process

Back up ID Warm Handover process for PIP enquiry line

Extracted from : Operational Instructions / Disability Services and Dispute Resolution / Personal Independence Payment / Personal Independence Payment Instructions / 28 PIP Enquiry Line

1. A warm handover replaces the process of raising an Outbound call (OBC) task via CAMLite (the same call back criteria applies.

Step	Action
1.	use the Warm Handover Instructions to establish which team you need to transfer the call to: Warm Handover
2.	advise the customer 'the transfer may take up to 2 minutes and the line will go quiet until the warm handover is connected. If I am unable to complete the warm handover I will arrange a call back'

Type of transfer	Phone number
RSC CM transfer including Negative Determinations (claim disallowed on Lay Conditions for example FTA, Failure to Comply)	0800 604 4016
RSC CW transfer	0800 608 8614
Reassessment CM transfer including Negative Determinations (claim disallowed on Lay conditions for example FTA, Failure to Comply)	01253 843160
Reassessment CW transfer	01253 331854
DRT Appeals all enquiries relating to an appeal, even if the appeals team have taken all their action	0151 802 3938

DRT Recons – appropriate when a Reconsideration is registered against a disability only	01633 231007
MOTA Specialist and AFIP	01253 843161
Exportability	01253 843934
	01253 339632
	01253 337231
3.	introduce yourself and provide the following information to the benefit expert:
	claimants name and NINO
	confirm IDV or Alternative Enquiry process has been completed and passed
	provide a brief summary of why the call is a warm handover
4.	introduce yourself when connected and provide the following information to the benefit expert:
	Claimants name and Nino
	Confirm IDV or Alternative Enquiry process has been completed
	Provide a brief summary of why the call is a warm handover
5.	on the CAMLite toolbar select the 3rd button from the white box (consultative transfer work item (the hand) this will disconnect you from the call)
6.	**take all appropriate action in CAMLite to close the case**

Note: If you are unable to complete the warm handover after trying for two minutes (time for all numbers in the hunt group to be contacted) or the line is engaged for 3 attempts, select the button containing the green arrow on CAMLite toolbar to return to the claimant. Inform the claimant that you will arrange for a colleague to call them back and send an OBC task in CAMLite.
Ensure that you state in the task notes why a WHO couldn't be actioned.

Creating a Communication Record

. To create a new Communications Record, take the following action:

Step	Action
1	in the 'Person Homepage' select the 'Contact' tab
2	select 'Communications' from the left hand menu
3	select 'New action' button on the right hand side of the screen which displays a pop up 'Record New Communication' screen
4	complete the following information: • Date of Contact - this defaults to today's date and will not accept a future date • Contact With – choose one of the following options from the drop down list: - Claimant - Recognised Representative - Unofficial Representative - Not Known.
5	in the 'Channel' field select one of the following contact methods from the dropdown list: • Telephony • Correspondence • E-Channel • Text Phone.
6	in the 'Inbound/Outbound' field select either 'Inbound' or 'Outbound' as appropriate. This will display as a blank field but is mandatory and one of these options must be selected.
7	in the 'Contact Reason' field select the appropriate contact reason from the drop down list: • Post

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• Contact sub reason - Reclassification for AP, change of circumstances, enquiry, evidence, update, new claim and feedback.

• Change of Circumstances

• Enquiry

• Evidence

• Update

• New Claim

• Feedback.

Where the Contact Reason is 'Enquiry' the following values are available:

• Payment Enquiry

• Progress chasing – New Claims

• Progress Chasing – Ongoing

• Can You Send me?

Where the Contact Reason is 'Feedback' the following values are available:

• Complaint

• Compliment

• Suggestion.

Where the Contact Reason is 'Update' the following values are available:

• Change (Other)

• Change - CoA/MoP.

8   for telephone calls only the 'Security Questions' field must be completed with one of the following options:

• Authenticated

• Unauthenticated

• Pass Security Questions

• Abandoned Other

• Fail Security Questions

• Passed Alternative Enquiry

• Failed Alternative Enquiry

• Not Applicable, that is, correspondence (post).

9   the 'Contact Sub Reason' field must be completed from the drop down lists which are specific to the 'Contact Reason' selected

10   complete the 'Notification Issue Request Notification Type' field if a notification is to be issued to the claimant and the notification required is on the drop down menu - **See: 'Manual Notification'** for a list of manual notifications that can be issued

11   complete the 'Notes Box' with details of what has been received or issued and the unofficial rep/not known details and select 'save'. If any of the mandatory fields have not been completed you will not be able to save the record. A new Communication Record will now be visible in the communications page

Callbacks

Extracted from: Operational Instructions / Retirement Provision / Pensions / Single Source of Guidance

You create and retrieve callbacks through the **Customer Task** applet in the **Contact Task** view on the CAM. Details include the caller's name and the scheduled date and time of callback. The created callback is then submitted to the customer's **Tasks List**.

You may need to make a callback for a number of reasons including:

- gateway intervention
- insufficient information at hand
- interpreter assistance required
- unable to continue with call.

If a customer requests a callback, tell them **We will give you a time to expect a return call**. The callback is scheduled to the team's work queue and then allocated appropriately by the team leader.

Arranging a callback for yourself

1. Navigate to the **Contacts** screen.
2. Select the **Tasks** view tab.
3. Select the **New** button.
4. Select the **Outbound Call** option in the **Task Type** field.
5. Select the **Callback** option from the **Sub Type** dropdown list.
6. Input contact details into **Comments** field.
   For further guidance on completing this applet see: **Case Tasks**.

Arranging a callback for another adviser

1. Navigate to the **Contacts** screen.
2. Select the **Tasks** view tab.
3. Select the **New** button.
4. Select the **Outbound Call** option in the **Task Type** field.
5. Select the **Callback** option from the **Sub Type** dropdown list.
6. Enter contact details into **Comments** field.
7. Select the **Owner** field.
8. Select the appropriate owner from the dropdown list.

Call Barring

If a customer has Call Barring enabled on their phone, you can still arrange a callback. For further guidance refer to Call barring facility.

You must ensure you follow appropriate security protocols prior to commencing any interaction with the customer, asking relevant security questions to assure yourself that you are talking to either the customer or their legal representative.

Critical Process Consequences

If you do not follow the appropriate security procedures before talking to a customer or their legal representative, this can mean:

- you fail to correctly identify the customer or establish alternative enquiry (previously implicit consent), and divulge information to a bogus caller

- you fail to comply with the Data Protection Act, by not keeping the customer's personal information secure

- the customer is put at risk of identity fraud

- money is paid to the wrong person

- the Department is left liable to fraud

- there is the potential to cause reputational damage to DWP.

Bogus Contact

Extracted from: Operational Instructions / Retirement Provision / Carer's Allowance / Carer's Allowance Instructions

A bogus call is an attempt by someone to obtain information by phone about our customer to which they are not entitled. Most frequently this is done by impersonating a customer or someone else that we would be able to legitimately disclose information to.

2. You always need to ask a caller for their name and Nino. Bogus callers will almost always know the Nino, it is not a security question.

3. You should never disclose personal information about a customer, that they (or their representative) would be expected to know.

4. Don't disclose information indirectly, for example confirming or denying statements made about addresses and financial information.

5. If you are unsure if it is a bogus call, consider handling the call using an alternative enquiry (link is external).
6. If you are suspicious do not provide any information and tell the caller to put their enquiry in writing. Complete the bogus call report form (link is external).
7. Note Contact History 'B/C form sent to DWP Security re: t/call of [date]. No other information should be input.

Disclosing personal information about a customer's claim for Attendance Allowance

Extracted from : Operational Instructions / Retirement Provision / Attendance Allowance / Attendance Allowance Instructions

Summary

1. The Service Centre receives requests for information from:

- a customer
- an appointee
- a Member of Parliament (MP)
- someone with the customer's written authority
- a representative group such as:
o Citizens Advice Bureau
o Welfare Rights and so on
- other organisations:
o Police
o local authority
o other Department for Work and Pensions (DWP)/partner offices
- someone acting informally with the customer's knowledge and consent for example, a neighbour, relative or friend.

Progress requests

2. You can **only give general information** to any caller provided you are satisfied the caller is acting with the customer's knowledge and consent but you **must** establish identity before disclosing any information, see: Telephony procedure note 38.

Personal information

3. This is issued in writing to the customer or their authorised representative. However, if a caller insists they want personal information given to them over the phone, this can be given provided the customer has successfully answered the identity validation questions. Please note you must not readily disclose this information over the phone without a specific request.

4. The authorised representative details are held in dialogue **AA110 Notepad**, see: Telephony procedure note 38, and: for other callers, implicit consent must be established by using the identity validation process, see definition of alternative enquiry below
- if the request is for an outcome decision, tell them the last decision notification has already been issued. This can also be given over the phone
- if the request is for entitlement details such as dates and rates.
Note: If you are in any doubt as to the identity of the caller, offer a call back to a known number. You may be able to validate telephone numbers using the internet, or take action as in Telephony procedure note 23 Bogus Callers.

Caller asks for personal information over the telephone

5. If the caller is:

- a Member of Parliament (MP)
- from a local authority
- another Department for Work and Pensions, partner or joint office, they all have access to the Common Enquiry Service (CES). Take action as in Telephony procedure note 36 Sharing information about the customer's claim.
6. For anyone else, provided that the conditions above are satisfied, the information can be given.

Definition of alternative enquiry

7. Implicit consent is where a caller can give details of the claim that we would normally only expect the customer to know. You must read and be familiar with the Disclosure, Data Matching and Data Sharing Policy (link is external).

8. The following are examples where consent can be considered implicit:

"I am a friend, relative or representative of Mr X, National Insurance number QO123456A, and ....

.... he made a claim for Attendance Allowance four weeks ago and hasn't heard anything. Can you tell me what is happening?"

.... he has had a letter saying that his claim for Attendance Allowance has been disallowed. Can you tell me why?"

.... he has a letter saying that he will be paid £xxxx per week. Can you tell me how this has been worked out?"

9. In these cases the caller has specific information about the customer's claim and is asking for information which is consistent with the role of a representative.

Bogus Callers

What are bogus callers?

Extracted from: Operational Instructions / Retirement Provision / Pensions / Single Source of Guidance / Handle Contact / Contact

Bogus callers are people who are trying to obtain information about our customers by impersonating either: the customers themselves, other parts of the Department, or other organisations we deal with.

The majority of bogus callers work for professional tracing agencies. These agencies are employed by creditors to trace customers who have defaulted on loan or credit agreements.

Customers have the right to expect their personal details to remain private. You must always make sure, before disclosing any information, that the caller is entitled to receive it. Bogus callers often impersonate customers, representatives and staff from another Department for Work and Pensions (DWP) office or other government department.

Information must not be disclosed indirectly by confirming or denying statements.

Remember a simple "thank you" at the end of each security question neither confirms nor denies, but ensures good customer interaction.

You must not disclose any of the following information about customers and/or members of their households over the telephone:

- addresses
- name of another household member
- telephone numbers
- dates of birth
- National insurance numbers
- financial information including bank or building society data
- any other personal information which would be known by or available to a genuine caller
- employee/ex employer details.

Customers or their representatives know this information.

If the caller states CIS is down at any Government Department, it is down everywhere, as CIS is a national IT system.

What methods do bogus callers use?

There is no single method used. Bogus callers may:

- have a high level of technical and procedural knowledge about the department and our IT systems

- use a telephone call back to obtain background details about the office and procedures to allow them to make more sophisticated approaches

- have gone to a lot of trouble to identify the names, responsibilities and extensions of staff to enable them to sound plausible

- impersonate technical expert domains within the department

- not obtain all the information they require within one call

- ask for the NINO, address, or even the area in which the address falls to narrow down the search. A NINO allows them to impersonate a customer

- state that they need the information urgently and cannot be called back.

- fax details of the person they need to check and call back later for the information. Faxes received often have the outgoing number of the fax (which usually appears at the top) suppressed.

Vigilance must be exercised at all times with regard to telephony security particularly when validating the callers ID.

You must report any suspected bogus telephone calls to the Departmental Security team via your local security adviser. Where you suspect any form of cyber abuse you must complete an Unauthorised SPOL Change referral form. For information on how to complete the referral see: Report Of suspected attack On SPOL customers record.

For more information on bogus calls see: Security questions.

Critical Process Consequences

If you do not follow the appropriate security procedures before talking to a customer or their legal representative, this can mean:

- you fail to correctly identify the customer or establish alternative enquiry (previously implicit consent), and divulge information to a bogus caller

- you fail to comply with the Data Protection Act, by not keeping the customer's personal information secure

- the customer is put at risk of identity fraud

- money is paid to the wrong person

- the Department is left liable to fraud

- there is the potential to cause reputational damage to DWP.

Handle inbound call

Summary

Extracted from: Operational Instructions / Retirement Provision / Pensions / Single Source of Guidance / Smart Script Help

This Smartscript is used at the beginning of the State Pension (SP) and Pension Credit process to ensure a consistent customer experience. The Smartscript is launched on receipt of a telephone call. It contains questions that you must ask the customer in order to find out the nature of the call. As you input the responses to each question, you are then directed to the next suitable question.

Trigger

This Smartscript is automatically launched when a call is routed to an agent for all State Pension claims. Virtualisation across the network means that a call will come in to the next available agent regardless of the caller's location .

You must ensure you follow appropriate security protocols prior to commencing any interaction with the customer, asking relevant security questions to assure yourself that you are talking to either the customer or their legal representative.

Caller not ringing on their own behalf

If the caller is not ringing on their own behalf, there are a number of further actions to take, see: Caller is not ringing on their own behalf.

Caller reporting a death

For further information on action to take when a caller reports a death see: Caller reporting a death - handle inbound call. Establish if the caller will be dealing with the affairs of the deceased. If so, if you need to contact them, establish if any alternative format is required. See additional communication needs.

Finish

On selecting the **Finish** button you are navigated to the **Initial Contact** view to enable processing to continue.

Make sure you finish or cancel the inbound call Smartscript. Failure to do so suppresses the Smartscript for any subsequent inbound calls.

State Pension and Pension Credit claim

Next steps for processing either SP or Pension Credit claims see: Person/NINO trace.

Error message

There is a product defect within Siebel when in the inbound call Smartscript which produces an error message:

- An error has occurred finding your prior place in the system. SBL-DAT-00252. Please try a new query.

This occurs when trying to transfer a call to another pension centre. If this error is received you **must**:

1. Log out of the Customer Account Management System (CAM).

2. Log back into the CAM.

3. Reset the Computer Telephony Integration (CTI) toolbar to clear the fault.

Critical process consequences

If you do not follow the appropriate security procedures before talking to a customer or their legal representative, this can mean:

- you fail to correctly identify the customer or establish alternative enquiry (previously implicit consent), and divulge information to a bogus caller

- you fail to comply with the Data Protection Act, by not keeping the customer's personal information secure

- the customer is put at risk of identity fraud

- money is paid to the wrong person

- the Department is left liable to fraud

- there is the potential to cause reputational damage to DWP.

System failure in the Attendance Allowance Service Centre
Attendance Allowance computer system failure

Extracted from: Operational Instructions / Retirement Provision / Attendance Allowance / Attendance Allowance Instructions / 21 Attendance Allowance Unit Service Centre Business Continuity Plan in event of system failures

1. Continue to take calls and answer enquiries where possible without the system. Do not use the term **general enquiries**. You must answer an enquiry with this **opening statement**:
"I'm sorry, but we can not currently access any customer records. If your enquiry does not require me to access your records I may be able to help. Otherwise, you may wish to try again tomorrow. However, I am unable to guarantee when a full service will be resumed."

Customer notifies a change of circumstances
2. If the customer phones to report a change a circumstance, you must ask the customer to call back as in the **opening statement**. This is because you would be unable to complete identity verification or an alternative enquiry in the event of system failure.

Customer requests a direct payment into an account, renewal or supersession form
3. If the customer requests this, you must ask them to call back as in the **opening statement**. You cannot send documents out with customer's details on if you cannot confirm they are going to the correct address.

Unresolved query
4. If the customer rings with an unresolved query or wants to speak to the specific person dealing with their claim, you must ask the customer to call back as in the **opening statement**. This is because you would be unable to establish where to transfer the call without any system access.

Telephony equipment failure
5. You must undertake clerical duties such as post or work available reports. Duties will be provided by your team leader.

Transferring the customer to operational areas
6. If you need to transfer the customer to an operational area, you must ask the customer to call back as in the **opening statement**.
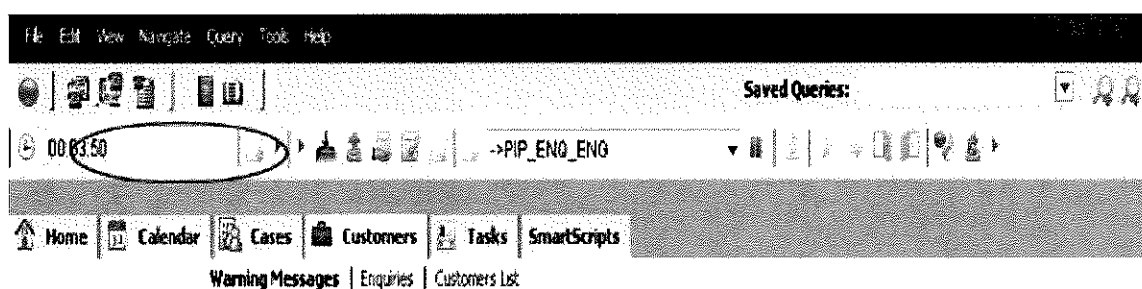
To complete the warm handover

Extracted from: Operational Instructions / Disability Services and Dispute Resolution / Personal Independence Payment / Personal Independence Payment Instructions / 28 PIP Enquiry Line / 09 Warm Handover process
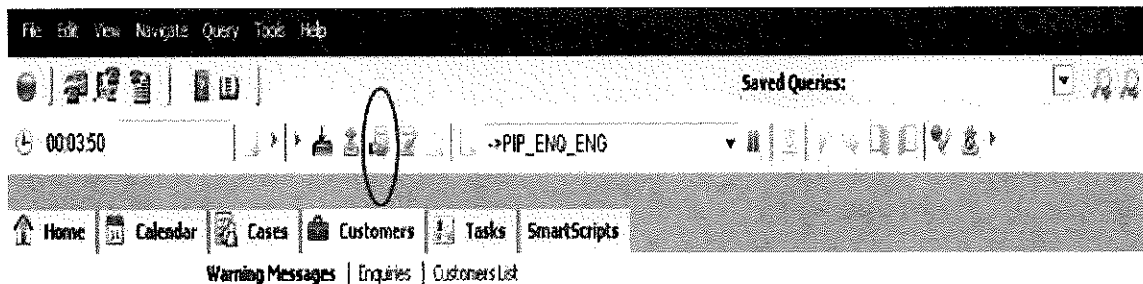
29. If you don't have access to CAMLite you must use the Warm Handover back up instructions.
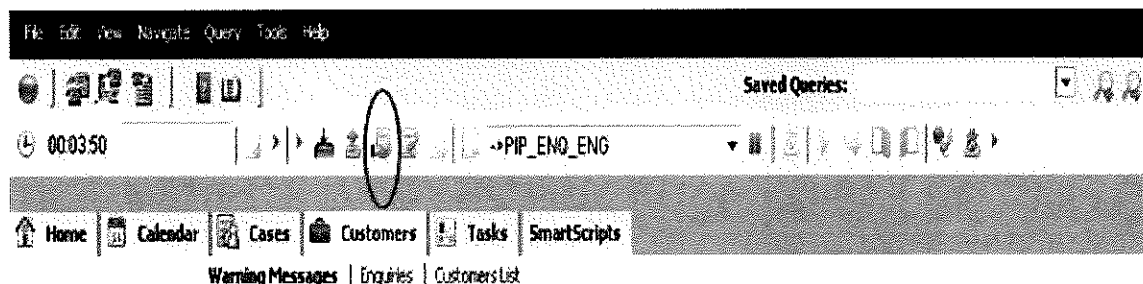30. If you have access to CAMLite you must:

| Step	Action
1.	Establish which number you need to call.
2.	Advise the customer 'the transfer may take up to 2 minutes and the line will go quiet until the warm handover is connected. If I am unable to complete the warm handover I will arrange a call back'.
3.	In the white phone text box on the CAMLite toolbar key in the desired number for warm handover 9xxxxx (ensure the cursor remains in the box) circled below.

| 4. | Select the consultative transfer work item circled below. |

File Edit View Navigate Query Tools Help

00:03:50 →PIP_ENQ_ENG Saved Queries:

Home | Calendar | Cases | Customers | Tasks | SmartScripts
Warning Messages | Enquiries | Customers List

5. Introduce yourself and provide the following information to the benefit expert:

claimants name and NINo
confirm that IDV or an Alternative Enquiry has been completed and passed
provide a brief summary of why the call is a warm handover

6. On the CAMLite toolbar select the consultative transfer work item (circled below) again - this will complete the transfer and disconnect you from the call.

File Edit View Navigate Query Tools Help

00:03:50 →PIP_ENQ_ENG Saved Queries:

Home | Calendar | Cases | Customers | Tasks | SmartScripts
Warning Messages | Enquiries | Customers List

7. **IPT phones at receiving site:** If there is no-one available to take the call (allow to ring for approximately 2 minutes) or line is engaged (3 x attempts) select the button containing the green arrow on CAMLite toolbar to return to the claimant.
NGCC enabled receiving site: if the line is busy you will hear an IVR message. Stay in the call queue for approximately 1 minute. If the call is not answered try 3 times in total, if unsuccessful select the button containing the green arrow on CAMLite toolbar to return to the claimant.
Inform the claimant that you will arrange for a colleague to call them back and send an OBC task in CAMLite. **Ensure that you state in the task notes why and WHO could not be contacted.**

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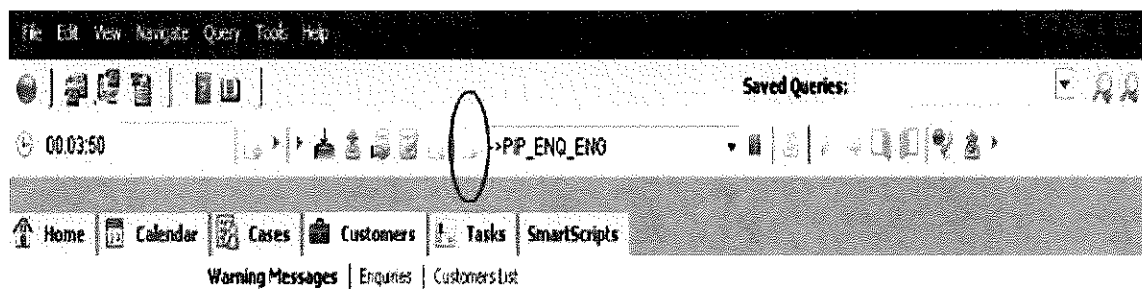
8.   Take all appropriate action in CAMLite to close the case.

System failure in the Disability Living Allowance Service Centre
Disability Living Allowance computer system failure

Extracted from: Operational Instructions / Retirement Provision / DLA 65+ / DLA 65+ Instructions / Procedure notes / 19 DLA65+ Service Centre Business Continuity plan in the event of system failures

1. Continue to take calls and answer enquiries where possible without the system. Do not use the term general enquiries. You must answer an enquiry with this opening statement:

"I'm sorry, but we can not currently access any customer records. If your enquiry does not require me to access your records I may be able to help. Otherwise, you may wish to try again tomorrow. However, I am unable to guarantee when a full service will be resumed."

Customer notifies a change of circumstances

2. If the customer phones to report a change a circumstance, you must ask the customer to call back, as in the opening statement in paragraph 1. This is because you would be unable to complete identity verification or an alternative enquiry in the event of system failure.

Customer requests a direct payment into an account, renewal or supersession form

3. If the customer requests this, you must ask them to call back as in the opening statement. You cannot send documents out with customer's details on if you cannot confirm they are going to the correct address.

Unresolved query

4. If the customer rings with an unresolved query or wants to speak to the specific person dealing with their claim, you must ask the customer to call back as in the opening statement. This is because you would be unable to establish where to transfer the call without any system access.

Telephony equipment failure

5. You must undertake clerical duties such as post or work available reports. Your team leader will assign you with duties.

Transferring the customer to operational areas

6. If you need to transfer the customer to an operational area, you must ask the customer to call back as in the opening statement in paragraph 1.

Overview - informal representatives

Extracted from: Operational Instructions / Retirement Provision / Pensions / Single Source of Guidance

An informal representative is any person or organisation acting on behalf of or making enquiries for the customer. Informal representatives may include:

- advice or welfare rights organisations

- professionals such as social workers or doctors

- family members or friends

- Members of Parliament (MPs) - customers' own MPs are assumed to have consent to act and information can be disclosed in response to their queries.

Do not change any details unless the customer is present at the time of the call. The customer must pass the security questions and confirm they are happy for the informal representative to speak on their behalf.

Written authorities and Alternative Enquiry cover only the disclosure of information to representatives; they do not authorise representatives to report changes of circumstances on behalf of customers.

Where the customer answer the security questions the informal representative is able to report all changes.

You must use your experience and judgement to establish that the caller has the consent to act on behalf of the customer. The representative must be in possession of the facts of the claim or be able to quote from recent correspondence.

The only exception to this is when an informal representative is reporting a change such as Date of Death (DoD), admission to a care home or hospital and customer going abroad. This is not an exhaustive list.

In these circumstances the agent must note the potential changes and the source. The Decision Maker must then consider the appropriate action, for example, verification of the information provided or suspension of benefit action.

Handle inbound call SmartScript

Extracted from: Operational Instructions / Disability Services and Dispute Resolution / Personal Independence Payment / Personal Independence Payment Instructions / 03 SmartScripts and CAMLite Navigation - Enquiry Line

SC01 Salutation

8. The salutation is used to welcome the caller to DWP and inform them to whom they are speaking.

SC02 Establish Call Sub reason

9. A maximum of three call sub-reasons can be recorded at one time. The completion of the first call sub-reason is mandatory. All fields in CAMLite marked with a red asterisk (*) are mandatory. The options available from the drop down call sub-reasons pick list are:

- Progress chasing new claims
- Progress chasing ongoing
- Can you send me?
- Payment Enquiry
- General
- Change (other). This includes every change including change of address (COA) and Method of Payment (MOP).

10. There are also some additional sub-reasons that you can see but MUST NOT BE USED:

- Change COA/MOP - due to a functionality issue
- PIP New Claim - you must redirect caller to PIP New Claim line 0800 917 2222 or Textphone 0800 917 7777.

11. If a telephony agent chooses General from the pick list a contact history or case will not be created. This is because the call will not be specific to a claimant and therefore the call does not need to be verified. The user is navigated to My Homepage, following action in SC03: Confirm English, if General is the only call sub-reason.

12. Knowledge Base is available to assist telephony agents when dealing with a general enquiry, if required.

SC03 Confirm English

13. This enables the telephony agent to determine if the caller is able to continue the call in English. The telephony agent should use their soft skills to confirm whether this question should be asked out loud. 'Yes' is the pre-selected default button. If the caller can continue in English the SmartScript will check which call sub- reasons have been selected:

- if General is the only call sub-reason selected, the SmartScript ends and the telephony agent is navigated to My Homepage
- if at least one call sub-reason (other than General) has been selected the telephony agent is navigated to SC04: Calling on behalf of.

SC03a Preferred Language

14. The telephony agent will be navigated to this screen when the SC03: Confirm English has been selected as 'No'. This screen enables the telephony agent to determine the customers preferred language of contact. It also allows the telephony agent to put the claimant on hold whilst searching for an interpreter. 'Yes' and 'No' radio buttons are available to capture the response with 'Yes' being the pre-selected button.

15. If a claimant wishes to converse in another language (other than English), the telephony agent should consider thebigword telephone interpreting services. If an interpreter is available set up conference call using the Computer Telephony Integration (CTI) Toolbar.

How to set up thebigword outbound call using CAMLite

Step	Action
1	in the first blank field on the Siebel tool bar input a **9** for an outside line, then thebigword telephone number **0800 757 3015**
2	keep the cursor in the telephone number field **Note:** If the cursor is not kept in this field another box entitled 'Begin Conference Transfer to DWP' in CAMLite will display and the call to thebigword will not be made
3	press 'Conference call' icon.
4	follow the instructions on thebigword DWP Telephone Interpreting desk aid (link is external) to set up the call with the appropriate interpreter
5	the interpreter answers the call
6	press the 'Conference Call' icon again to bring the claimant onto the call
7	you can now conduct the call with the interpreter and the claimant

16. DWP has separate arrangements in place for claimants who want to conduct their business in Welsh. If a claimant wishes to conduct their business in Welsh - See: 'Welsh claimants wishing to communicate in Welsh' guidance

SC04 Calling on behalf of

17. This enables the telephony agent to confirm whether the caller is calling on behalf of themselves or whether they are representing a claimant. 'Yes' is the pre-selected default radio button. If 'No' is selected then the telephony agent will be navigated to SC04a: Representative type.

18. SC04: Calling on behalf of, is used in the creation of the contact history record. When a claimant is calling about themselves the field 'contact with' will be set to 'customer', if 'calling about someone else' is selected the 'contact with' field will be set to 'representative'. **NOTE:** If the caller states they have the claimant with them and they can give verbal consent select 'No – Calling about self' which will automatically launch the 'NINO Search Centre'.

SC04a Representative Type

19. This enables the telephony agent to confirm whether the caller has been authorised as a recognised representative of the claimant by the DWP:

- if 'Yes' the contact history is updated with the 'Contact With' information; the field will be set to 'recognised representative', the telephony agent will be navigated to SC05: Inform
- if 'No - unofficial representative' the contact history is updated with the 'Contact With' information; the field will be set to 'unofficial representative', the telephony agent is navigated to 'Search Centre' where they will be able to search for the claimant – See: 'alternative enquiry unofficial representative security questions'
- if 'No – calling about self'.

SC05 Inform

20. A telephony agent will be navigated to SC05 when SC04a: Representative Type has confirmed that the telephony agent is speaking to a third party recognised by DWP. This enables the telephony agent to advise the caller that all questions will be about the claimant.

Handle inbound call actions

21.

Step	Action
1	call routed to telephony agent and handle inbound call SmartScript launched you must follow the SmartScript, following and completing navigation boxes
2	SC01: Salutation you must advise caller and select 'Next'
3	SC02: Establish call sub-reason. you will choose up to three sub-reasons from the drop down pick list then select 'Next' see: 'Call Sub-Reason'
4	SC03: Confirm English is the preferred language. if yes you must select 'Yes' and select 'Next'. if no you must select 'No' and select 'Next', you will be directed to SC03a.
5	SC03a: Preferred Language if claimant's preferred language is Welsh give the claimant the option of a call back (3 hour Service Level Agreement (SLA) marked urgent) or to redial the PIP Enquiry Line number from a Welsh landline and choose the IVR option for Welsh Speaking if call back in Welsh is required select 'No' and create an Outbound task in CAMLite for a call back for any other language contact thebigword telephone interpreting services

if an interpreter is available select 'Yes' and set up a conference call using the CTI toolbar and then select 'Next', you will be directed to SC04

if an interpreter is not available select 'No' and then 'Next', SmartScript process ends, you will be navigated to 'My Homepage' you will follow BAU process for contacting thebigword telephone interpreting services

6   SC04: Calling on behalf of your self

if yes you must select 'Yes' and select 'Next', handle inbound call SmartScript ends, you will be directed to Security Questions Welcome page see: 'Security Question SmartScript'
if no select 'No – Customer Representative' and select 'Next', you will be directed to SC04a

7   SC04a: Representative Type – are you a recognised representative authorised by DWP

if yes you must select 'Yes' and select 'Next', you will be directed to SC05

if no and an unofficial representative select 'No- unofficial representative' and select 'Next', handle inbound call SmartScript ends, you will be navigated to 'My Homepage' to search for claimant and verify outside of normal security questions
for third parties make an alternative enquiry see: 'Search for claimant' and Alternative enquiry unofficial representative'
if no and they are calling about themselves select 'No- calling about self' and continue with call

NOTE: If the caller states they have the claimant with them and they can give verbal consent select 'No – Calling about self' which will automatically launch the 'Security SmartScript'

8   SC05: Inform

you will advise the recognised representative and select 'Finish', Handle inbound call SmartScript ends, you will be directed to Security Questions Welcome page see: 'Security Question SmartScript'

Explanations

Extracted from : Operational Instructions / Disability Services and Dispute Resolution / DLA Child / DLA Child Instructions

All DLA claimants can have their outcome decision explained to them.

An explanation of an outcome decision can be given to a parent/guardian/representative or a third party when:

- they request an explanation
- they think the outcome decision is wrong; or
- the reason for the dispute indicates that an explanation would resolve the issue

The explanation must be personal to the case and cover:

- the general benefit rules
- all points raised by the parent/guardian/representative or third party
- the evidence considered in making the decision; and
- the accepted facts concerning care and mobility

The explanation can be requested and delivered:

- in Welsh
- by telephone
- in writing
- by fax
- by large print which is a minimum of 16pt in Arial font
- by Braille
- by audio – CD, Audio cassette, MP3
- by textphone
- by text relay
- by text direct
- by a British sign language interpreter
- by thebigword (Telephone interpreting)
- by face to face interpreters; or
- by translation services

An outcome decision can be explained when the request is from the parent/guardian/representative or a third party.

In this case, the representative **must be** an authorised representative, that is, we hold a written mandate from the parent/guardian allowing the representative to act on their behalf. If a mandate is held, this will be recorded in dialogue DA110 Notepad. The authorised representative must pass IDV as if they were the parent/guardian.
A third party must pass an Alternative Enquiry to receive an explanation of a decision.

An explanation of a decision can be given once the parent/guardian/representative has received the decision letter.

Dispute Period

After an outcome decision has been made, the parent/guardian/representative or third party may contact us to say they do not agree with the decision.

They have one calendar month from the day after the date the outcome decision was posted to request that the decision is looked at again. This is known as the Dispute Period.

Example
- Decision issued for posting on 12.01.2016
- Time limit for dispute begins on 13.01.2016
- Time limit for dispute ends on 12.02.2016

See: Date Calculator (link is external)

The parent/guardian/representative or third party may request an explanation of a decision:

- within the Dispute Period so within one calendar month from the day after the date of the outcome decision notification; or
- outside the Dispute Period so more than one calendar month from the day after the date of the outcome decision notification

If an explanation is requested within the Dispute Period and a Written Statement of Reasons (WSOR) is issued, the Dispute Period is extended by 14 days.

If it is outside the Dispute Period, the parent/guardian/representative cannot extend the Dispute Period. The Dispute Period cannot be extended after it has already ended.

If the parent/guardian/representative wishes to converse in Welsh, the call must be transferred to a Welsh Speaker. **See: Alternative Language (AL)** in these instructions.

Parent/guardian/representative requests an Explanation

Where the parent/guardian/representative requests a verbal explanation of the decision, they must pass IDV.

Transfer the call to a Warm Transfer Administrative Officer (AO) Specific Point of Contact (SPOC), if they are available, giving the details of the request for an explanation.

If a Warm Transfer AO SPOC is unavailable:

- tell the parent/guardian/representative you will arrange for a call back within 3 hours
- ask the parent/guardian/representative for their availability and their telephone number
- create a DBD508 with details of the call and pass to a TL
- access dialogue DA110 Notepad and note 'DBD508 Verbal Exp req for SPOC - initials and ext number of the telephony agent and date'
- close the task on CAMLite

The TL will pass the DBD508 to a Warm Transfer AO SPOC and they will call back the parent/guardian/representative allowing for their availability.

Third party requests an Explanation

Where a third party requests a verbal explanation, they must pass an Alternative Enquiry.

Transfer the call to a Warm Transfer Administrative Officer (AO) Specific Point of Contact (SPOC), if they are available, giving the details of the request for an explanation.

If a Warm Transfer AO SPOC is unavailable:

- tell the third party you will arrange for a call back within 3 hours
- ask the third party for their availability and their telephone number
- create a DBD508 with details of the call and pass to a TL
- access dialogue DA110 Notepad and note 'DBD508 Verbal Exp req for SPOC initials and ext number of the telephony agent and date'
- close the task on CAMLite

Parent/guardian/representative or third party requests a WSOR
Offer the parent/guardian/representative or third party a verbal explanation of the decision.

If they accept a verbal explanation - **See: Parent/guardian/representative requests an Explanation** or **See: Third party requests an Explanation** in these instructions.
A WSOR should only be issued if the parent/guardian/representative has requested it. It must be requested within 1 calendar month of the decision being posted and it extends the Dispute Period by 14 days as they may need extra time to seek advice and obtain further evidence - **See: Dispute Period** in these instructions.
If a WSOR is requested:

- tell the caller that the parent/guardian/representative will have an additional 14 days to request a Dispute from the date the WSOR is issued and that the WSOR will be issued to the parent/guardian

- after closing the call, create a DBD508 giving details of the WSOR request and upload to DRS
- keep the task for Retained for Processing
- access DA110 Notepad and note 'WSOR request initials, ext number and date'
A Written Explanation (WEX) can be requested at any time, even if the decision was made more than 1 calendar month ago. Again, this should only be issued if the parent/guardian/representative or a third party has requested it.

If a WEX is requested:

- tell the caller that the WEX will be issued to the parent/guardian
- after closing the call, create a DBD508 giving details of the WEX request and upload to DRS
- keep the task for Retained for Processing
- access DA110 Notepad and note 'WEX request initials, ext number and date'

Renewal Claim Packs

Background

The DLA1A Child, system issued child renewal covering letter and DBD73 are being updated to ask claimants in hospital to call the Helpline number before completing the form.

The parent/guardian/representative must retain the renewal claim form until advised by the Department.

The DLA Child renewal claim pack (DLA1A Child) is issued 20 weeks before the end of a current award. The covering letter and the claim pack advise the parent/guardian/representative to contact the Department if the child is in hospital when the pack is received.

Where a child is expected to be in hospital for a long period of time, and the stay exceeds the end of the current award, a Case Manager can extend the DLA award without the requirement of a renewal claim pack being completed.

Renewal Enquiries – child in hospital

Follow standard Salutation, IDV or Alternative Enquiry Guidance.

The following facts need to be established when the parent/guardian/representative rings following receipt of the renewal pack:

- The child's age
- Do we already know the child is in hospital – Check **DA97**, if dates are not held these will need to be captured as in the steps above
- The name and address of the hospital the child is in
- The reason for their admission
- Whether the child is likely to still be in hospital when their DLA award ends – this information must be provided as this will determine whether or not the renewal claim pack must be completed

If the child is expected to be in hospital for a lengthy stay, up to the end of the current award complete and e-mail a DBD508 with subject heading **'Hosp renewal' mailto: DWP DLA Child Centre Hospital Cases** (link sends e-mail) with all the information above.

Advise the parent/guardian/representative that a CM will call them back within 3 hours and to keep hold of the claim pack until the CM has been in touch.

Renewal Enquiries – child not in hospital

When you talk to a parent/guardian/representative about a renewal claim you **must** give the following message:

'Please complete and return the renewal claim form straight away. If you delay returning the claim form we may not have time to deal with the claim before the current award ends. Payments will stop when the award ends.'

Parent/guardian/representative reports they have not received the Renewal claim pack

More than 20 weeks until the child's entitlement ends

Tell the parent/guardian/representative that they will receive a renewal claim pack 20 weeks before their child's entitlement ends.

Note – although the issue date of the renewal claim pack has changed from 26 weeks before the current entitlement ends to 20 weeks before, the legislation has not changed. If a parent/guardian/representative obtains a renewal claim pack and it is received in a DWP

office between 20 and 26 weeks before entitlement ends, the claim can be accepted as an application to renew benefit.

Less than 20 weeks until the child's entitlement ends
Check if a renewal claim pack has been issued on the DLACS. Access dialogue DA501 and view the current event held there:

- 09 Invite Renewal – a claim pack has not been issued by the system. **See: Renewal claim pack has not been issued** in these instructions
- 10 Monitor Renewal Response – a claim pack has been issued but not returned
If a claim pack was issued within the last 10 working days, tell the parent/guardian/representative when it was issued and that they should receive it shortly. If the child is in hospital at the time of the call – **See: Renewal Enquiries – child in hospital** in these instructions.
If a claim pack was issued more than 10 days ago, tell the parent/guardian/representative when it was issued and that they should receive it shortly. If the child is in hospital at the time of the call – **See: Renewal Enquiries – child in hospital** in these instructions.

Renewal claim pack has not been issued

Follow standard Salutation, IDV or Alternative Enquiry Guidance.

The following facts need to be established when the parent/guardian/representative rings to advise non receipt of renewal form:

- Is the child in hospital – if 'Yes', follow the process below. If 'No' – **See: Issuing a renewal claim form** in these instructions
- If we already know the child is in hospital – Check **DA97**, if dates are not held these will need to be captured
- The name and address of the hospital the child is in
- The reason for their admission
- Whether the child is likely to still be in hospital when their DLA award ends – this information must be provided as this will determine whether or not the renewal claim pack must be completed

If the child is expected to be in hospital for a lengthy stay, up to the end of the current award complete and e-mail a DBD508 with subject heading **'Hosp renewal' mailto: DWP DLA Child Centre Hospital Cases (link sends e-mail)** with all the information above.

Issuing a renewal claim form

If there is no record on the system that a claim pack has been issued:

- complete form DBD73
- fill a large window envelope with the DLA1A and DBD73 forms, and a large return envelope
- access dialogue DA94 and clear the Event 09 Invite Renewal using Evidence Code 99 and Outcome Code R02. This will create a new Event – 10 Monitor Renewal Response
- access dialogue DA110 Notepad and note 'Ren CP issued initials, ext number and date'
If a claim pack is issued with form DBD73 during the 6 weeks before the child's entitlement ends, tell the parent/guardian/representative:
- they have 6 weeks and 1 day from the date the claim pack is issued to return the claim pack to a DWP office, and
- **See: All Renewal Enquiries** in these instructions for statement which must be given in all cases

Duplicate Renewal Claim pack Requested

To issue a duplicate renewal claim pack it is important to first establish if the child is in hospital:

Follow standard Salutation, IDV or Alternative Enquiry Guidance.

Establish:

- The child's age
- Whether we knew the child was in hospital – Check DA97, if dates are not held these will need to be captured
- The name of the hospital the child is in
- The reason for the stay in hospital
- Whether the child is still in hospital – this information must be provided as this will determine whether or not the renewal claim pack must be completed
- How long the child is expected to stay in hospital

  If the child is expected to be in hospital for a lengthy stay, up to the end of the current award complete a HOTT with all the information above and send to the DLA Child Centre SPOC. Advise the p/g representative a CM will call them back

Update dialogue DA110 (Notepad) and note: 'HOTT to MU26 re Hosp stay on renewal CCH….'

If the P/G advises the child is not expected to stay in for a long time (for example, in hospital with a broken leg, expected to be discharged in a week) advise the caller you will issue a duplicate renewal claim pack and this must be completed and returned to the Department before the end of award. Hospital details must still be recorded in DA97 as above

Advise the p/g representative they must contact the Department when the child is discharged

- complete form DBD73
- fill a large window envelope with the DLA1A and DBD73 forms, and a large return envelope
- access dialogue DA110 Notepad and note 'DUP CP DLA1A/DBD73 iss initials, ext number and date'

  Note – although the issue date of the renewal claim pack has changed from 26 weeks before the current entitlement ends to 20 weeks before, the legislation has not changed. If a parent/guardian/representative obtains a renewal claim pack and it is received in a DWP office between 20 and 26 weeks before entitlement ends, the claim can be accepted as an application to renew benefit.

  If a claim pack is issued with form DBD73 during the 6 weeks before the child's entitlement ends, tell the parent/guardian/representative:
- they have 6 weeks and 1 day from the date the claim pack is issued to return the claim pack to a DWP office, and
- **see: All Renewal Enquiries** in these instructions for statement which must be given in all cases

Outbound call SmartScript

Extracted from: Operational Instructions / Disability Services and Dispute Resolution / Personal Independence Payment / Personal Independence Payment Instructions

52. The Outbound Call SmartScript is used by telephony agents and PIP processing teams to provide a consistent approach to outbound contact with claimants for those cases that require a call back - See: 'Vulnerable Claimants Hub' guidance (link is external).

SC01 Salutation and Call Recording Notice

53. This enables the telephony agent to:

- request to speak to claimant or recognised representative
- salutation to claimant or recognised representative
- introduction by telephony agent, and
- statement that the call is being recorded.

SC02 Establish Call Back Sub Reason

54. This enables the telephony agent to select 'Call Back Sub-Reason(s)'. The telephony agent can select a maximum of three sub-reasons from the pick list, the first sub-reason field is mandatory. When a sub-reason is selected it will update the 'Contact Sub-Reason' field on the 'Contact History Record'.

55. Telephony agents should use their soft skills to confirm the sub-reason(s) during conversation with the claimant or recognised representative rather than reading the actual text aloud.

56. Sub-reasons from the drop down pick list include:

- PIP New Claim (DO NOT USE)
- Payment enquiry
- Progress Chasing – new claims
- Progress chasing - ongoing
- Can you send me?
- General
- Change – COA/MOP (DO NOT USE)
- Change (Other).

SC03 Confirm English

57. The telephony agent should use their soft skills to confirm whether this question should be asked out loud. The question is displayed with yes/no radio buttons with 'Yes' as a default.

58. When 'Yes' has been selected the SmartScript checks which sub-reason(s) have been selected.

SC03a Preferred Language

59. The telephony agent will be navigated to this screen when the SC03: Confirm English has been selected as 'No'. This screen enables the telephony agent to determine the claimant's preferred language of contact. It also allows the telephony agent to put the claimant on hold whilst searching for an interpreter. 'Yes' and 'No' radio buttons are available to capture the response with 'Yes' being the pre-selected /default button.

60. If a claimant wishes to converse in another language (other than English), the telephony agent should consider thebigword telephone interpreting services, if an interpreter is available

set up conference call using the (CTI) Toolbar – See: 'Contacting thebigword telephone interpreting services' guidance.

61. DWP has separate arrangements in place for claimants who want to conduct their business in Welsh. If a claimant wishes to conduct their business in Welsh please – See: 'Welsh claimants wishing to communicate in Welsh' guidance.

62. **Note:** A PIP case worker or manager should check claimant or recognised representative's preferred language before making the outbound call.

SC04 On Own Behalf

63. This enables the telephony agent to determine whether the callers update or enquiry is about themselves or on someone else's behalf. This question is displayed with 'Yes' (default option) 'No – Customer Representative' radio buttons.

SC04a Representative Type

64. This enables the telephony agent to confirm whether the caller has been authorised as a recognised representative by the DWP.

SC05 On Own Behalf

65. The telephony agent will be directed to this page when a call back task is attached to a case. This enables the telephony agent to select whether they are speaking to the customer regarding themselves or whether they are being contacted as a recognised representative of another.

SC06 Representative Information

66. This enables the telephony agent to explain to the person that they are speaking with exactly on whose behalf they are being contacted, and to check whether they are able to continue the call about this person.

SC07 Inform

67. The telephony agent is navigated to this screen from SC04a: Representative Type and SC06: Representative Information to advise the person contacted that the information they are about to discuss is about the claimant and not about themselves.

Outbound Call actions

68.

Step	Action
1	SC01: Salutation and Call Recording Notice
	you must ask for claimant or recognised representative and advise call is being recorded
	if they wish to continue select 'Next' and you will be navigated to SC02
	if they do not wish to continue you must select 'Cancel' and you will be navigated to 'Task' view where an outbound call back task can be set, see Create outbound call back task
2	SC02: Establish Call Back Sub-reason
	you must select at least one sub-reason from the drop down pick list and select 'Next', you

will be navigated to SC03

3   SC03: Confirm English

you must only ask this question if uncertain whether the claimant or recognised representative is able to continue the conversation in English

if yes you must select 'Yes' and select 'Next', you will be directed to either 'My Homepage', SC04 or SC05 depending on sub-reason(s) selected

if no you must select 'No' and 'Next', you will be directed to SC03a

4   SC03a: Preferred Language

if claimant's preferred language is Welsh the outbound call should be made by a Welsh speaking telephony agent

for any other language contact thebigword telephone language service

if an interpreter is available select 'Yes' and set up a conference call using the CTI toolbar and then select 'Next', you will be directed to SC04 or SC05

if an interpreter is not available select 'No' and then 'Next', SmartScript process ends, you will be navigated to 'My Homepage' you will follow BAU process for contacting thebigword telephone language service see: 'thebigword – telephone language service' guidance

5   SC04: On Own Behalf (Task not attached to a Parent Case).

if yes you must select 'Yes' and select 'Next' you will be directed to 'My Homepage' to verify claimant.

if no – recognised representative you must select 'No- Customer Representative' and select 'Next', you will be navigated to SC04a.

6   SC04a: Representative Type

if recognised representative you must select 'Yes' and select 'Next' you will be navigated to SC07

if not a recognised representative you must select 'No – Unofficial representative' and select 'Next' you will be navigated to 'My Homepage' to search for claimant and verify an alternative enquiry outside of normal security questions see: 'Alternative enquiry unofficial representative'

7   SC05: On Own Behalf (Task Attached To A Parent Case)

if claimant is being contacted on behalf of themselves you must select 'Self' and select

58

'Next', you will be navigated to 'My Homepage' to verify customer and launch the security questions

if you are speaking to a recognised representative you must select 'No – Customer Representative' then select 'Next', you will be navigated to SC06

8   SC06: Representative Information

if they are able to continue the call you must select 'Yes' and select 'Next', you will be navigated to SC07

if they are unable to continue the call you must select 'No' and select 'Next', you will be navigated to 'Task' view to create a call back task

9   SC07: Inform

you must advise caller and select 'Finish', the SmartScript will end and you will be navigated to the search centre to input NINO, confirm claimant's name, and where applicable, the 'Security Questions' SmartScript will launch automatically, after the claimant has been verified you will be navigated to 'Customer Representative' view and action can be taken for the call back

Admission to residential care home and hospital

Disability Living Allowance paying office

1. You must complete an identity and verification test or apply alternative enquiry rules.
2. Obtain all appropriate evidence from the customer to include:

- date of the notification
- who has made the notification
- reasons for lateness why the payee did not notify the department in time, if an overpayment has occurred.
3. You must make a decision on payability when needed, use:

- type **2** decision for an overpayment
- type **3** decision when there is no overpayment
- recall any payment if appropriate.

Step	Action
1.	Send notification to the payee using: **183** (no overpayment and Mon/Wed payday) **7012 amended** (no overpayment but payday other than Mon/Wed/transfers/linking), **7012** (if overpayment) **245** (if self funding).
2.	Go to dialogue **DA110 Notepad** and record when and who notified the change and the reasons for lateness when needed. Use the following wording depending on decision type: **Type3** = t/c from….at…am/pm hosp/accom adm…..p01/2 from…….183/7012amend/7012 issued, do not delete, handlers details t/c from accom adm….self funding, 245 issued. Call handlers details t/c from….hosp adm/disch…...,award not affected. Call handlers details **Type2** = t/c from…at…am/pm, decision dated …..superseded, cofc, hosp/accom adm……p01/2 from……7012 issued, lateness reason if required, why payee did not notify us sooner, do not delete, handlers details.
3.	Select **End**.
4.	Go to dialogue **DA530** to check for and clear any case controls. Enter **Y** in the appropriate entry to be deleted then then select **End**

4. If an overpayment is created, a work available report (WAR) is generated. The operational team who has responsibility for the case must consider the overpayment and a civil penalty, on receipt of the WAR the following day.
5. If the customer or their representative cannot provide sufficient information, you must:

Step	Action
1.	Advise the customer or their representative to call back with the required information within 28 days (dates and/or funding details) and recall or suspend any payment, if appropriate.
2.	Go to dialogue **DA110 Notepad** and **record details of the call.** Example T/C received from XXXXXX at xx:xx notified of admission/discharge to hosp/certain accom, further information required, suspension input, AO details No 508 is not required.
3.	Select **End.**
4.	To enter a full suspension, go to dialogue **DA460**, enter **reason 10** and press end.
5.	Go to dialogue **DA530** to check and clear any case controls. Enter **Y** and then select **End**.

6. You will receive a WAR 4 weeks after the case control was set to advise of maturity. On receipt of the WAR you must:

- if the customer is admitted to hospital, assume the customer's care is funded by the National Health Service (NHS) and make a decision on 'Balance of Probability'.
- if the admission is to a care home, you must make further enquiries. Do not assume Local Authority (LA) or NHS funding and do not make a decision on 'Balance of Probability'. Issue form **DBD68HA** or **DBD68LA** to gather further information.
Note: If the customer is NHS funded, the mobility component will be affected.
For further information, see DMG Volume 1, Chapter 1 (link is external) and reference para 01343 Standard of proof-balance of probability

Outbound calling or PC10 process

Extracted from: Operational Instructions / Retirement Provision / Pensions / Single Source of Guidance / Standard Work Instructions / EASD Must Do's

To make an outbound call to complete a PC10 take the following actions:

1. Check if the customer and/or partner are in receipt of the correct qualifying Benefits for EASD purposes - SEF110. Cross reference this information by also checking CIS Award History (link is external) and CIS Interest History - SEF117 (link is external).
2. **Check CIS Address trace - SEF123 (link is external) to see if other people are recorded at this address.**
3. **Check Carer's Allowance Computer System (CACS) for any Carer details held.**
4. **Make an outbound call to the customer.**
   - if the customer replies go to step **5**
   - go to: If no contact details are held and you need to complete a PC10
   - go to: If no response or answer to first call to complete a PC10 application.
5. **Ask the customer if it is convenient to speak.**
   - if **Yes** ask the customer to confirm PC10 details and continue with call
   - if **No** – rearrange call.
6. **Does anyone get Carer's Allowance for looking after you?**
   - if the customer replies **No** go to step **7**
   - if the customer replies **Yes** - go to Carer's Allowance and the effect on EASD.
7. **Has anyone claimed Carer's Allowance for looking after you but is not yet in payment?**
   - if the customer replies **No** go to step **8**
   - if the customer replies **Yes** – go to If Carer's Allowance is claimed but not yet in payment.
8. Is your carer in receipt of Universal Credit including Carers Entitlement?

   - if the customer replies **No** go to step **9**
   - if the customer replies **Yes** tell the customer they are not eligible to receive EASD.
9. **Are you registered blind or severely sight impaired?**
   - if the customer replies **No** go to step **10**
   - if the customer replies **Yes** go to Registered blind status.
10. **Do you live with a partner?**
    - if the customer replies **No** go to step **11**
    - if the customer replies **Yes** - go to Living with a partner.
11. **Do you live alone?**
    - if the customer replies **No** go to How to find out if the customer can be treated as living alone
    - if the customer replies **Yes** - go to step **12**.
12. Discuss any Customer information System (CIS) trace anomalies with the customer if appropriate, but please be aware that CIS information is not always up to date. Advisor should ask more questions to ensure information held is correct.

13. Use information to make an Extra Amount for Severe Disability (EASD) decision.

Critical Process Consequences

If you do not follow the appropriate security procedures before talking to a customer or their legal representative, this can mean:

- you fail to correctly identify the customer or an alternative enquiry (previously implicit consent), and could divulge information to a bogus caller

- you fail to comply with the Data Protection Act, by not keeping the customer's personal information secure

- the customer is put at risk of identity fraud

- money is paid to the wrong person
- the Department is left liable to fraud
- there is the potential to cause reputational damage to DWP.

Handling the evidence - telephony inbound

Extracted from: Operational Instructions / Generic and Cross Benefit Instructions / S to Z / Verifying Identity for DWP / Telephony inbound

List of topics
- First ever claim
- All other inbound telephony contact
- Security questions
- Calls from third party
- Warm Transfer Calls
- Failed Identity Verification (IDV) Test for PIP New Claims customers
- Failed Identity Verification (IDV) Test for all other benefits
- Bogus Caller
- International Callers.

First ever claim

1.1 If the customer has a NINO and it is the first time they have claimed any DWP benefit or pension , refer to CSIV Standard 5 - Telephony inbound first ever claim (link is external)
1.2 If we have enough information, undertake an identity verification check,(see: Security Questions). Otherwise refer the customer or handoff to the appropriate team to arrange a face to face appointment, see: NINO allocation (link is external).
1.3 Ask the customer security questions (known as a **Biographical Test**). For more information, see: Security Questions.
Note: If the customer fails the security questions, do not proceed with the call. If appropriate, you may send out the appropriate form to the customer to verify identity. Otherwise you must refer the customer for a face to face appointment and ask them to provide documentary Identification, see: Face to Face - Handling the evidence.
For more information, see:
- CSIV Standard 3 Face to Face - first ever claim (link is external)
- CSIV Standard 4 Face to Face - all other Face to Face contact (link is external)
- Recording the evidence.
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All other inbound telephony contact

2.1 Check the customers claim history, if this is their first benefit claim, go to: First ever claim, otherwise go to step 2.4.
2.2 Ask the customer to provide their:
- name
- NINO
- DoB.
2.3 Once you have verified the customer's personal information, you ask Security Questions.
Note: if you are using CAMLite and you have been provided with a NINO , a middle name will not be shown.

Security questions
2.4 On receipt of an inbound call, you ask the customer security questions (known as a **Biographical Test**). To do this, you must:
- fully preview the customers repeat claim information against available data to identify discrepancies
- ask 3 random security questions out of a maximum of 5 questions, see: CSIV Appendix 5 - groups and types of verification security questions (link is external).

Note: when selecting security questions, you must ask at least 1 high level security question. The customer **must** provide 3 correct answers in order to pass the security questions.

2.5 When verifying a customer's identify, you must never confirm the following information to the customer/third party:

- addresses
- DOB
- NINO's
- bank or building society data
- telephone numbers
- names of household members
- names of employers or former employers
- the claimant's email address
- details of any appointee or person with Power of Attorney.(Also corporate bodies with same)
- third party job search passwords and identity details of the authorised third party.

2.6 You must ask the customer security questions presented on screen when using the Customer Account Management system (CAM)/Customer Account Management Lite system (CAMLite).

2.8 There will be occasions when a customer may have difficulty in answering security questions, for example owing to disability, frailty or poor memory, or because of the complexity of their combined benefits. There may also be situations where system inaccuracies or processing delays create problems.

2.9 In these situations, an agent can use their judgment to decide whether to accept answers provided to the security questions asked, see examples;

Example 1
Where the answers appear to have been prompted by a 3rd party, who is present with the customer.

Example 2
Customer is in receipt of multiple benefits and, when asked about what those benefits are and the amounts payable, responds to provide **some** of the information looked for; this might be:-

- the overall amount payable;
- the award amounts;
- all of the benefits in payment;
- one of the benefits in payment; **or**
- a combination of these.

Example 3
Where customer provides the date from which they claimed the benefit, but the answer prompted by CAM refers to the most recent uprating date.

Pensions Directorate only: If the security question used is "what is your rate of benefit" an approximation is allowed with a tolerance of £10 either side of the actual amount of benefit in payment.

2.10. When applying individual judgement, agents are required to take into account the replies provided to **all** the questions asked, to satisfy themselves that they are talking to either the customer or their legal representative.

Bereavement
2.12. If a caller contacts us to report the death of a customer, it is reasonable to accept that they may not hold enough information to pass a full identity verification check.

2.13. On taking the call, check to see if the caller is a spouse or partner as you can take the appropriate steps to verify their identity first.

2.14. You must then ask the caller for the **deceased's:**

- Name
- Date of Birth
- NINO

Note: There is no need to ask a third party caller for the deceased persons benefit details.

Providing you are satisfied with the caller's identity and they have correctly answered the questions relating to the deceased person, you need not need to ask further security questions.

2.15. From 2017 changes will be made to the Death Certificate, for more information see Death Certificates.

2.16. Where the caller is not a spouse or partner and there is doubt around **their** identity, or they cannot answer the questions asked, you must ask for the death certificate or the appropriate notification of death form to be sent to us to verify the date of death. Depending on where the deceased person lived, the following form is required.

- BD8 (England and Wales)
- 3344si (Scotland)
- 36/BD8 (Northern Ireland)

Note: Where auto generated security questions are asked, for example on CAMlite, you must refer to local procedures when it is reasonable that the caller cannot answer security questions.

For more information, see:

- CSIV Standard 6 – all other inbound telephony contact (link is external).
- Recording the evidence.

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Calls from third party

Caller is from another DWP office

3.1 Where the call states they are from another DWP office, you must check the Global address List within Outlook or the Staff Directory to ensure you are speaking with the correct person, before disclosing any customer information.

Caller reports the death of a customer

3.2 If a caller contacts us to report the death of a customer, it is reasonable to accept that they may not hold enough information to pass a full identity verification check.

3.3 On taking a call, check to see if the caller is a spouse or partner as you can take the appropriate steps to verify their identity first.

3.4 You must ask the caller for the customer's:

- Name
- Date of Birth
- NINO.

Note: Providing you are satisfied with the caller's identity and they have correctly answered these questions, you do not need to ask further security questions.

3.5 From 2017 changes will be made to the Death Certificate, for more information, see Death Certificates.

3.6 Where the caller is not a spouse or partner and there is a doubt around their identity, or they cannot answer the questions asked, you must ask for either the death certificate or the appropriate notification of death form to be sent to us to verify the date of death. Depending on where the customer lived, the following form is required:

- BD8 (England and Wales)
- 3344SI (Scotland)
- 36/BD8 (Northern Ireland).

Note: Where auto generated security questions are asked, for example on CAMLite, you must refer to local procedures when it is reasonable that the caller cannot answer security questions.

Caller is from the Local Authority

3.7 When the caller is from the local authority (LA), you must check to see if they are shown on the Apollo LA CIS register before disclosing any information.

3.8 If the LA caller is shown on the register, see: All other inbound telephony contact, otherwise go to **step 16**.
Note: For a list of information which you must not disclose to the LA, go here.
3.9 If the caller is not on the Apollo LA CIS register, you must:

- check and verify the identity of the caller
- arrange a call back if you cannot verify the callers identity.
  Note: If you need to arrange a call back, you must ask the caller for a number which can be verified, rather than the callers own personal number.
  3.10 Where the caller is not on the register, and you doubt their authenticity, you must tell the caller that you cannot deal with their request via the telephone.

Note: DWP staff may still receive calls from LA staff who are not included in the Apollo LA CIS register but are entitled to obtain information without consent under the Welfare Reform Act 2012. For example, LA Staff involved in Troubled Families, Discretionary Housing Payments (DHP).
Calls from the police
3.11 If you receive a call from the police, you must not disclose any information as part of the inbound call and refer to: Protecting Customer Information over the Phone Procedural Guidance 2014 – calls from the police (link is external).
Calls from other third parties
3.12 If you receive a call from a third party, you must:

- establish the nature of the call
- check to see if the customer is present and ask to speak with them
- undertake the appropriate identity checks with the customer before disclosing further information, see: All other inbound telephony contact.
  Note: If the caller is only asking for general information which can be answered without the need to ask for the customers details, then Identity Verification does not apply.
  3.13 If the customer is not present on receiving a call from a third party, you must:

- check the customers record to see if we have authorisation to deal with the third party in question
- verify the identity of the caller and be satisfied they are genuine.
  Note: where it is not immediately clear that caller is authorised to represent the customer, you must consider if alternative enquiry rules apply, see: Protecting Customer Information over the Phone Procedural Guidance 2014 – Alternative Enquiry (link is external).
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Warm Transfer Calls

4.1 If you receive a call from another member of DWP staff, you must:
- verify and be satisfied that you are speaking to a member of staff
- check to see if the member of staff has undertaken appropriate Identity Checks.
4.2 Where no identity checks have been made, you must undertake these, see: All other inbound telephony contact.
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Failed Identity Verification (IDV) Test for PIP New Claims customers

5.1 When the customer has failed the IDV test, the claim can still be taken and an IDV discrepancy task is generated within PIPCS for processing staff to take further action.
5.2 CAMLite automatically registers a contact as authentication failed (this also applies to enquiry line calls).

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Failed Identity Verification (IDV) Test for all other benefits

6.1 If a customer fails an Identity Verification check, you must:

- tell the customer that you are ending the call
- ask the customer to call back when they have access to the correct information
- give the customer the option to write in, if they do not wish to call back.
Note: You must not tell a caller which of the security questions they have passed or failed. On any repeat call from the customer a full and fresh IDV test must be conducted.
6.2 A note should be entered on notepad stating "Failed Security Q's" and details of person adding note (e.g. initials & extension number).If the customer calls again and fails security questions a second time, a further note must be entered in notepad and a bogus call report must be considered and sent as appropriate to the relevant security group inbox.

6.3 Customer will have 2 separate attempts to pass the IDV test. If the IDV test is failed seek advice from the Team Leader. Judgment will be needed to establish what alternative arrangements should be made to meet the customers requirements e.g. an outbound call, urgent visit, request for documents to be submitted or the issue of a form.
Note: Where we request proof of identity from the customer, they have up to 30 days to provide evidence of their identity.
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Bogus Caller

7.1 A bogus call is an attempt by someone (other than the customer) to obtain information by telephone about our customers to which they are not entitled. Most frequently this is done by impersonating a customer or someone else that the Department would be able to legitimately disclose information to.

7.2 Telephony agents and Operations staff must never disclose or confirm any of the following:

- addresses
- DOB
- NINO's
- bank or building society data
- telephone numbers
- names of household members
- names of employers or former employers. (See 3.8 and 3.9)
- the claimant's email address
- details of any appointee or person with Power of Attorney.(Also corporate bodies with same)
- third party job search passwords and identity details of the authorised third party.
7.3 Consider if a bogus call report is appropriate. If you think the caller might have been impersonating the customer or someone else this must be reported as a bogus call using the **bogus contact report template**. On completion of the template, you must send this to your line manager for action.
Note: If a customer representative admits they were impersonating the customer the call should be initiated again considering an alternative enquiry.
For more information, see:
- Security Portal – bogus contacts guidance (link is external)
- Security Portal – bogus contacts scenarios

Changing bank account details in PIPCS

**Extracted from: Operational Instructions / Disability Services and Dispute Resolution /
Personal Independence Payment / Personal Independence Payment Instructions / 28 PIP
Enquiry Line / 01 PIP Enquiry Line**

- Exporting PIP benefit
- Exporting PIP benefit enquiries
- Managing Customers Suicide and Self Harm Declarations
- Bereavement
- Complaints
- Compliments and Suggestions
- Post Office Card Accounts
- Other Enquiries
- Sharing information and dealing with calls from DWP and other government departments
- Support organisations
- Local Authorities
- The Police
- The media
- Human Rights Act 1998
- Accuracy of information
- Requests for claim forms
- Requests for copies of medical evidence
- Data Protection Act and Right of Access Requests
- Requests for information and the FOI act
- Unacceptable Claimant Behaviour and abusive and aggressive callers
- Special customer records
- Duplicate National Insurance numbers
- Alternative formats and communications to claimants
- Gender recognition application process
- Winter fuel
- Christmas bonus
- Business continuity plan in event of system failures
- Useful Information
- Other benefits
- Accepted abbreviations terminology for task notes and inappropriate terminology
- BC and AP lot checker
- Freepost address list PIP incoming mail:

Flag link
Save

Top of Form

Bottom of Form

Last modified:
21 March 2018 - 10:05

Introduction change bank details

43. The telephony agent can add and edit UK bank account details in PIPCS providing
claimant or recognised representative has passed security. Account details can be taken from

a third party (alternative enquiry rules applied) only if it is a SRTI new claim and there are no existing account details on PIPCS. See Special Rules Terminally Ill. Agents will not add or edit bank account details if the bank account is overseas or an existing overseas bank account is being updated to a UK bank account. NOTE: agents may receive a management check in PIPCS whilst taking this action, team leaders will have to clear the check see management check process

Note: Reassessment cases may also require account details updating in DLACS, agents should confirm with claimant then update DLACS account details

44. When a new bank account is added or the existing bank account edited, this will be done through the modify function and will be verified through Bank Wizard. If a customer wanted to end their bank account because for example it had been closed and they don't have another one at this time, a To Do Payments task would have to be created to suspend payments. When the details are added or edited all subsequent payments will be issued to these new details. Previous bank details will be shown under the 'Change History' tab in the 'Bank Account' screen.

QN: Cases and Outcomes banner > Person Record > Financials tab > Bank Account (navigation panel) > Change History tab

45. A CAMLite To Do Payments task will have to be created if:
- bank account details have been added - to put the benefit into payment
- bank account details have been edited – and benefit is currently suspended
- the bank wizard does not work
- cannot add or edit bank account as details are for an overseas bank account
- cannot edit bank account as details changing from an overseas bank account to UK bank account
- payment needs to be suspended
- PIP.4005 to customer to confirm change of bank account - on request only
- the claimant wants a Simple Payment See: To Do task: Simple Payment

Telephony agent actions add or edit bank account
46.

Step	Action
1	if bank account details are for an overseas bank account or are changing from an overseas bank account to a UK bank account you CANNOT update these details create a To Do: Overseas bank acct task and finish See: enquiry line task desk aide or if editing UK bank account details or adding UK bank account follow actions steps 2 to 13
2	in the 'Person Record' in PIPCS you will select 'Financial' tab
3	highlight 'Bank Accounts' on the left hand navigation panel
4	select 'Modify Bank Account Details' from the action drop down list if editing a bank account; 'Edit Bank Account' window will display

5	input 'Account Name' this is the name, as shown, on the bank account
	Note: The account name **must** be completed in capital letters as payments can fail if not.
6	for 'Account Type' select 'Bank Account' from the drop down list
7	input 'From' date, this cannot be a future date
8	**Note:** Ignore 'Passed to Citibank' tick box this is for overseas accounts which you CANNOT update
9	input 'Account Details' this includes 'Account Number', 'Sort Code' and 'Roll Number' as appropriate
10	select 'Save', PIPCS will validate the information with the Bank Wizard
11	if bank account edited check if payment has been suspended (viewable from 'Transactions' on navigation panel 'Unprocessed Items' tab) in PIPCS. If it has create To Do: Payments task to lift suspension - See: enquiry line task desk aide or if bank account added create To Do task to put benefit into payment
12	if the bank wizard fails and the bank account details do not update create a To Do: Payments task See: enquiry line task desk aide
13	if the claimant requests a letter to confirm their bank details have been updated create a To Do task for a letter to be sent - See: To Do task: Issue PIP.4005 confirmation of account update
	Note: Reassessment cases may also require account details updating in DLACS, agents should confirm with claimant then update DLACS account details

Special Rules Terminally Ill

Extracted from: Operational Instructions / Disability Services and Dispute Resolution / Personal Independence Payment / Personal Independence Payment Instructions

172. We have special rules for terminally ill (SRTI) people making a claim to PIP; it is for claimants with a progressive disease who are not expected to live for longer than six months. The claimant will be asked to obtain a DS1500 medical report from their doctor, specialist or consultant to support the claim, they can also ask the doctor's receptionist, a nurse or social worker to arrange it for them see PIP postal addresses for where to send.
173. Healthcare professionals hold PIP special envelopes which can be posted first class. A DS1500 can also be completed and submitted electronically and securely by a medical professional in England and Scotland only.

174. An SRTI claim can be made by the claimant, recognised representative or a third party. Should a SRTI claimant contact the department, because they have received an award notification, and they are unaware a claim has been made on their behalf, telephony agents should advise claimant to talk to the third party about the claim.
175. Important Note: Third parties are advised to ring PIP Enquiry Line, when they make a new SRTI claim, to provide any missing non mandatory information, for example bank account details. Agents can input bank account details from a third party (alternative enquiry rules applied) on an SRTI new claim provided there are no existing bank details on PIPCS. See change bank account details on PIPCS. Any other information provided by the third party that the agent can not update on PIPCS should be put on a CAMLite To Do: C/Personal details task .
176. Any tasks for SRTI claimants must be marked as 'priority'. If a claimant who is normal rules (NR) contacts the PIP Enquiry line to inform us they are now terminally ill (TI) we have to ask a number of questions covering;
- mobility
- DS1500
- GP/HSCP information
- type of illness

177. The responses will be captured on a To Do: Normal rules to SRTI Task. Telephony agents must use the NR to SRTI desk aid which provides a script to capture the required information. See: NR to SRTI desk aid
178. On occasion you may receive an enquiry from a General Practitioner (GP) or Health and Social Care Professional (HSCP) regarding the non payment of a DS1500 fee form - See: DS1500 fee form. The fee must be paid within 30 days of receipt in a DWP office, and is currently £17.00. The telephony agent should check the GP/HSCP has contacted Purchase 2 Pay telephone 0845 602 8244 first. If they have and have been unable to resolve their enquiry create a CAMLite To Do: Other task. See: CAMLite task list
179. A DS1500 is not a claim to benefit. When a lone DS1500 is received and we can identify the potential claimant, the WFT will create a prospect person record on PIPCS and a CW will make enquiries to the GP/HSCP to inform them to contact their patient and tell them to make a new claim to PIP. If we get no response from the GP/HSCP we will send a sensitive enquiry letter to the potential claimant to ask them to make a new claim to PIP. Once a new claim has been made the lone DS1500 will be linked to the claim.

Enquiry from potential claimant who has sent in a lone DS1500

180.

Step   **Action**

1   advise caller that sending in a DS1500 is not a claim to benefit.

~ 2   check if there is a 'Prospect Person' record. There will NOT be a 'PIP Application Case' against the record if we have received a lone DS1500. From the 'Communications Record' you will be able to see what activity has occurred

3   Advise caller to ring the PIP New Claim Line and make a claim to PIP under SR.

if there is not a Prospect Person record and caller advises they have sent in a lone DS1500 it could be that there was not enough information on the DS1500 to identify the potential claimant (the DS1500 would be recorded manually on DBD699 register).

Advise caller to ring the PIP New Claim Line and make a new claim to PIP under SR.

Note: claimants will be asked if they have sent/are sending a DS1500 during the call.

Change of addresses

Extracted from: Operational Instructions / Retirement Provision / Carer's Allowance / Carer's Allowance Instructions / Change of Circumstances / Change of personal details

1. A change of address can be notified by:

- a letter – completed and signed by the customer
- a phone call from either the customer or another office
- a statement from a visiting officer which has been signed by the customer
- via the Customer Information System (CIS).

2. There are 4 different types of addresses that the customer may notify us of. They are:

- residential address
- correspondence address (the address that the customer requests for postal purposes only)
- temporary address
- address abroad.

3. Action to take:

Step	Action
1.	Check CIS and Carers Allowance (CA) Computer System (CACS) to view the address currently being held.
2.	If the address notified is the address showing on the system, take no action.
3.	If it's changed and the date of the address notified is later than the information held on CIS, amend using dialogue PD365.
4.	The postcode is a mandatory field when inputting the customer's address. If the customer has not included the postcode use the internet to find it.
5.	If the notification of a change of address is a result of a suspension of benefit, check CAMLite to see if there is an open task/case which can be cleared following telephone call.

Correspondence address

5. The customer may request that any post be sent to an address other than where they reside. This could be because their residential address is unsafe for postal purposes. This is known as a correspondence address.

6. A correspondence address is input in dialogue PD365. Once accessed complete the details and the notified start date, then press F9. Both the Residential and Correspondence address will be displayed.

Temporary address

7. If a change of address is temporary input this in PD365 as a Correspondence address. Once the customer has returned to their residential address, the temporary address must be deleted.

Change of contact number

8. Dialogue PD365 holds up to four contact numbers. These are:

- home number (includes marker for ex-directory numbers)
- work number
- mobile number
- fax number.

To query a change of address

9. If there is something on file, which arouses suspicion, or suggests that the change of address could be fraudulent or entitlement may no longer exist, issue form DS781 to the customer (with a 2 week BF date).
10. Examples could be:

- there have been frequent changes of address within a short period
- the carer appears to have moved such a distance away from the disabled person (DP) that caring 35 hours is considered improbable
- the carer and the DP live together, then only the carer changes address.
Note: This list is not exhaustive. If there is doubt discuss it with your line manager.

Disabled person has changed address

11. Where the qualifying benefit paying office notifies that the disabled person has changed address and CA have not been notified that our customer has also moved:

Step	Action
1.	Phone the customer to confirm they are still caring.
2.	If they confirm they are caring and have changed address, update PD365 and CACS with the change of address.

Note: If all entitlement conditions remain satisfied and the customer has not changed address, no further action is required.

3.	If you cannot contact them by phone, issue form DS829M to the customer.

Note: BF the case for 2 weeks

4.	When the DS829M is returned and the customer indicates they are no longer caring for the disabled person for 35 hours per week take action to close the claim.

5. If the DS829M is returned with the envelope showing as gone away, follow the action detailed under undelivered correspondence

6. If the DS829M is not returned after 2 weeks:

    suspend payment
    issue a reminder
    BF for a further two weeks.

7. If there is still no response, refer to Decision Maker (DM) for termination action.

Note: Details of all actions must be recorded in the Contact History Dialogues.

Change of address provided by third party

1. You may be notified about a change of address for a customer from a third party. If the third party is the customer's representative and consent is confirmed, either by written authority or an alternative enquiry the change of address is accepted. Update through dialogue PD365.

2. If this is not the case, tell the third party that we need our customer to report their change of address, either by phone or in writing. Suspend payment if caring is in doubt (see below).

3. If the disabled person contacts stating the customer has moved, and gives us the new address:

Step	Action
1.	Do not automatically update the customer's address.
2.	Check for a phone number.
3.	Ring the customer and ask them to confirm their address and if there have been any changes to their circumstances.
4.	If they confirm they have ceased caring.
5.	Update the address through PD365 and take action to close the claim.

6.   If the customer states they are still caring, update address through PD365.

7.   If the customer can't be contacted:

      suspend payment
      issue forms DS829M and DS781 to the address held
      set a two week BF.

Note: If the customer does not contact us by BF date, refer to DM for Termination action.

8.   Record all actions in the Contact History Dialogues.

Change of address notified by Work Available Report – customer and/or DP moved abroad

1. If notification is received that either the customer and/or the DP has moved abroad further enquiries are required

Step	Action
1.	Check for a phone number for the customer.
2.	Where the DP has moved address, ring the customer and confirm they have ceased caring. Take action to close the claim.
3.	If the customer has moved address and the number belongs to a mobile phone, try ringing the customer and ask them to confirm their address and if there have been any changes to their circumstances.
4.	If they confirm the DP is with them and they are still caring confirm their address and update through PD365.
5.	If they are living in the EU, refer to Exportability. If not, refer to an EO DM.
6.	If the customer cannot be contacted, suspend payment and issue relevant forms to the address held (such as DS781/DS828). The forms will need to be issued in an airmail

envelope. (Exportability will be able to provide)

7.   Allow a BF of 3 weeks

Note: If the customer does not contact us by BF date, consider Termination action.

8.   Record all actions in the Contact History Dialogues.

Consent and Disclosure Bitesize - accessible version

Extracted from: Organisation / Universal Credit / Universal Learning / Complex Needs

Introduction

DWP has a responsibility to ensure that we do the right thing for our claimants and provide extra support for those who need it.

We should always remember to put the claimant at the heart of what we do and by working with the claimant, and claimant representatives, this enables us to provide the best possible service.

Consent and disclosure is there to protect our claimants, yourselves and our organisation.

This Bitesize product aims to provide you with a greater understanding of when you can, or cannot disclose information to third parties. It will also provide when to engage with local provisions to help claimants who require extra support.

Types of consent

Claimants have full access to information held on their account. If claimants feel unable to find the information or understand more complex issues, they may ask a **representative** to contact DWP on their behalf to obtain the information.

Alternative enquiry

Alternative enquiry does not apply for Universal Credit Full Service.
As the service is fully online most of the information a third party will need is available via the claimants account. A claimant can decide to share it with a third party if they wish to do so.

Explicit consent

Explicit Consent is when an individual has an option to agree or disagree to the disclosure of their personal data to a third party.

Explicit Consent can be requested over the phone, in person or via the claimant's journal. The claimant has the right to withdraw explicit consent at any time.

Who is a representative?

A representative is any person or organisation acting on behalf of or making enquiries for the claimant. This can be at any stage of the claimant's Universal Credit Full Service claim.

3rd party relationships

Within DWP we engage with a wide range of external organisations; employers, partners, representatives and stakeholders, for lots of different reasons. Collaborative working is essential to achieving results for claimants, DWP and our employers and partners.

Engaging with the right people in the right way can make a big difference to the success of a particular project or relationship. However we must be mindful of what information we can disclose to different people.

Circumstances where consent to disclose is not required

Police

Information can be disclosed where it is clear that a claimant with complex needs or a child faces clear and significant risks to their welfare or safety.

Only information that is directly relevant to the issue of concern should be volunteered to the police, without the claimant's consent. However, Case conference with a Line Manager before disclosing information or refer directly to the National Disclosure Unit. For any mention of suicide or self-harm use the six point plan.

Social Services

Information can be disclosed where it is clear that a claimant with complex needs or a child faces clear and significant risks to their welfare or safety.

Only information that is directly applicable to the issue of concern should be volunteered to social services within the relevant district, without the claimant's consent.

Council

Information can be shared relating to Personal Budgeting Support and Universal Support with all local authorities across the UK when acting in a **welfare capacity**. Please click the guidance symbol if you require further information. Claimant consent is however required for the initial referral to Universal Support.

Social landlord

The following information can be shared with social landlords directly associated with the claimant without the need for explicit consent;

- Alternative Payment Arrangements and/or rent arrears deductions
- crime and disorder (social landlords may only receive information that is relevant to the prevention of crime and disorder, including anti-social behaviour or other behaviour adversely affecting the local area. They are not entitled to receive any personal data. All requests for information should be considered under the General Data Protection Regulations)

Member of Parliament

Any correspondence, (letter, email or phone enquiries) relating to Universal Credit will be answered directly to the MP without the need for the claimant's consent.

However, it is common practice for MPs to include explicit consent from the claimant when contacting the department in writing.

Members of Scottish Parliament and Assembly Members in Wales can still represent claimants using explicit consent.

Court orders

When a court sends a court order to DWP to disclose information, then we do not need to obtain the claimant's consent to disclose.

Private landlord

Private landlords may ask for their tenant's rent to be paid directly to them without the need for explicit consent. The claimant is informed about the request for Alternative Payment Arrangements (managed payment to the landlord) and/or rent arrears deductions through their journal. If the claimant is happy for the managed payment to go ahead, they do not need to reply to give their consent. The rent will automatically be paid to the landlord. If the claimant does not want the rent to be paid directly to the landlord, they can dispute this.

The following information can be shared with private landlords (who have a managed payment set up) without the need for explicit consent;

- Alternative Payment Arrangements and/or rent arrears deductions

Example of explicit consent

80

Karen. "Hi, I'm Karen Soper, I work for Citizens Advice in Sutton. I'm calling on behalf of Terry Cloud, I want to confirm a few details about the account please."

Question. What should we do next?

Remember to check the journal to see if explicit consent has already been given!

Answer. We need to pass security with the claimant. Failing to do so in this scenario is a security breach.

The Service will show you how to authenticate Terry using the Telephone ID check.

CM/WC. "Thank you for going through Security Terry! Are you happy for me to speak to Karen about your claim?"

Terry. "Yes, I am happy for you to speak to Karen."

Question. Should we now speak to Karen about Terry's claim (do we have valid explicit consent)?

Answer. No, for explicit consent to be valid the claimant must state:

- that they give consent for their personal information to be disclosed
- what information they want to be disclosed
- why the information is needed
- the relationship
- the name of the representative and/or the name of the organisation they belong to.
As Terry has only provided part of this information, we need to ask him a few more questions before we have explicit consent to speak to Karen.

CM/WC. "What information would you like me to provide to Karen?"

Terry. "She is going to help me with my payments so payment details please."

CM/WC. "Thank you Terry, I will update your journal with this information. You can pass the phone to Karen."

We need to update both the profile and the journal. It is your responsibility to make sure you establish explicit consent.

Remember to check the guidance section for full information on how long explicit consent will last for!

Claimant profile entry
"Terry has given consent for Karen Soper from the Citizens Advice Bureau in Sutton to be provided with the following information about his Universal Credit claim:
- Payment details to help him with his finances

Consent expiry – (input appropriate expiry date)"

Journal entry
"Terry has given consent for Karen Soper from the Citizens Advice Bureau in Sutton to be provided with the following information about his Universal Credit claim;

- Payment details to help him with his finances"

CM/WC. "Hi Karen, Thank you for your patience, what payment details can I help with?"

Karen. "No Problem, I'm helping Terry manage his finances. I need to know how much he will be paid, when his payment date is and a breakdown of the costs?"

Question. Can we now share this information with Karen?

Answer. Yes. Terry has provided us with all the information we need for the consent to be valid.

Information disclosure

We can share the following information with Karen about Terry's claim:

- the date that Terry last received a Universal Credit payment.
- details of any advances Terry is repaying
- details about Terry's housing costs

Remember to check the guidance section for the full list of information that should never be disclosed.

Best practice

Now we have resolved Karen and Terry's query, we should:

- delete the claimant profile note (If we could not fully resolve the query then we should leave the note and provide an appropriate expiry date according to the request. We should also make the claimant aware that they can withdraw their consent at any time).
- remember some information requests/queries may not require our assistance, we should promote self-service where appropriate as most information is available on a claimants online account.

You may at times receive resistance from claimants when giving explicit consent to a representative, but remember, the processes we have in place are to protect the claimants information (not to hinder claimants) and it is your job to provide the support and protection required.

"Put the claimant at the heart of what you do"

Proactive disclosure case study

Katie's social worker emailed the Jobcentre to arrange for Katie to go in, as she is struggling with her claim and has made several unsuccessful claims. The social worker was not able to provide any more information apart from this.

Katie attended her appointment with her young child but her social worker did not attend with her. Katie seemed distant and unfocused in her meeting; it appeared as though she needed to be somewhere else.

When asked about the online services, Katie seemed confused and required some support. As her commitments had not yet been accepted, her Work Coach encouraged her to accept them while she was in the Jobcentre as she would not get paid until she has done so.

Katie declined any further support, she said she would accept her commitments herself soon, even though Katie does not have a computer at home. Katie reiterated that she needed to go and left the Jobcentre.

Question. You are concerned that Katie will not accept her commitments.

This will result in her claim not going into payment. Should you call Katie's Social Worker without Katie's consent?

Answer. Yes

Question. In this scenario, why are we allowed to contact the social worker without consent?

Answer. Information can be disclosed (without consent) when it is clear that a claimant with complex needs or a child faces clear and significant risks to their welfare or safety. As we are concerned that Katie may not accept her commitments (so the claim does not go into payment) this poses a risk to her child's welfare and safety. Also as Katie's social worker contacted us for support and she has had numerous unsuccessful claims, we can assume that she does require more assistance

Katie's Social Worker tells you that this is Katie's fifth UC claim and she has not been paid for 6 months. We could have prevented Katie making multiple claims if we:

- checked previous claims for reasons of non-compliance
- liaised with the Social Worker and arranged for them to attend with Katie
- built rapport with Katie to ensure correct support was offered

- contacted the Social Worker earlier and explained the next steps Katie needed to take
- ensured required actions are reasonable, based on Katie's circumstances, and taken whilst in the Jobcentre
- checked to see if Katie had complex needs before closing claim
- case conferenced with colleagues or a Team Leader

Proactive disclosure

There are circumstances when we can approach a 3rd party directly and disclose certain claimant information without their consent, this would be when it is clear that failing to do so may result in a claimant with complex needs or a child facing clear and significant risks to their welfare or safety. DWP staff are explicitly empowered to take any reasonable steps felt necessary in order to address these risks. This approach supports the department's considerations for the welfare of its customers.

When making the disclosure you must fully document your decision and the reasons for it in the claimant profile. This is essential in case of any challenge or dispute over information that has been disclosed and is for your protection and protects the department. Information disclosed to a third party should be the minimum required to ensure the claimant can be supported to take the required steps. This is absolutely vital to demonstrate our compliance to data protection.

As ever, each situation needs to be assessed on its individual circumstances. There is no defined list of when you can and cannot use proactive disclosure. The sort of judgements you will be involved with can be very subjective; it is often less about tangible evidence but more to do with your feelings or perceptions after spending time with the claimant and these feelings or perceptions need to be fully justified.

When considering proactive disclosure, any decision must be made with the health and wellbeing of the claimant and their family in mind. This includes children and vulnerable adults connected to the claimant.

Let's see some examples.

Examples
Have a look at these examples, to consider if you would have used proactive disclosure in each of the circumstances:

1. A claimant has communication difficulties and poor literacy and numeracy skills. A friend had been helping them with their claim process and journal. The claimant has disengaged from us. The Work Coach did not want to close the claim but they did not feel able to flag to any support teams that this claimant needed help. However, it was noted in the journal that the claimant was supported by the Local Authority Mental Health team but there was no explicit consent in place.

Our suggestion
There is clear evidence that the claimant has complex needs and faces risk to their welfare due to potential lack of payment. As a result, you should re-engage with the claimant through a third party. You would also have reasonable grounds to defer the claim closure action, pending direct contact with the Local Authority Mental Health support. You must have a clear audit trail for actions taken, so that the reasons for proactive disclosure can be justified. Remember if in doubt consult your Line Manager
Proactive Disclosure appropriate!
2. A claimant called to address the fact he had two claims open, he lives in social housing. After agreeing to close one claim, the Work Coach tried to progress the other but the claimant declined to participate in the interview or agree a Claimant Commitment. He was advised that his lack of engagement would result in his claim being closed (resulting in no payment). He thanked the Work Coach and left the Job Centre. The Work Coach consulted their Team Leader as they had concerns regarding two advances on the claimants account. They did not feel able to contact the local social housing group about getting support from them to re-engage the claimant.

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Our suggestion

This is an uncooperative claimant who doesn't want to engage with jobcentre staff or accept a Claimant Commitment. In this scenario the Work Coach and Team Leader agreed that the claimant did not present as having any complex needs and there was also no evidence to suggest this on the claimants account. You would close the claim after 7 days and refer the outstanding advances to debt management.

Proactive disclosure not appropriate!

Social housing landlord

"I am a social landlord and would like some information regarding Mr Smiths' Universal Credit Housing costs and his rent arrears payment. I have a managed payment set up (Managed Payment to Landlord (MPtL)) and payment of rent arrears, Can you confirm how much we will receive and when we will receive it please?"

Question. Can we share this information with a social landlord?

Answer. Yes. The following information can be shared with social landlords without the need for explicit consent:

- Alternative Payment Arrangements (managed payments to landlords) and/or rent arrears deduction
- crime and disorder (social landlords may only receive information that is relevant to the prevention of crime and disorder, including anti-social behaviour or other behaviour adversely affecting the local area. They are not entitled to receive any personal data. All requests for information should be considered under the General Data Protection Regulations)

Private housing landlord

"I am a private landlord and I would like to apply for an alternative payment arrangement (APA) as my tenant has accrued 2 months' rent arrears."

Question. Do we need the claimants consent before we put this in place?

Answer. No. private landlords may ask for their tenant's rent to be paid directly to them without the need for explicit consent from the claimant.

The claimant is informed about the request for a MPtL Alternative Payment Arrangement through the journal. If the claimant is happy for the managed payment to go ahead, they do not need to reply to give their consent. If the claimant does not want the rent to be paid directly to the landlord, they can dispute this and would have to provide evidence that they were not in arrears or were in an official dispute with their landlord.

Once an APA/Third Party Deduction for rent arrears is in place, the following information can be disclosed to the landlord, if they request:

- the date on which the universal credit claimant made a claim for or was awarded universal credit
- the date the next payment of Universal Credit is due to be paid
- whether the next payment is the first payment under the award
- the amount of housing costs/rent arrears in the next payment under the award
- we can confirm when an application for an APA/rent arrears Deduction has been received. We would not confirm if we were processing the application as that would let the landlord know that their tenant is on Universal Credit.

Confirming landlord identity

Some questions that could be asked are:

- claimants full name
- address of property for which a MPtL has been put in place
- monthly rental amount

This is not an exhaustive list and the landlord is not required to answer a set number of questions before you relay information relating to the MPtL/rent arrears query. Only disclose information if you assured that you are speaking to the claimant's landlord.

Questions you would not ask:

Details that personal to the claimant, for example:

- customer security questions
- national Insurance Number
- bank Account Details
- date of Birth
- employment Details

Summary

Remember:

- Make sure you gain valid explicit consent before you disclose information and document it accordingly.
- There is information that should never be disclosed
- There are times when we do not need to get the claimant's consent to disclose information to their landlord
- There will be times when you will need to be proactive with disclosure
- If you require support consult your Line Manager
- Be alert to claimants with complex needs and be proactive with support. Ensure there are close working links between Work Coach and Case Manager
- Appointee guidance is available

SRTI claim CM actions

Extracted from: Operational Instructions / Disability Services and Dispute Resolution / Personal Independence Payment / Personal Independence Payment Instructions / 06 Special Rules / 01 Special rules for terminally ill people (SRTI) - Case Manager guidance

15. When the SRTI claim is made the CM will make a number of checks. These checks will also need to be made for SRTI CofC AR and when a NR case is deemed SRTI. For an overview list of all the steps in the process:

See: CM actions overview on SRTI claim process

Seven working day task for DS1500

16. When a SRTI claim is submitted a check is made to see if a DS1500 is being sent in. If it is a seven working day task is created to await the DS1500 (if the answer is 'Don't know' treat as 'No'). The CW will create and transfer the seven working day task to the CM if the SRTI claim is a:

- postal new claim
- postal CofC AR
- telephony CofC AR

When it is a telephony new claim the CM will do the check and create the seven working day task.

17. The CM will check if a DS1500 is expected by looking at the medical evidence summary in the 'Evidence' tab in the 'PIP application case'. To calculate the seven working days using the date of claim as day 1, for example date of claim is Tuesday 7th May 2013; the task will be deferred until Wednesday 15th May.

Note: Date of claim is the date the claim was submitted by phone, or the date a paper form was issued provided it was returned within the appropriate time frame.

18. As soon as the DS1500 arrives or the seven working day task matures (whichever is sooner) the CM will clear the seven working day task, continue with SRTI checks and refer the case to the AP. If the DS1500 was expected but didn't arrive, the CM will note this in the comments box on the medical evidence screen.

See: CM actions overview on SRTI claim process

Check attachments all evidence

19. The CM will check all attachments; if a lone DS1500 has been found it will be viewable in DRS. The CM will familiarise themselves with all available information.

See: Lone DS1500
See: Previewing the evidence

Medical evidence details screens

20. To update the medical evidence details screen:

Step	Action
1	select the 'Evidence' tab from the 'PIP application case'
2	click on 'Medical details'

3	click on the toggle to display the information

4	select 'Edit' or 'Modify' (as appropriate) in the action link

5	select 'Save' after making changes and then 'Apply Changes'

21. For all SRTI cases the CM will check the 'Evidence Dashboard' before creating the AP assessment to make sure all medical evidence details have been validated and applied.

Terminally ill requested field

22. Within the 'Medical Evidence Details' screen there's a 'TI Requested' field, for a TI claim, the CM will check this is marked as 'Yes'. If a SRTI case comes back from the AP and isn't TI, under the SRTI definition, the 'TI Requested' field must be changed to 'No'.

See: SRTI case now NR

Mobility questions

23. The mobility questions are not asked when a PIP new claim is made under normal rules, or postal CofC AR. They're asked when a telephony SRTI new claim or telephony SRTI CofC AR is made. The mobility questions are asked so we can provide the AP with evidence, as a PIP2 form isn't issued to SRTI claimants. If this information is missing the CM may have to contact the third party or claimant.

See: Telephony agent PIP new claim going out and moving about
See: Telephony agent CofC AR NR to SRTI desk aid
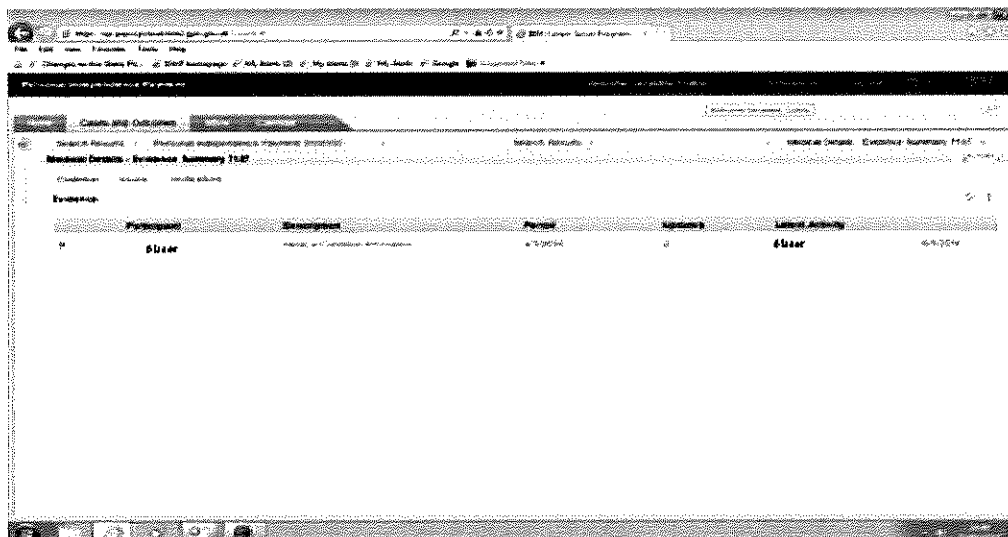
Health Professional details

24. The first set of HP details is mandatory to progress the SRTI claim. The data gather holds up to two sets of details; one of these can be a family member, carer or friend.

25. If the phone number is missing the CM must try to find the number before referring to the AP. This mustn't delay the referral, if the phone number can't be traced immediately, the CM must refer to AP without the number.

ESA check

26. On every SRTI case the CM must check the Customer Information System (CIS) to see if there's an Employment and Support Allowance (ESA) interest. Where one exists check the Medical Services Referral System (MSRS) portal on your desktop to see if an ESA85A/UC85 is held.

See: Access portal DMPG chapter 2 ESA 85 (link is external)
See: Medical Services Referral System (MSRS) ESA User Guide (link is external)
27. An ESA85A/UC85 report will clarify if an ESA award was or wasn't made under Special Rules. It is important we avoid duplicate DS1500's for PIP and ESA, from both the claimant's perspective and the doctors who'd be asked to complete duplicate DS1500 reports and claim their fee twice.

Note: The DS1500 can't be viewed on MSRS. The ESA85A/UC85 will confirm if:
- the claimant falls in the support category of TI
- the claimant isn't suffering from a progressive disease likely to limit life expectancy to less than 6 months

28. It is important to make sure the AP is aware of the SRTI award on ESA, if they reach a different conclusion for PIP there must be a good reason, for example the condition has changed. The CM will update the factual ESA85/UC85 findings in the 'Comments' box on the medical evidence details screen for example:

- no ESA85A/UC85
- ESA85A/UC85 dated 00/00/00 TI award
- ESA85A/UC85 dated 00/00/00 not TI

If there's any information on the ESA85A/UC85 justification box (on page 2) the CM must also copy this **word for word** into the 'Comments' box on the medical evidence details screen.
29. If an ESA85A/UC85 is traced on MSRS but we're expecting a DS1500, providing the information from the ESA85A/UC85 is recent there's no need to wait for the DS1500. The CM will make a judgement based on the date of the ESA decision and the level of information received.

Save and apply

30. If there's any evidence 'In Edit' the CW will make sure changes are applied before creating the AP referral task so the PIPCS to PIPAT interface works correctly when referring SRTI cases to the AP.

Step	Action
1	from the 'Evidence' tab select the 'Evidence Dashboard' screen
2	click the green action button on the RHS and select 'Apply Changes' to display the 'Apply Changes' pop up
3	tick all the evidence to validate and apply
4	select 'Save' this will close the 'Apply Changes' pop up and return you to the 'Evidence Dashboard' screen. The evidence 'in edit' marker will now be cleared – if it isn't cleared and left 'in edit', the

case will fail AP referral action in PIPAT

See: Case referred to the AP
See: Workflow and Task Management - How to Create a Manual Task
Note: For **all** SRTI Cases the CM will check the 'Evidence Dashboard' before creating the 'AP assessment required' task, to make sure all evidence has been validated and applied.
See: Save and apply
31. Once the AP's action is complete the CM will receive task 'Action Required – AP Assessment Report Received' directly to their task Inbox.

Note: AP will return the SRTI assessment report within two working days of the referral.
See: AP background
32. All tasks relating to an SRTI case must be set with a 'High' priority. The system validates if a case is SRTI and automatically changes the priority, if previously set to 'Standard', to 'High'. This priority isn't editable once the task has been created.

SRTI referral returned

33. Once the AP's action is complete the CM will receive a task 'Action Required – AP Assessment Report Received' indexed directly to their task inbox. The assessment report will indicate if the claimant is or isn't TI under the definition of SRTI:

- if the claimant isn't SRTI and case is now deemed NR See: SRTI to NR
- if the assessment report indicates a NR rules case is now SRTI See: NR now SRTI
Note: For PIPAT cases the HP's answer to the question 'TI Provisions met' in the questionnaire/submission will indicate if the claimant is or isn't TI under the definition of SRTI. CM can also check the Medical Evidence screen on PIPCS to see whether the claimant is deemed terminally ill.

IDV outstanding

34. If there's an IDV discrepancy task outstanding and the case is still a 'Prospect Person' record, the CM will have to clear this task before inputting the award.

See: IDV Failure SRTI
35. Where a third party made the PIP claim and a 'Prospect Person' record was created, IDV is completed or accepted as being completed where:

- there's an existing ESA special rules award
- the DS1500 confirms the claimant's ID (providing the third party **isn't** the author of the DS1500)
- there's a record of a call between the HP and the claimant's GP (providing the third party **isn't** the claimant's GP or HP)
Note: When changing a 'Prospect Person' to a 'Person' the PIP notification PIP.1001 acknowledgement letter may need to be suppressed.
See: IDV Failure SRTI

Check CIS for other benefits

36. Before the CM completes the assessment questionnaire, reasons for decision, and determination, the CM **must** check CIS to see if the claimant has a DLA/AA benefit interest. For example in CIS the CM may see:
- DLA Interest Start date: End Date (if applicable)
- DLA Award Care H Start Date End Date
- DLA Award Mobility L Start Date End Date
37. If there's any doubt DLA/AA has been claimed, is in payment or there's been a recently closed claim, you may not be able to proceed. If there's a recently closed DLA/AA claim you'll need to phone the relevant BC to check if there's a reconsideration or appeal outstanding on the case.

See: Completing the scrutiny check telephony claims

See: Outstanding DLA claim and PIP claim received
See: Claim in the Alternative
See: Reassessment CM Actions
38. Once the CM is satisfied the claimant isn't receiving DLA or has an outstanding DLA/AA decision they'll complete the questionnaire and give a three year award, with no review date.

See: Award period and reviews

Reasons for decision

39. When recording the reasons for decision and the claim is made under SRTI provisions the CM **mustn't**:
- mention the claim has been awarded under SRTI provisions
- refer to a DS1500

40. When recording their reasons the CM will use the following paragraph for the daily living component:

'I have reviewed all the evidence in relation to your case and am satisfied you are entitled to daily living component at the enhanced rate'.
41. Where the mobility component is awarded, the CM **must** provide reasons for the mobility component in the usual way. The CM must use their judgement and make sure they show sensitivity when recording the reasons for the mobility component award.
See: Mobility descriptors and Creating a decision notification letter

Reason for decision – maximum award cases

- Where a CM awards both enhanced daily living and enhanced mobility, reasons for decision must be entered for Daily Living Reasons as follows:
- I am satisfied you are entitled to daily living component at the enhanced rate and the evidence indicates your medical conditions cause you substantial difficulties with mobility
42. Where the period of the award is limited, no reasons for limiting the period of award are needed unless this is related to a limitation on the claimant's right to stay in Great Britain. For these cases, the option to use would be:

- I have limited the period of your award as your right to stay in Great Britain is limited
Remember: Any aspect not otherwise covered in the notification must also be covered in the reasons, for example, reason why an award wasn't made from the date of a CofC or date of claim.
- For Mobility, the option "No reason required – Mobility" must be selected

PIPCS assessment questionnaire

43. Follow Assessment questionnaire overview for how to complete assessment questionnaire.

Account details

44. Bank account details must be recorded when the claim is made. If there are no bank account details in PIPCS the CM will get an error message when they input the award on PIPCS. The CM must check PIPCS holds bank account details before inputting an award. If no account details the CM will need to get the bank account details. The claimant mustn't find out about their condition or prognosis from DWP. Account details can be taken from a third party (alternative enquiry rules applied) only if it is a SRTI new claim and there are **no existing account details on PIPCS.** If the claimant, recognised representative or third party can't be contacted by phone manually send DPGen with PIP.3048.
See: Payment details check and MOP
45. Reassessment claimants that don't supply account details when they make the claim will be asked if we can use account details we may hold on DLA. If they agree the telephony agent will create a CAMLite To Do task to say the claimant gives their permission.

Award

46. For a SRTI claim, the CM will give a three year award, with no review date. The three year award end date is calculated from the date the HP completes the assessment report.

47. For an Advance Claim under SRTI, the CM will give a three year award, with no review date. Where the previous award was under SRTI, the three year award end date is calculated from the effective date of the Advanced Claim. Where the previous award was under normal rules, the date is calculated from the date the HP completes the assessment report. You would normally need to supersede the previous decision in this circumstance - See: SRTI Change of Circumstance Award Review

See: Setting an award period

See: Setting a review date

NR claim now SRTI

48. The HP may receive evidence during the consultation to decide in their opinion the claimant is TI, but the claim hasn't been made as a SRTI claim. If so, the HP continues to consider the daily living and mobility descriptors in standard way. The HP must record all details including anything the claimant has said about their health condition or prognosis in the report. When the CM receives the case they need to decide if the claim can be treated as expressly made under SRTI. If there's no evidence the claimant has said anything about TI the CM makes a decision under normal rules. **Note:** If there's an appeal on-going the CM will task to Appeals Team.

See: AP Assessment Guide

See: Undecided NR new claim or CofC Award Review now SRTI

See: Appeals further evidence received

CM Overview on SRTI claim process

49.

| Step	Action
1	if the SRTI claim was made by: paper new claim telephony CofC AR postal CofC AR the CW checks if claimant is sending in a DS1500 and if yes, a seven working day task will be transferred to you to await the DS1500 if the SRTI claim was made by telephony new claim you'll need to check if claimant is sending in a DS1500, if yes create a seven working day task to await the DS1500 See: Seven working day task
2	check the attachments on the case in PIPCS to make sure you're aware of all the relevant information if a lone DS1500 was found it will be viewable in DRS
3	open and edit the medical evidence details screen See: Medical evidence details

| 4 | check 'TI' requested is marked as 'Yes' |

See: Terminally ill requested field

| 5 | if SRTI CofC AR to add mandatory and mobility information; if appropriate contact claimant or third party |

See: Change of Circumstance Award Review
See: NR to SRTI desk aid
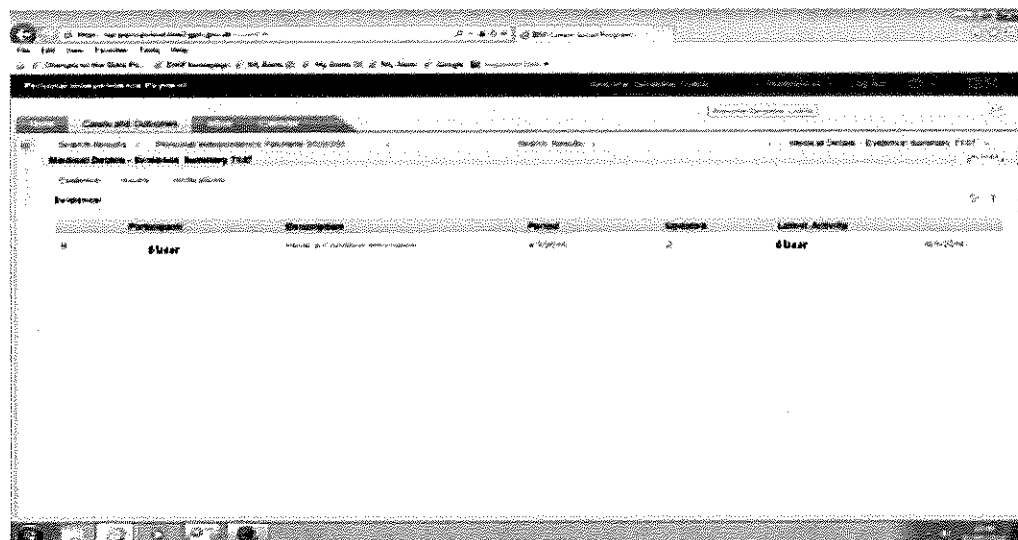
| 6 | add or change the HP information, if appropriate |

See: HP details

| 7 | do ESA check and record information in comments box |

See: ESA check

| 8 | 'Save' and 'Apply Changes' |

See: Save and apply

| 9 | if the DS1500 comes in before the seven working day task expires, clear task |

if the seven working day tasks expires and DS1500 hasn't been received make a note of this by editing the Medical Evidence details screen comments box, save and apply changes

See: Seven working day task

| 10 | for **all** SRTI Cases check the 'Evidence Dashboard', prior to creating the AP assessment referral task, to make sure all evidence has been validated and applied |

11	create manual task Type 'AP - Assessment required' this will automatically create the assessment case in PIPCS
12	when you receive task 'Action Required – AP Assessment Report Received', check all tasks on case are set to high priority
13	if the AP has decided SRTI criteria is met, the assessment questionnaire in PIPCS will have been completed by the AP and report will be viewable in DRS

Previewing the AP scores
if AP has decided SRTI criteria aren't met the AP doesn't complete PA2 form and will return the PIP case for the full lay rules to be run prior to the issue of the PIP2 See: SRTI now NR
See: SRTI referral returned
See: SRTI not met
See: AP indicates SRTI not met

14	look at all the available evidence to make decision

See: Previewing the evidence

15	CM must check for an appointee. If an appointee is present, the CM must remove the review date

16	if case is still a 'Prospect Person' complete IDV verification

Note: You'll be unable to input award and put into payment on a prospect person case
See: IDV outstanding

17	check CIS for other award

See: Check CIS for other benefits

18	in PIPCS complete:

assessment questionnaire See: Assessment questionnaire overview
reasons for decision See: Decision reasons
determination See: Completing the determination

19	check bank account details held in PIPCS

See: Payment details check and MOP
Note: You'll be unable to input award and put into payment if there are no bank account details

20   apply changes, check eligibility and make a three year award without a review date; submit for approval and confirm approval to activate award

See: Eligibility check
See: Award
See: Setting an award period and Setting a review date