

Chapter 13 Department of Social and Family Affairs

13.1 Medical Assessment and Review

Introduction

Medical assessment and review is the main control mechanism of illness and disability related schemes administered by the Department of Social and Family Affairs. Medical assessments are made to provide an independent second opinion for the guidance of Deciding Officers when determining eligibility for illness and disability related benefits on medical grounds. Deciding Officers are department staff appointed by the Minister to decide on claims under the provisions of the Social Welfare Acts. Claimants may appeal decisions on eligibility.

The illness and disability schemes subjected to medical assessment and review are

- **Short term schemes**
 - Disability Benefit
 - Injury Benefit
- **Long term schemes**
 - Disability Allowance
 - Invalidity Pension
 - Disablement Benefit
 - Carers Benefit/Allowance

Table 47 summarises the numbers of recipients of illness/disability benefits.

Table 47

<i>Scheme</i>	<i>No. currently in receipt of benefit</i>	<i>Claims processed during 2003</i>
Disability Benefit	58,912	267,000
Injury Benefit	1,183	15,000
Disability Allowance	69,898	17,405
Invalidity Pension	54,214	5,698
Disablement Benefit	12,002	1,750
Carers Benefit	631	1,267
Carers Allowance	21,474	6,319

Referral

When and how applicants for any of the Department's illness/disability schemes are referred for medical desk review and/or physical examination depends on several factors. Long term and short term schemes are treated differently as are particular illnesses e.g. lower back pain. Payment of short term benefits commences following registration of a claim. However, payment of long term benefits does not commence until an applicant is found to be medically qualified.

Short Term Schemes

The Department processed 282,000 short term benefit (Disability and Injury) claims in 2003 and approximately 60,000 cases are currently in benefit. Such cases are referred for assessment 4, 6 or 8 weeks from the date of application. The type of illness declared determines the referral date. Minor illnesses are allocated a 4 week referral date, while more serious illnesses are given later referral dates. Lower back pain cases in Dublin, Cork and Galway are referred immediately.

Claimants must provide medical certificates covering the entire period of an illness to ensure continued payment of benefit. The medical referral process is activated when a medical certificate extends beyond the allocated referral date. When a claimant is found medically qualified for benefit the medical assessor sets a date for reassessment - the review date. Final certificates are regularly received before the referral/review date is activated. This happened in 61,498 cases in 2003 and no assessments took place in these cases. When no certificate is received, payment is immediately suspended if the claim is subject to weekly certification. If the claimant's illness is long term and subject to monthly or 6-monthly certification, payment is suspended after three weeks if a certificate is late. If no certificate is received for eight weeks, the Department automatically suspends the claim in all cases, the referral is cancelled and no further action is taken. If medical certificates are later provided the case is rescheduled for referral and prioritised as 'urgent'. In 2003, payment was stopped in 22,870 cases when medical certificates were not submitted as due but payment was restored to 5,021 of these cases following the submission of 'late' medical certificates.

Long Term Schemes

All new applicants for long term schemes such as Disability Allowance and Invalidity Pension are subject to medical assessment/examination.

Existing beneficiaries of these schemes are scheduled for recall for a second or subsequent medical assessment.

Table 48 shows the review status of Disability Allowance and Invalidity Pension cases at May 2004.

Table 48

	<i>Disability Allowance</i>	<i>Invalidity Pension</i>
'Do not refer again'	27,505	44,343
Review dates not yet reached	8,462	7,395
Review dates overdue	19,683	2,476
Review dates not assigned	14,248	-
Number of claimants in payment	69,898	54,214

Table 49 shows the numbers of Disability Allowance and Invalidity Pension review dates which have passed without reassessment taking place.

Table 49

<i>Year</i>	<i>1997 or Earlier</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>Uncertain</i>	<i>Total</i>
Disability	17	161	2,683	3,194	4,150	4,370	4,993	115	19,683
Invalidity	223	188	175	155	78	963	694	-	2,476

Only 16 overdue Disability Allowance review cases were examined in 2003. All were found unqualified for the scheme.

The Department stated that it has two separate computer systems, one of which supports payments and the other medical review. The payment support computer system does not correctly reflect the referral status of overdue Invalidity Pensions reviews in all cases. There are some 1,200 cases with a one or two year review date among the overdue review cases but all were, in fact, referred to Medical Review and Assessment Section.

The Department stated that an analysis of Invalidity Pension cases medically reviewed in 1999 and 2000 showed that the systematic review of all cases with review dates of one year or more may not be cost effective. Only 3 claimants out of 3,788 examined had their entitlement disallowed. Risk is low given that medical eligibility criteria for Invalidity Pension are rigorous and 50% of claimants are over 55 years old.

The Department's current policy is to review all Invalidity Pension claims that have a 1-year review date. Claims with a review date of more than 1 year are targeted on a sample basis.

Medical Review and Assessment

The Department's Medical Assessors are specially trained to perform medical assessments. They carry out desk assessments of medical evidence presented in support of claims and physically examine claimants in appropriate cases to determine fitness for work. A nurse attendant is present with the Medical Assessor during each examination, in accordance with the accepted guidelines of the Medical Council.

Medical evidence is provided to assessors by

- illness details recorded on a claimant's application forms
- weekly and monthly medical certificates from a claimant's certifier usually his/her General Practitioner (in some cases of serious long term illness 6-monthly certificates are provided)
- a detailed medical report requested by the Department from a claimant's General Practitioner in certain cases.

The assessment process starts with a desk review that either confirms the medical eligibility of the claimant or results in a date for physical examination. Eligibility on medical grounds cannot always be determined from medical reports alone.

In the conduct of the examination, the medical assessor reviews the history of the case, considers any fresh medical evidence and expresses an opinion based on the clinical examination. The medical assessor does not dispute the certified cause of incapacity but assesses the degree to which the loss of function resulting from the illness affects the person's ability to perform his/her own job or alternative work.

The Department's medical review policy provides for the assignment of either a review date or a review status of 'Do not refer again (DNRA)' to all claimants. Table 50 shows the review status of the different types of case managed in 2003.

Table 50

<i>Case Type</i>	<i>Review in 0 to 2 years</i>	<i>2 years +</i>	<i>DNRA</i>
Disability/Injury Benefit	17,840	1,173	945
Invalidity Pension	464	171	177
Disability Allowance	1,879	466	641
Carers Allowance	3	-	1
Appeals Cases	2,015	119	112

Physical examinations are prioritised as follows

- Appeals by claimants against declarations of ineligibility and suspension of payments
- Applications for long term illness schemes
- Urgent requests from scheme administrators
- Claimants with bad attendance records at previous examinations
- Other normal applications (mainly Disability Benefit) and reviews of persons to determine continued entitlement to payment (also mainly Disability Benefit).

Resources

The medical assessment and review system is supported by 21 medical assessors employed full-time by the Department. The Department also employs over 60 nurse attendants (6 of whom are full-time). Administrative support is provided by 36 staff.

Physical examinations are carried out at 61 centres throughout the country. Six examination rooms in Dublin and three in Cork are in use on a full-time basis. The frequency of use of the other centres depends on the volume of cases on hand and on the availability of centres, nurse attendants and medical assessors.

Table 51 provides details of the costs of the Medical Review and Assessment Section in 2003.

Table 51

<i>Expense Type</i>	<i>€000</i>
Salaries – Medical Staff	1,910
Salaries (including overtime)- Administration staff	850
Fees to part-time nurses	217
Travel	473
Incidentals	158
Room Hire	14
Total	3,622

Outturn

In 2003 a total of 118,362 cases (128,552 in 2002) were scheduled for either desk assessment or examination. Of these 59,737 were desk reviewed while 58,222 Irish cases and 403 UK cases were called for physical examination. The latter group are examined on foot of reciprocal arrangements between the two countries. Table 52 provides details of the results of medical examinations of Irish cases in 2003.

Table 52

Scheme	Called for examination	Examined		Not examined			
		Qualified	Not qualified	Final certificate received	Unfit to attend	Did not attend	Cancelled/not examined
Disability/Injury Benefit	38,670	19,958	6,406	3,840	240	7,062	1,164
Disability Allowance	8,450	2,985	2,689	70	65	2,279	362
Invalidity Pension	1,128	529	391	11	14	135	48
Carers Allowance	423	4	172	9	9	206	23
Disablement Benefit	3,234	2,296 ²⁴	-	-	3	811	124
Appeals	6,317	2,246	2,534	604	27	665	241
Total	58,222	28,018	12,192	4,534	358	11,158	1,962
Percentage	100%	48%	21%	8%	1%	19%	3%

Benefit is terminated when a final medical certificate, indicating that the claimant is fit to return to work, is received. The Department estimates that 26% of final certificates are submitted following notification to claimants of appointment for medical examination.

Excluding Disablement Benefit, where the purpose of the examination is to assess the degree of disablement, one in three who are examined are found capable of work. In all, three quarters of those desk assessed and/or examined are deemed qualified for the particular scheme applied for.

Found capable of work

If a claimant is found capable of work a disallowance notice is issued automatically and payment of benefit is terminated. 950 claimants whose Disability Benefit payments were terminated in the period January to May 2004 were subsequently paid Unemployment Benefit/Assistance (903 cases) or Supplementary Welfare Allowance (47 cases).

The average length of time that these 950 cases were not in receipt of social welfare payment was 13 days.

Non-attendance for examination

Those who fail to attend for medical examination are suspended from benefit payment. Suspension may, however, be lifted and payment restored if a claimant subsequently provides a valid excuse. 7,062 Disability Benefit claimants failed to attend medical examinations in 2003. 4,826 claimants had payments restored, while the other 2,236 remained suspended from payment.

Those who fail to attend for medical examination are rescheduled for review and prioritised as 'urgent'.

²⁴ The examinations assess the degree of disablement.

Current Caseload

A review of the current caseload revealed that while desk assessments were up to date, there were 31,542 referred cases awaiting medical examination on 6 April 2004. Table 53 shows the distribution of those awaiting medical examination by scheme.

Table 53

<i>Scheme</i>	<i>Number</i>	<i>%</i>
Disability Benefit	29,141	93
Injury Benefit	739	2
Disability Allowance	704	2
Disablement Benefit	907	3
Carers Allowance	51	-
Total	31,542	100

The bulk of the backlog relates to Disability Benefit cases. Currently such cases are accorded the Department's lowest level of priority for examination. However, when this matter was examined in 1994 experience suggested that the longer a person remained on Disability Benefit, the less likelihood there was of the person being found capable of work at a medical referee examination.

The Department at that time decided to put greater emphasis on referring short term claimants for medical examination earlier and more frequently than previously. That policy change was regarded as a factor in the reduction in the overall number of Disability Benefit claims from 47,600 in January 1993 to 42,250 in December 1994. The April 2004 figure was 58,900. The number of PRSI contributors insured for Disability Benefit rose from 968,300 in the 1993/1994 contribution year to 1,906,516 in the 2002 contribution year.

Reasons for backlog

The Department indicated that some 14% of scheduled physical examinations did not take place in 2003 because

- Some 6,685 or 11% of claimants failed to show up on the day or gave insufficient notice of cancellation making it impossible for the Department to fill the vacant slots
- 88 examination sessions were cancelled by the Department resulting in the loss of 1,516 of all appointments, while a further 446 attended but were not examined (mainly as a result of being late for their appointments).

The Department attributed session cancellations to:

- Unavailability of nurse attendants. There are 3.5 permanent vacancies and the Department has difficulty recruiting part-time nurses. While Dublin has 6 examination rooms, on average only 3 rooms are in operation weekly due mainly to the Department's inability to recruit part-time nurse attendants.
- Insufficient caseloads to justify sending a medical assessor to particular examination centres. Some cases may be on referral for months while awaiting a sufficient caseload.
- Unavailability of suitable examination rooms. Examination sessions are infrequent in some areas due to the small caseload and held in temporary accommodation hired for the day. Eight former centres are closed.

- Participation by seven medical assessors in the lower back pain project in addition to their other duties.

Appeals

If a decision based on the opinion of the medical assessor is unfavourable to the claimant then he/she has a right of appeal to the independent Social Welfare Appeals Office (SWAO). Before an appeal is determined a different assessor gives the claimant a second medical examination. Of the 6,406 Disability Benefit claimants found capable of work following initial medical examination in 2003, 3,115 received a second examination. The second examination found 1,446 appellants were qualified/incapable of work. Of the remaining 1,669 capable of work, 1,158 went on to appeal while 511 withdrew or did not pursue their appeals prior to consideration by the Appeals Officer.

The appellant may be afforded an oral hearing or the Appeals Officer may make a decision based on the documentary evidence available. The average time for processing appeals is 22 weeks of which SWAO time is 10 weeks. The average time is distorted by the protracted nature of some appeals. Appeals decisions and case papers are returned to Medical Review and Assessment Section and filed.

Table 54 shows the results of appeals on medical grounds.

Table 54

<i>Scheme</i>	<i>Appeal Upheld</i>	<i>Appeal partially upheld</i>	<i>Appeal rejected</i>	<i>Total</i>
Disability Benefit	609	17	532	1,158
Injury Benefit	118	1	23	142
Disability Allowance	285	7	369	661
Invalidity Pension	91	1	61	153
Carers	185	18	239	442
Total	1,288	44	1,224	2,456

50% of appeals are upheld even though appellants have already been found unqualified on separate occasions by two different medical assessors. The Department is of the view that the main reason for upheld appeals is the presentation of additional information to SWAO on the claimants' illnesses/disabilities.

Department Initiative – Lower Back Pain

The number of claimants providing medical certification for lower back pain has been increasing steadily in recent years. In 2002, there was a significant increase in the number of Disability Benefit claims from 51,000 to 56,000 and lower back pain claims accounted for 9,675 (17%) of all open Disability Benefit claims. Some 6,500 of these fell into the 20-50 age group.

In 2003, the Department initiated a targeted approach in the management of lower back pain cases. New claimants were given top priority and referred for prompt medical examination. Pilot projects were undertaken in Dublin and Cork using specially trained medical assessors. Table 55 shows the results in respect of 1,532 lower back pain cases selected for the projects.

Table 55

Project Cases	1532	
Less Final Certificate Submitted before Notification of Appointment	<u>172</u>	
Called for Examination	<u>1360</u> ²⁵	
Final Certificate Submitted after Notification of Appointment	736	
Did not attend	197	
Examined	556	
Qualified due to lower back pain		154
Qualified for reasons other than lower back pain		127
Not Qualified		275
Appealed	122	
Deemed Capable of Work		77
Did not Attend Appeal or Returned Final Certificate		29
Appeal Upheld		16

It is noteworthy that

- Of 1,200 claimants removed from benefit under the project, 463 have submitted a new Disability Benefit claim of which 204 were back related. 369 of these repeat claims were subsequently terminated by the end of December 2003.
- An additional 257 subsequently claimed under other schemes as follows
 - Unemployment Assistance/Benefit 146
 - Supplementary Welfare Allowance 4
 - Long term schemes 107
- The number of back pain claims for disablement pension dropped by 100 (20%) during the project.

A follow up project in Dublin, Cork and Galway on a further 2,775 claimants has produced similar results.

Consideration is being given to extending the project to other areas.

Audit Findings

Disability Review Dates Not Recorded

Review dates for 13,165 cases transferred from the Health Boards in 1996 were not entered on the Department's computer records. According to the Department the process was discontinued in the interests of administrative efficiency because the bulk of the papers examined indicated that disabilities were long term and would have been unnecessary to review in the future. However, a further 1,083 cases have since not been assigned review dates. The Department has stated that review dates were omitted in these cases in error.

Low Level of Disability Allowance Review

The medical reassessment process for Disability Allowance claimants has almost ceased and there are 20,000 cases currently overdue. Only 16 claimants were reassessed in 2003 and, significantly, all were found unqualified for the scheme.

²⁵ This is the number of individuals called for examination. It should be noted that some individuals were called more than once and that the total calls over the three categories - final certificate submitted after notification of appointment, did not attend and examined - was 1,489.

Backlog Awaiting Examination

There are currently 31,681 cases awaiting physical examination and half of these are overdue by more than 3 months. The backlog problem is related mainly to resource issues.

It was noted that in some locations, for example Cork and Tralee, the backlog for medical examination of up to almost a year has built up in cases allotted a 'normal' priority review status.

Some 19,900 of those awaiting physical examination were previously called. Crucially 1,689 of these had never been examined: 47 had been referred at least five times.

Disability Benefit Average Duration

My 1994 Report noted that as a result of the Department's decision to focus its resources on referring short term claimants for examination earlier and more frequently than previously there was a marked reduction in the average duration of short term Disability Benefit claims from 5.5 weeks in March 1993 to 3.2 weeks in the first quarter of 1995. Earlier and more frequent medical referral could, similarly, have an impact in reducing the currently computed average of 4.9 weeks.

Success of Back Pain Initiative

The results in respect of those called for examination under the project were significantly different from those pertaining to medical referrals generally. A comparison of the project and general results revealed the following:

- 54% of the lower back pain project cases called for examination submitted final medical certificates before the date appointed for examination compared to 10% generally
- 49% of the project cases were found qualified following examination compared to 75% generally
- 43% of the project cases who failed the examination lodged appeals compared to 61% generally.

The success of the project was due to a number of factors including early intervention. The pilot project has been continued in Dublin and Cork and extended to other regions. It is intended to ultimately fast track all lower back pain cases for prompt medical examination. The Department should explore the scope for extending this type of approach to other identified high risk ailments.

General

Information relating to persons who fail to attend for medical examination or those who, having failed to qualify, reapply or apply for benefit under other social welfare schemes should be systematically recorded to serve as an input into risk rating of social welfare claimants.

Accounting Officer's Response

In response to the report's findings the Accounting Officer stated that

- The number of people eligible for illness or disability payments has increased significantly over the past ten years for a number of reasons. New schemes have been introduced, including Disability Allowance and Carer's Benefit and eligibility conditions for these and for other illness and disability

schemes have been eased. The number of people eligible for disability benefit in particular has increased because the numbers paying PRSI have risen in line with increased employment and because PRSI coverage has been extended to additional groups, such as new entrants to the public service.

- The Department acknowledges that there are particular difficulties in relation to Disability Allowance because of the increased number of claims (approximately 70,000 in payment at present compared to less than 57,000 three years ago) and is examining the possible reasons underlying this.
- Given the finite resources available to it, the Department must strike a balance between:
 - Processing new claims
 - Maintaining claims in the context of rising numbers in payment
 - Implementing eligibility and other improvements in schemes as announced from time to time
 - Implementing controls to ensure that payments are made in accordance with eligibility.
- The Department considered that the range and extent of control activities to date achieved a reasonable balance between competing priorities in the context of resources available while recognising that certain elements of control activities were in need of improvement. A new, dedicated, Control Unit is being established to improve control of the Disability Allowance, Carer's and Invalidity schemes. This Unit has been specifically tasked to address the points raised, including the very low rate of review in Disability Allowance cases. Measures have also been introduced to prevent the erroneous omission of review dates for new awards of Disability Allowance.
- The Department accepted that compliance with the medical eligibility criteria in respect of continued entitlement was of crucial importance. The Department depends on certifiers (usually general practitioners) in the first instance to attest correctly that the applicant for a social welfare payment is not capable of work. In that regard, the Department spends in excess of €23 million per annum on fees to medical practitioners in respect of certificates and medical reports.
- The Department also employs a team of independent Medical Assessors to advise on individual medical eligibility for its relevant schemes. The Department has found it difficult in the recent past to recruit suitably qualified medical practitioners to fill vacancies in the existing team and considers that increasing the number of Medical Assessors employed by the Department would be difficult. It has also encountered difficulties in recruiting nurse attendants and would require increased numbers of both doctors and nurse attendants in order to increase the number of examinations undertaken.
- The Department could adjust its referral criteria to achieve a better balance between the numbers referred for examination and the resources available to undertake examinations. However, it considers that there is a value in scheduling cases for medical review even though the backlog of cases for examination is such that many cases will be overdue when examined, because significant numbers of people cease claiming on being notified of referral for medical examination.
- The Department is currently undertaking a review of the Medical Review and Assessment System and it is intended to engage external consultants in that regard. The review will include consideration of any possible alternative or complementary methods of assessing medical eligibility in order to cope with the increased volume of assessments that need to be undertaken.
- The Department is also examining the backlog with a view to developing measures to deal with arrears of cases for medical examination.

13.2 Overpayments

The Department of Social and Family Affairs administers some 50 welfare schemes paid through Vote 40 and the Social Insurance Fund. Expenditure on assistance and insurance schemes was €5.46bn and €4.65bn respectively in 2003.

Tables 56, 57 and 58 outline overall expenditure on various schemes over the period 1999 to 2003, and for the same period, the amounts recorded as overpayments and the amounts of overpayments attributed to fraud or suspected fraud.

Table 56 - Scheme Expenditure

	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>
	<i>€m</i>	<i>€m</i>	<i>€m</i>	<i>€m</i>	<i>€m</i>
Social Insurance	2,681	2,993	3,517	4,198	4,649
Social Assistance	3,320	3,425	3,983	4,940	5,460
Total	6,001	6,418	7,500	9,138	10,109

Table 57 - Number and Amount of overpayments recorded for recovery (Numbers shown in brackets)

	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>
	<i>€m</i>	<i>€m</i>	<i>€m</i>	<i>€m</i>	<i>€m</i>
Social Insurance	7.66 (18,080)	6.39 (15,252)	6.79 (15,786)	9.72 (23,723)	10.60 (26,174)
Social Assistance	20.79 (21,346)	20.59 (18,110)	19.26 (14,274)	19.41 (15,084)	28.77 (17,459)
Total	28.45 (39,426)	26.98 (33,362)	26.05 (30,060)	29.13 (38,807)	39.37 (43,633)

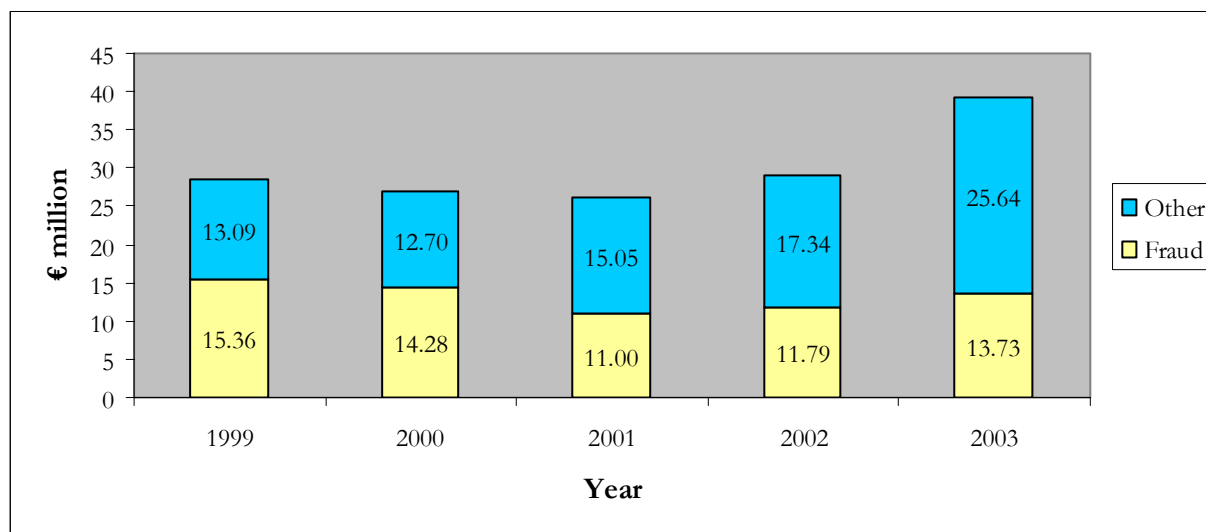
The increase in the value of Social Assistance overpayments recorded in 2003 was mainly attributable to the specific targeting in that year by the Department's Earnings Review Unit of persons in receipt of One Parent Family payments.

Table 58 - Number and Amount of overpayments attributed to fraud or suspected fraud (Numbers shown in brackets)

	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>
	<i>€m</i>	<i>€m</i>	<i>€m</i>	<i>€m</i>	<i>€m</i>
Social Insurance	3.22 (5,821)	3.39 (5,159)	3.27 (5,321)	4.43 (8,089)	5.00 (9,567)
Social Assistance	12.14 (9,273)	10.89 (7,466)	7.73 (5,350)	7.36 (5,696)	8.73 (7,114)
Total	15.36 (15,094)	14.28 (12,625)	11.00 (10,671)	11.79 (13,785)	13.73 (16,681)

The amount of overpayments attributed to fraud or suspected fraud compared to total overpayments since 1999 is summarised in Figure 2.

Figure 2



The Department's record of recovery of overpayments during the period 1999 to 2003 is shown in Table 59.

Table 59 – Department's record of recovery of overpayments 1999 to 2003

	1999 €'000	2000 €'000	2001 €'000	2002 €'000	2003 €'000
Overpayments not disposed of at 1 January	53,619	60,581	64,374	65,452	70,621
Overpayments recorded for recovery	28,448	26,982	26,049	29,130	39,367
less					
overpayments recorded in prior years cancelled	(292)	(447)	(668)	(394)	(381)
sums recovered in cash	(5,154)	(7,464)	(9,873)	(8,892)	(10,397)
sums withheld from current entitlements	(4,198)	(4,999)	(5,185)	(6,734)	(6,521)
net amounts written off as irrecoverable	(11,842)	(10,279)	(9,245)	(7,941)	(6,736)
Overpayments not disposed of at 31 December	60,581	64,374	65,452	70,621	85,953

Of the €85,952,516 overpayments outstanding at 31 December 2003 - €28,031,611 dates from 2003; €16,746,568 from 2002; €13,977,236 from 2001 and €27,197,101 from earlier years.

13.3 Prosecutions

Cases involving abuse of the system are considered with a view to taking legal proceedings. Prosecutions are taken against employers who fail to carry out their statutory obligations and persons who defraud the social welfare payments system. Prosecutions can either be by summary or indictment proceedings. Civil proceedings are taken to facilitate the recovery of scheme overpayments or the collection of PRSI arrears. Such cases are only taken where it has been established that the debtor has sufficient means to discharge the debt.

During 2003, 355 criminal cases (2002 - 205 cases) were forwarded to the Chief State Solicitor's Office (CSSO) for prosecution as shown in Table 60.

Table 60 - Criminal cases forwarded to the Chief State Solicitor

	<i>2003</i>	<i>2002</i>
Unemployment Assistance	146	91
Unemployment Benefit	158	61
Disability Benefit	29	18
One Parent Family Payments	1	8
Other Schemes	7	2
Offences Committed by Employers	14	25
Total	355	205

A total of 186 criminal prosecutions (2002 – 160 prosecutions) involving social welfare recipients were finalised in court in 2003. The total amount of overpayments assessed in these cases of persons who attempted to or obtained benefits/assistance fraudulently was €1,007,332 (2002 - €605,113). The results of these 186 court cases and the penalties imposed are given in Table 61.

Table 61 - Results of Court Cases involving Social Welfare Recipients

	<i>Fines Imposed²⁶</i>	<i>Community Service</i>	<i>Imprisoned²⁷</i>	<i>Probation Act</i>	<i>Proven No Penalty</i>	<i>Adjourned /Liberty to Re-enter</i>	<i>Bound to peace</i>
Unemployment Assistance	50	6	12	9	10	3	2
Unemployment Benefit	34	4	12	13	7	1	2
Disability Benefit	6	1	2	2	1	-	-
One Parent Family Payments	1	-	-	-	-	1	-
Other Schemes	2	-	2	-	3	-	-
Total	93	11	28	24	21	5	4

Prosecutions of 24 cases involving employers (2002 – 7 employers) were also finalised with 16 being fined²⁸, 1 sentenced to community service, 3 given the Probation Act and 4 recorded as Proven No Penalty.

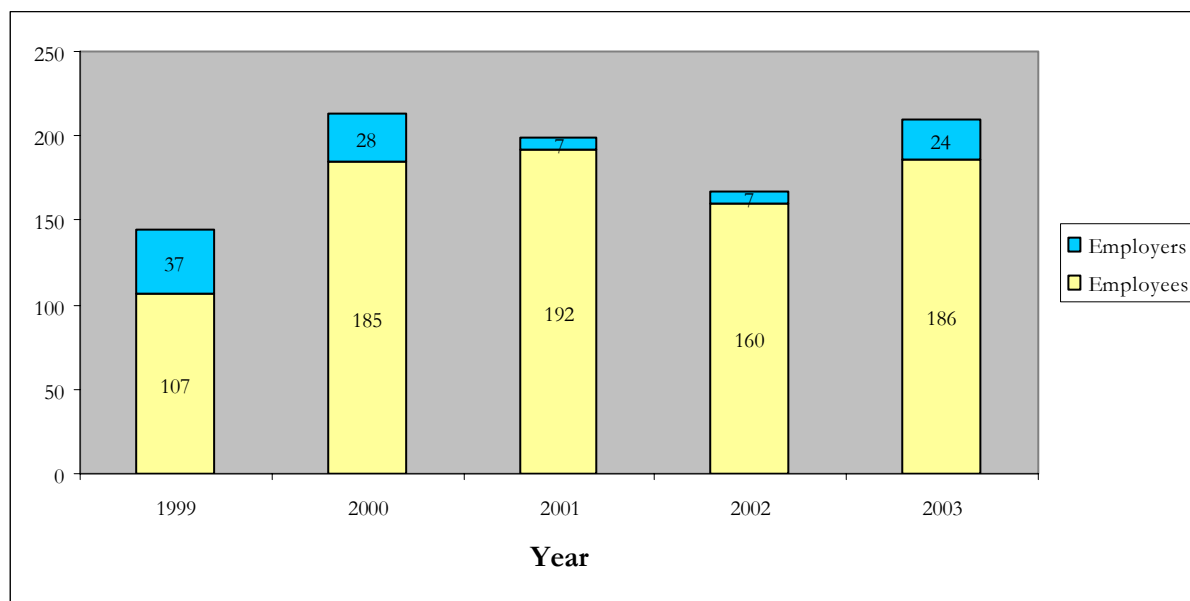
The number of prosecutions finalised in the courts since 1999 is summarised in Figure 3.

²⁶ Fines to a value of €54,711 were imposed by the courts (€24,782 in 2002 in 74 cases)

²⁷ 17 suspended

²⁸ Fines to the value of €15,228 were imposed by the courts (2002: €2,298 in 4 cases).

Figure 3



A total of 60 civil cases have been forwarded to the Chief State Solicitor's Office since 1999. Table 62 details the history of civil cases forwarded and the cases still pending with the Chief State Solicitor's Office and Table 63 details the outcome of the 34 civil cases finalised.

Table 62 - Civil cases sent to the Chief State Solicitor's Office

	1999	2000	2001	2002	2003	Total
To CSSO	9	6	14	11	20	60
Finalised	3	1	5	11	14	34
Pending	6	5	9	0	6	26

Table 63 - Results of civil cases finalised 0

	Total
Settlement reached without going to court ²⁹	10
Client had no assets	1
Not pursued due to the circumstances of the debtor	6
Case statute barred	5
Recovered by instalments	11
Finalised in Supreme Court	1
Total	34

²⁹ €107,256 in overpayments was recovered in these cases out of a total overpayment €625,143 recorded.