PART 8 ESA Guidance Official Error check

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Introduction

8000 This guidance explains the specific methodology that will be followed for the full Employment and Support Allowance (ESA) check.

8001 Full guidance on legislative requirements relating to ESA can be found in DMG Volumes 8 and 9.

8002 Guidance on JCP policy and procedures for ESA are found on the JCP pages of the intranet in the Guidance A-Z, under the letter E.

Checking Methodology

8003 You will be doing the check on a payment issued for a selected period. See Part 5 Sampling and abandonment.

8004 You will be checking that:

• All appropriate action has been taken on a case;
• Payment issued for the selected period is correct on the information held by the office at the date that the payment was issued and the decisions that have been made by the office at the date that the payment was issued;
• All aspects of the award have been considered and the various components that make up the benefit award have been correctly included.

8005 The office should have:

• Obtained all the relevant evidence required to make the benefit award;
• Carried out any prescribed verification, checks and set appropriate case controls.

8006 To carry out the check you will need all evidence and documentation relating to the award for the selected week, including Customer Account Management (CAM) call recordings for transcription where appropriate and any remotely stored documents.

8007 As well as looking at the full documentation available you will also need to look at other sources of information including where appropriate:

• JSAPs enquiry dialogues
• CIS
• CES
• Verint call recordings
• NIRS2 browser
• Medical Services Referral System (MSRS)
• LMS

8008 - 8019

Sampling and Transcription process

Sampling

8020  The ESA sample will be loaded onto FREDA. The ECO will access FREDA to get details of the required cases.

8021  MI Reporting OPPC will supply the identification number for the Verint call recordings to the Business Support (BST) Team, where the claim was made by this route. Where claim was clerically gathered, OPPC will inform both Performance Measurement and the ECO who will be required to request the papers from remote storage

8022  BST will sort the call ID lists by PM operational team and make the relevant list available to each operational team.

8023  For Incomplete cases see Part 16.

Abandonment

8024  See Part 5 for general methodology relating to sampling and abandonment.

8025  When a case is allocated to you for check, you will consider abandonment before transcribing a claim recorded on Verint.

FREDA

Award values for deduction cases

8026  In a case where deductions are being taken, the award value is the gross figure before deductions.

Date of claim
The date of claim is the first day for which benefit was paid unless “waiting days” have been applied, when the date of claim will be the first day of the waiting days.

*Note: ESA cases - for IB (IS) reassessment cases, the date of claim is the date they move over to ESA*

Evidence

Selected period check principles

The evidence to be looked at for the selected period is:

- All information received by the office prior to the date that the payment for the selected period was issued;
- All office activity that took place on or before the date that the payment for the selected period was issued.

The information not to be considered for the check is:

- Any information received after the payment for the selected week was issued;
- Any office activity after the date that the payment for the selected period was issued.

Detailed scenarios on categorisation are in Part 17 of the PMG.

National Easements

Businesses can seek National easements for specific operational issues; WWEG FESD can provide support with drafting the easement if businesses require help.

Where a National easement has been accepted, PM will issue guidance to inform PM and PDCS/JCP staff to explain how PM will treat any affected cases.

*Note: PM will not have any regard to any local easements*
Missing evidence

8045 Where no evidence relating to the claim/award selected for check has been produced, the entire check will be left as incomplete. The office will need to follow prescribed security procedure. See Part 16 for guidance on incomplete cases.

8046 Where some evidence relating to the claim/award selected for check is provided, but the relevant call recording, claim form or review form is missing, you will complete the check as far as possible and then leave the case as incomplete.

8047 Where the provided evidence is unclear or additional evidence is needed to complete a check, you will request the missing evidence from the Benefit Centre Directorate (BCD)/Contact Centre Directorate (CCD) to produce it as soon as possible but at the latest by 10 weeks from the request.

8048 For the check, evidence supporting the award in respect of the selected week means all documentary evidence received or available from the initial claim onwards to the date the payment covering the selected period was issued.

8049 You will need further evidence, where:

• the claim form is incomplete;
• information gathered is unclear, inconsistent, incomplete or out of date;
• verification procedures have not been followed or information available to another part of DWP contradicts/contests supporting evidence;
• a question has not been put before the DM, or the DM’s decision is unsupported by evidence (e.g. Work Capability Assessment (WCA) etc).

8050 Where the information can be obtained from another DWP business unit, you can try to obtain this information yourself.

8051 If the clerical papers are missing, Benefit Centres will be expected to reconstruct the case in accordance with existing procedures. You will check the claim from the outset to ensure that all aspects of the claim process have been covered.

8052 Where papers cannot be reconstructed such as medical evidence provided by the medical service’s doctor, specifically ESA85, ESA50 as they are time limited in that they represent the situation at the time of the WCA check, you will leave the check as incomplete for the office to obtain the original documentation.
Where the missing documentation is an ESA50/ESA50A, you can check the correctness of the award in respect of the selected period:

- if the claimant’s scores has been noted on the ESA56/MSRS, after the WCA medical assessment action by Atos Healthcare you will treat the case as correct;
- if the ESA50 score has not been entered on the ESA56/MSRS after the WCA medical assessment action by Atos Healthcare and there is no ESA85/ES85A, you will raise a deemed error.

E-mail evidence

Where the original document/certified copy/signed photocopy is not available, email evidence can be accepted provided that all relevant details are covered.

Email evidence is regarded as equivalent to evidence of a telephone call.

Evidence provided by the claimant by telephone

For ESA, the policy is that some changes can be recorded on the evidence provided by telephone and the Secretary of State(S of S) may require that certain changes have to be reported in writing. See ESA Guidance on reporting a change in circumstances for further details.

You will need to check that the following changes have been recorded on the CAM system:

- change of name
- change of payment destination (e.g. address; account details)
- other payee details
- death of claimant/partner

NIRS 2 check

You can check contribution records via NIRS2 for each case that forms part of the sample including replacement cases if applicable. You can use information held on NIRS2 to establish the award under examination has been correctly assessed and is consistent with the contribution details held on NIRS2. You will need to use JA511 to check the contribution conditions for
26.x LEL on all non-linking claims from 1.11.10. See Relaxation of the First Contribution Condition (FCC)

8065 You should make a detailed check of NIRS2, ensuring that:

- special credits have been considered/correctly awarded, and all the conditions for receipt have been met;
- the case has been referred to Pensions and Overseas Directorate (POD) where appropriate;
- in cases involving non-posted contributions/credits, there are no missing credits or missing contributions if there is evidence that the claimant has worked;
- the contributions screen within NIRS to ensure that any undeclared NSP Income or earnings has been identified.

8066 You will, in cases of possible non-posted contributions, request that the office, if possible obtains a copy of the claimant’s P60s relating to the relevant tax years in question. Where the office is unable to obtain these details from the claimant the office will be expected to refer the case to Her Majesty’s Revenue and Customs for investigation about possible non-posted contributions.

**NIRS/PSCS Alignment Scan**

8067 In August 2004 a scan of PSCS/INCAP identified a fault with the accuracy of credit information flowing between PCSC/INCAP and NIRS2.

8068 To correct the NIRS2 information, scans have been run to compare the periods of incapacity recorded on PSCS /INCAP since 1994 with those held by NIRS2 with NIRS2 updated to match all the periods of incapacity held on PSCS.

8069 In cases where claimants have been underpaid, it has been guaranteed that the underpayments will be corrected.

8070 For those claimants who have been overpaid as a result of the mismatch of credit it has been decided to leave current awards in payment until such times that there is a break in claim.

8071 Any new claim that links to a previous claim where the contribution record has been changed as a result of the data alignment exercise will continue to be calculated using special credits to replicate the original erroneous record.
8072 Where an adjustment to NIRS2 has occurred revised RD26s have been produced. You will need sight of this output to support awards where the evidence is no longer available on NIRS2.

8073 Where the original RD18/26 is still available and this confirms the award of the erroneous credits you will clear the case as correct, however where the office fail to produce documentary evidence to support the award a whole award error will be recorded.

8074 NIRS 2 has subsequently been updated to include an alignment indicator and record of historic credits - you will clear the check using this information wherever possible, however where this information does not support the award you will require sight of the RD26 referred to above.

**Relaxation of the First Contribution Condition (FCC)**

8075 Following the release of new guidance on relaxation of the FCC, please note that all references to the use of ESA (cont) in the latest RITY have been removed from JCP guidance. This guidance was revoked from 01/04/12, but could still affect our sample cases.

8076 eNIRS cannot be used to determine whether the 26 x LEL rule (claimant worked for 26 weeks) has been satisfied when considering the relaxation rule.

8077 Since the FCC rule changed for new claims from 01/11/10, only HMRC are able to determine whether the claimant satisfies the 26 x LEL rule.

8078 For Class 1 NI contributions, HMRC use the employer’s end of year P11 or P14 forms to check whether a claimant can be treated as working for 26 weeks. HMRC calculate this by looking for earnings that have attracted payments of Class 1 contributions up to the LEL during the relevant tax year.

8079 The Earnings Factors displayed on the eNIRS browser are based on all earnings where National Insurance contributions have been paid. This figure therefore includes earnings above the LEL which can no longer be used to calculate whether the claimant satisfies the 26 x LEL rule.

8080 As the eNIRS browser cannot be used, you will need to obtain the information from any P60 that the claimant can provide. This is similar to the process carried out for clerically maintained claims.

8081 From a P60, or information provided by an employer (BF215), use the figure supplied in column 1a to calculate the number of weeks worked by dividing that figure by the LEL appropriate to that year. If that figure is 26 or above, the FCC is satisfied.
This means that in cases where you need to consider this in earlier years, you cannot tell from the system (dialogue 511) whether the 26 x LEL earnings factor is met for the appropriate year.

Where this would not result in a payment error, the case can be completed. However your findings should be clearly noted and the ECO advised to take further action.

Where this could lead to a payment error in the selected period, you will leave the case as incomplete with the ECO for the information to be gathered to establish whether the contributory condition is met.

See benefit guidance on the FCC

The Check

You will check that:

- where appropriate the nationality, residence and identity have been determined correctly
- the claimant has limited capability for work (LCW) or LCW and limited capability for work related activity (LCWRA) and that, where appropriate, there is sufficient medical evidence. - see ESA guidance
- where appropriate the outcome of any appeal that has been outstanding for 30 week or over before the date of the release of the payment
- WFI procedures, have been actioned correctly
- late/advance claims have been actioned correctly
- where appropriate, linking has been applied correctly
- where the claimant is receiving regular medical treatments, the impact of this has been considered correctly
- contribution conditions have been accurately assessed and based on the correct set of relevant tax years (RITYs)
- IB/IS cases transferring to ESA have been assessed correctly including any transitional addition, and any entitlement to ESA(IR)
- Correct age related benefit rates are awarded where appropriate
- The claim is in the correct phase, either assessment or main phase
- the effect of other benefits that are in payment has been determined correctly
- SSP has been taken into account where appropriate
- pensions income has been taken into account correctly
- earnings have been taken into account correctly
- special provisions have been considered correctly
- the rate of benefit in payment has been correctly assessed
- review and control date have been set correctly
• premiums have been awarded correctly. See DMG Chapter 44 and ESA Guidance Chapter 5
• housing costs have been awarded correctly. See DMG Chapter 44 and ESA Guidance Chapter 5
• medical assessments have been done, and the claimant has limited capability for work (LCW) and/or LCWRA or an appeal is ongoing
• notification of imprisonment/admission to lawful custody has been actioned correctly
• sanctions have been actioned correctly
• the case has been disallowed correctly
• entitlement to ESA(Cont) for claimants who are not in the support group will be limited to a period of no more than 365 days

8087 This list is not exhaustive. The net effect of the check is to state that the awards and payment(s) in respect of the selected week are correct.

8088 In cases reassessed from IB/IS, you will need to confirm that the contribution conditions have been satisfied via RD18 (if available) or the NIRS 2 browser. You will also need to check that as part of the process, IB claimants should have been given the opportunity to claim ESA (IR). This is because in some circumstances it may be more beneficial e.g. following the WCA they may be placed in the Support Group which would entitle them to an Enhanced Disability Premium. Where the claimant says that they were not given the opportunity to claim ESA (IR) on migration, and it is possible that they would qualify on application, you will invite the claimant to complete an ESA3. A statement confirming their circumstances or listing any changes from the date of migration is also required.

8089 You must also ask to see copy of the CAM contact history to check whether or not a telephone call was made to the claimant at the time of the re-assessment decision. If the claimant was given the opportunity to claim ESA (IR) you will not record an error.

8090 For ordinary ESA cases the Short Term Benefits (STB) calculation has to be used to determine that 25/26 separate weeks satisfy the Lower Earnings Limit (LEL). Please refer to paragraphs 8076/77

8091 -8099

ESA sanctions

8100 Sanctions will apply to all Employment and Support Allowance (ESA) claimants who are required to take part in Work Focused Interviews (WFIs)
8101 ESA sanctions will apply to the following DMA doubts and will lead to payment of 100% of the applicable amount ceasing for an open ended period until the claimant complies with requirements, followed by a further one, two or four weeks depending on the number of sanctionable failures in the previous 52 weeks. NB there are still some ESA cases with pre 3.12.12 WRAC sanction rates in existence.

- Fail to undertake Work Related Activity;
- Fail to attend or fail to participate in a ESA 16/17 WFI when specified;
- Fail to attend or fail to participate in a ESA New Joiner WFI when specified;
- Fail to attend or fail to participate in a ESA WFI when specified;
- Fail to undertake Skills Conditionality Work Related Activity;
- Fail to undertake Sector Based Work Academies Work Related Activity.

8102 For ESA sanctions the length of sanction will not escalate if the second or subsequent failure takes place within 2 weeks of the previous failure.

Gap in medical evidence

8103 See DMG Chapter 42 paragraphs 42208-42214 and ESA Guidance Part 7 Change of Circumstances Section 11 and Part 10 WCA 02 Gaps in/ Lack of Medical Evidence Gaps in/Lack of Medical Evidence

8104 LCW/LCWRA can be accepted as continuous if there is a gap of:

- 10 days or less following an open certificate
- 3 days or less following a closed certificate

8105 You will check that medical evidence is held to support the award. Where the claimant has returned to work JCP should request a final medical certificate from the claimant. However, where this is not provided and there is a gap between the last medical certificate and the date they returned to work the case should be referred to the DM for a decision to be made on payment. This should be done even if the gap is less than 10 days.

8106 Where the gap in medical evidence is more than 10 days, the case should have evidence of a DM decision unless a positive WCA outcome has been completed, as this overrides the need for medical evidence and the claim will remain open.

8107 For Performance Measurement purposes if there is a gap in medical evidence with no appropriate DM decision to accept that the claimant had LCW you will leave as incomplete for a DM decision to be provided. See Chapter 19 for incomplete cases.
Medical evidence expires

8108 See DMG Chapter 42 and ESA guidance Part 7 Change of circumstances and Part 10 WCA 02 Gaps in/ Lack of Medical Evidence

8109 Where a claimant is required to produce medical evidence of LCW / LCWRA and fails to submit a renewal certificate the office should request further medical evidence. If there is no reply the claim should be closed. Where the claim is not closed and payments have continued you will raise a payment error.

Conditions of entitlement

8110 See DMG Chapter 41 and ESA Guidance Section 1

8111 You will check that the conditions of entitlement to receive benefit are satisfied, for example, for ESA, the claimant must:

- be treated as having Limited Capacity for Work or Limited capability for work related activity
- be aged 16 or over and not have reached pensionable age
- be in Great Britain (GB)
- not be in receipt of Statutory Sick Pay (SSP) unless they are within six weeks of SSP ending and in receipt of SSP1 from their employer, entitlement to ESA would start the day after the SSP ends
- not be entitled to - Jobseeker’s Allowance (JSA) in their own right or as part of a JSA joint claim; Income Support (IS); Incapacity Benefit (IB). In certain circumstances where the claimant has appealed an IB disallowance, prior to claiming ESA and the appeal has been successful the claimant may be entitled to both ESA (C) and IB.
- be entitled to make an application that is valid and within the prescribed time limit (or be treated as having made an application)
- not be working, except in certain circumstances
- satisfy the WFI condition of entitlement, if they meet the criteria, and
- satisfy the relevant NI contributions conditions for a contributory award
- where the claimant is claiming ESA(IR) any income/capital/earnings from the claimant’s partner will also be checked.

New claims

8112 You will check that:
the conditions of entitlement to benefit are met
the claim details are complete and evidence of identity has been verified where appropriate
the date of claim is correct
the claim has been correctly paid in arrears
where appropriate, the date of claim termination is correct.

8113 In all new claims, you will check the following:

• Claims/review forms covering the selected period - to check that all personal details are correct and that the details provided by the claimant are the same as those held on the system.
• CIS - to check other benefits paid to the claimant; to check for details of, and benefits paid to, the claimant’s partner, dependant(s).

8114 Where appropriate, you will also check the following:

• Common Enquiry Service dialogues - to check if other benefits have been claimed or are in payment (e.g. DLA/PIP/AFIP/AA) and also whether non-compatible benefits, e.g. JSA, are in payment.
• Carer's Allowance Unit - to check for details of a claim to, and payments of, Carer’s Allowance (including an increase for dependants), and to check for any underlying entitlement to Carer’s Allowance.
• For claims made clerically and cases converted from IS/IB you will need the original documents

8115-8119

Evidence of identity

8120 A claimant is not entitled to benefit unless they and anyone for whom they are claiming have satisfied certain criteria as regards identity.

8121 The claimant/person for whom they are claiming (unless exempt) must:

• provide a NINO, together with information/evidence to show that the NINO is theirs, or
• provide information/evidence to enable their NINO to be traced as per the Secure NINO Allocation Process (SNAP) guide or
• make an application for a NINO and provide enough information/evidence for one to be allocated to them (the claim can be processed provided that such an application has been made).
Verification of life events

8122 The verification (if required) of a life event should have been made by reference to the original certificate, a certified copy, confirmation from the General Registrar's Office or from secondary evidence. It may be verified by reference to computer systems that confirm the details given by the claimant.

8123 You will look at the type of evidence available and whether this evidence is sufficient.

Date of claim

8124 You will check that the time limits for claiming benefit have been determined correctly. Where the time limits for claiming benefit have been extended, you will check that the decision maker has recorded their decision, including reasons for allowing or disallowing the extension, and that the claimant has requested the backdating.

Work Focussed interviews (WFI)

8125 For detailed checking methodology on WFIs see Part 11.

ESA Phases

8126 See DMG Chapter 44, ESA Guidance Chapter 5 Calculating the award Section 01- Structure.

8127 Until the Work Capability Assessment is decided the claimant is in the assessment phase of ESA, and would be treated as having LCW.

8128 The main phase begins from the 14th week of the claim, once a decision is made on the LCW. On the determination of the claimant’s LCW, the case will move into the main phase of ESA and the claimant will either no longer be entitled to ESA, or be put into either the Work Related Activity Group (WRAG) or the Support Group.

8129 Where a claimant has appealed a decision that they do not have LCW they can receive ESA until the appeal is decided see DMG 42445

Note: claims may link for the award of the WRAC; see DMG Chapter 44 - Normal amount payable & Components
Work Capability Assessment

Overview

8130 The Work Capability Assessment (WCA) is the main medical test for claimants claiming ESA. It sets a threshold of Limited Capacity for Work (LCW) that must be met as one of the conditions of entitlement to benefit. The main reason for applying the WCA is to provide information to allow the Decision Maker to determine whether a person has LCW and is therefore entitled to benefit. See DMG Chapter 42 and ESA Guidance Chapter 10 WCA.

8131 Following referral to medical services the claimant’s capacity for work is measured against specified descriptors. The performance of specified activities is measured against descriptors, the points from which normally have to reach a set total for the person to be incapable of work.

WCA Scoring

8132 You will check that, as a condition in deciding the extent of a person’s LCW, where the total points reached from the descriptors is at least 15 points or the claimant satisfies one of the exceptions which means that LCW and/or LCWRA has been met. See DMG Chapter 42.

Exceptional Circumstances

8133 There will be occasions where the claimant does not reach the threshold but must be treated as having LCW/LCWRA if exceptional circumstances apply. See DMG Chapter 42 for full details.

Performing the check

8134 You will check the latest decision that supports the claimant’s continuing LCW/LCWRA. This decision can result from an assessment, or scrutiny.

Evidence

8135 You will check that all original evidence is available for example, form ESA50, ESA85 (the medical assessment of the person’s ability to perform specific functions), form ESA56/MSRS, and ESA55, where appropriate, along with all other relevant documentation.
8135 Where the WCA evidence is not provided the check will be left as incomplete to allow it to be produced. The action to take will be dependant on the outcome:

- where the information is provided by the PM deadline for incomplete cases, you will check the correctness of the award in respect of the selected period. You will raise a payment error if the evidence provided confirms there is a difference between the amount awarded and the amount due, as a result of a WCA decision.
- Where the information required is reference to a medical assessment (e.g. an ESA85), you will raise a deemed error. This is because this evidence is time capped in that the medical report represents the situation at the time of the WCA check and as such cannot be reproduced.

Reworks

8137 Where there is inconsistent, conflicting or inconclusive evidence the case should be returned to Atos Healthcare for rework. However, if the DM has adjudicated on the case rework is not appropriate (i.e. reconsiderations).

8138 You will raise a whole award payment error where evidence, that has been used to reach the threshold, is unclear, conflicting or inconclusive and the case was not referred to Atos Healthcare for rework. Where the threshold has been met in areas that are not conflicting or inconclusive you will treat the case as correct as the areas of conflict are immaterial.

WCA control dates

8139 Where you identify the office has lost control of the WCA procedures, for example no WCA referral date held, or there seems to be an unnecessary delay in making a DM decision on evidence held you will need to make a procedural comment. With effect from 20 January 2014, further routine repeat assessments referrals to ATOS will be deferred until further notice.

Failure to attend (FTA) an examination

8140 Where a claimant is unable to attend an assessment Medical Services can offer the claimant an alternative appointment. See ESA Guidance Chapter 10 Section 08 WCA Outcomes Non-compliance with the WCA Process
8141 If a claimant contacts Medical Services in advance to let them know they cannot keep the appointment, the claimant should not be considered as failing to attend. Medical Services will only accept one ‘unable to attend’ and reschedule the assessment appointment. For any further ‘unable to attend’ the appointment stands and then it becomes a FTA.

8142 Where a claimant fails to attend a medical assessment you will check that the DM has considered the reasons for the failure and decided if the claimant has shown good cause. Where you think that the DM decision may be incorrect in law/on the available evidence refer the case to AGA for advice.

8143-8149

Permitted Work

8150 The exempt work rules provide a stepping stone to work for claimants. See DMG Chapter 41

8151 You will check:

- all the documentary evidence is available
- the work is exempt work

Other benefits in payment

8152 Where payment of other benefits is concerned you will:

- ensure that the pay-day and amount are recorded correctly
- check to confirm whether AA/DLA/PIP/AFIP/Carer's Allowance are in payment
- check CIS to ensure that no other benefit is in payment to dependants or beneficiaries
- use Common Enquiry Service where appropriate to verify any other details.

Income/Benefit available on application and Notional income in respect of other Social Security Benefits

Background

8153 Legislation provides for the application of notional income in respect of notional entitlement where another income/benefit is available on application.
However, in some cases it may be difficult to decide that an income would be payable on application and apply notional income. A claimant cannot be forced to claim an income, which they do not wish to claim, but the fact that a claimant has not claimed an income, does not necessarily mean that it will not be taken into account. Therefore, DMs must decide the facts of each case individually to determine whether notional income should be applied to unclaimed Social Security benefits, especially where the claim is the only formality preventing the claimant obtaining the benefit.

Where there is no income available on application, there can be no notional income.

Performance Measurement action

8154 Where there appears to be possible entitlement which the office have failed to investigate or consider, you will leave the case as incomplete for the office to investigate the issue and where appropriate to obtain a DMs decision as to whether notional income should be applied, as this is a decision with more than one possible outcome.

8155 The claim should only be left as incomplete by Performance Measurement where the office should have considered the issue before the selected period and therefore there is a possibility of an incorrect benefit award for the selected period.

Pension Income

8156 Treatment of occupational pension depends on whether ESA is Income Related or Contributory. Guidance on the treatment of Occupational Pension is provided in [DMG Chapter 44](#) for Contributory based ESA and Chapter 51 for Income Related and ESA Guidance 04 Assessment Section 4

8157 You will check that:

- the pay-day and frequency of payment have been recorded correctly
- the income has been correctly attributed
- the correct amount has been taken into account
- where an external source suggests potential entitlement to an occupational pension, that the necessary investigation has been carried out

8158 The onus is on the claimant to report any changes to Pension Income regardless of whether the office is aware of the annual increase date. Any
resulting error identified will not be official error but you must report the finding to the office.

**Period of Limited Capacity for Work (PLCW) breaking**

8159  See DMG Chapter 41 and ESA Guidance 01 Conditions of Entitlement Section 5 Contribution Based Conditions

**Advance Awards**

8160  It is a requirement for you to check that the advance award provisions have been correctly considered.

**Special Credits following Bereavement Allowance/Widowed Parents Allowance**

8161  Entitlement to ESA should initially be considered based on the widow's/widower's own contributions before considering special credits.

8162  Special credits should be considered when a claim is received from a widow/widower who does not satisfy the Second Contribution Condition (SCC)

8163  If special credits are due the widow/widower is awarded sufficient special credits to satisfy the SCC for any tax year, up to and including the tax year when BB ceased.

8164  Special credits cannot be used to satisfy the First Contribution Condition (FCC), you will raise a payment error where special credits have been used to satisfy FCC.

**Case controls/notes**

8165  You will check that:

- the appropriate case controls have been set to mature at the correct time and that these have been actioned
- all indicator fields have been completed.

8166  Where case controls have been missed or omitted and an error has not occurred you need to notify the office
Sanctions

Most ESA claimants, who are in the Work Related Activity Group (WRAG), are required to comply with conditionality, either via Jobcentre Plus, or by participating in the Work Programme. These claimants are required to take part in mandatory interviews and interventions (including New Joiner’s Work-Focused Interviews (NJWFI), flexible interventions, Work Programme Referral Interviews), and to undertake Work Related Activity (WRA).

ESA sanctions will apply to the following DMA doubts and will lead to payment of 100% of the applicable amount ceasing for an open ended period until the claimant complies with requirements, followed by a further one, two or four weeks depending on the number of sanctionable failures in the previous 52 weeks.

- Failure to undertake Work Related Activity;
- Failure to attend or fail to participate in a ESA 16/17 WFI when specified;
- Failure to attend or fail to participate in a ESA New Joiner WFI when specified;
- Failure to attend or fail to participate in a ESA WFI when specified;
- Failure to undertake Skills Conditionality Work Related Activity;
- Failure to undertake Sector Based Work Academies Work Related Activity.

People will still receive the ‘work-related activity component’ of ESA and any premiums they are entitled to, when their benefit has been sanctioned. They may also be eligible to apply for hardship payments.

Categorisation

Following the completion of the check you will be required to categorise the case. Full details of categorisation can be found in Part 17 of the PMG.

Where a case has been incorrectly reassessed from Income Support or Incapacity benefit the start date of the error will be the ESA conversion date 8172-8999