



## Social Security Experience Panels Survey About Your Benefits & You



# About Your Benefits & You Experience Panels Survey Testing Session May, 2017

The next step in the Experience Panels is to ask panel members to complete a survey, giving us more information about them and their experience of the current benefit system.

This survey will be completed by all Experience Panels members. Therefore, testing it will help us to make sure that it is clear and easy to understand.



## About the Testing Session



We held a session to test a draft with a small group of 13 panel members on the 19<sup>th</sup> May 2017. The group were split into two tables, each reviewing the survey to make sure that:

- The questions being asked are clearly understood
- The survey is accessible



## Key Findings from the Session

The key findings that emerged from the session were:

- **Give people choice** on how they want to answer the survey (e.g. online, on paper, on phone).
- **General questions** worked well and gave people the opportunity to talk about their experience in their own words.
- **Give people enough space** to talk about their experience in open text boxes.
- **Be clear on why questions are being asked,** particularly when the information is sensitive.
- **Focus on building trust and learning from panel members,** even if that means asking fewer questions this time.

A range of more specific suggestions were made on ways to improve the survey, making it clearer and more accessible. The next page shows the updated survey, showing where we have made changes to the survey, based on feedback in the two table discussions.



## Social Security Experience Panels Survey About Your Benefits & You

**This survey is about your experience of benefits.**

We will use this information to find out what different panel members think **works well** in the current benefits system, and what **could be better**. This will help us build a better Scottish social security system.

Your personal information and **all of the answers you provide will be entirely confidential** and will not be shared with anyone outside of the Scottish Government.

We will publish a report on the findings of this research, but we will never use your name or any information that could show who you are.

**Please read the enclosed letter and leaflet for more information about this survey.**

### Instructions

The questions should be answered by the person named on the letter which came with the survey. The survey takes around 20 minutes to complete. Please answer all questions, unless the instructions ask you to skip a question. For each question, please place a tick in the box next to the answer that most closely matches your own experience. For example, if your answer is yes, write in a tick as below:

Yes

No

Don't worry if you make a mistake. Simply cross it out and tick the correct answer.

If you have any **questions** about the survey or **would prefer to complete this survey online or over the phone** please call our Freephone helpline on **0800 029 4974** Monday – Friday 9am

You can complete the survey in  
helpline. British Sign Language  
[www.contactscotland-bsl.org](http://www.contactscotland-bsl.org). Text  
prefix or SMS users on 07467 4473

**The survey should be returned in**

We made the different options  
for completing this survey a lot  
clearer.



# Social Security Experience Panels Survey About Your Benefits & You

## Section 1. Your experience of benefits

The first set of questions will ask you more about **your experience of the current benefit system**.

- **Q1 & Q2** ask about **your own experience of applying for or receiving benefits**.
- **Q3 & Q4** ask if you have experience of **applying for or receiving benefits on behalf of someone else**.

First, tell us about your own personal experience of applying for or receiving benefits

### Q1 I am currently...

Please tick **ALL** that apply on each line → If you are **not currently applying for or receiving a benefit** go to Q2

I am currently ...	Applying	Getting	Challenging	Appealing
Disability Living Allowance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Personal Independence Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Attendance Allowance		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Severe Disablement Allowance				<input type="checkbox"/> <sub>4</sub>
Industrial Injuries Disablement Benefit				<input type="checkbox"/> <sub>4</sub>
Carer's Allowance				<input type="checkbox"/> <sub>4</sub>
Funeral Expenses Payments				<input type="checkbox"/> <sub>4</sub>
Sure Start Maternity Grants				<input type="checkbox"/> <sub>4</sub>
Cold Weather Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Winter Fuel Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Discretionary Housing Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Scottish Welfare Fund	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Universal Credit	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

We made it clearer that we are interested in experiences of the benefits that will be devolved to Scotland.



# Social Security Experience Panels Survey About Your Benefits & You

## Q2 In the past, I...

Please tick **ALL** that apply on each line →

In the past, if you **did not apply for or receive** one of these benefits go to **Q3**

We tried to develop a clear and easy way for people tell us about the different types of experience they have.

In the past I ....				Appealed
Disability Living Allowance				<input type="checkbox"/> 4
Personal Independence Payments				<input type="checkbox"/> 4
Attendance Allowance				<input type="checkbox"/> 4
Severe Disablement Allowance				<input type="checkbox"/> 4
Industrial Injuries Disablement Benefit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Carer's Allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Funeral Expenses Payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Sure Start Maternity Grants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Cold Weather Payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Winter Fuel Payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Discretionary Housing Payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Scottish Welfare Fund	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Universal Credit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4



## Social Security Experience Panels Survey About Your Benefits & You

Second, tell us about your experience of helping someone else to access the current benefit system.

### Q3 I am currently helping someone else ...

Please tick **ALL** that apply on each line → If you are **not currently** helping someone go to **Q4**

I am currently helping someone else ....	Apply	Get	Challenge	Appeal
Disability Living Allowance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Personal Independence Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Attendance Allowance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Severe Disablement Allowance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Industrial Injuries Disablement Benefit	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Carer's Allowance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Funeral Expenses Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Sure Start Maternity Grants	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Cold Weather Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Winter Fuel Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Discretionary Housing Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Scottish Welfare Fund	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Universal Credit	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>



## Social Security Experience Panels Survey About Your Benefits & You

### Q4 In the past I helped someone else...

Please tick **ALL** that apply on each line →

In the past, if **you haven't** helped someone with these benefits go to **Q5**

In the past I ....	Apply	Get	Challenge	Appeal
Disability Living Allowance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Personal Independence Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Attendance Allowance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Severe Disablement Allowance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Industrial Injuries Disablement Benefit	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Carer's Allowance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Funeral Expenses Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Sure Start Maternity Grants	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Cold Weather Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Winter Fuel Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Discretionary Housing Payments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Scottish Welfare Fund	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Universal Credit	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## Section 2. The current system, what works well & what could be better.

### Q5

Overall, how would you rate your experience of applying for or receiving benefits? Please tick **ONE** box only

- <sub>1</sub> Very good
- <sub>2</sub> Good
- <sub>3</sub> Average
- <sub>4</sub> Poor
- <sub>5</sub> Very poor



## Social Security Experience Panels Survey About Your Benefits & You

Q6

In your experience of the current benefit system, what worked well?  
Please tell us **in the box below**

We made these questions more general, recognising that people don't always separate their experience into separate 'benefits'.





## Social Security Experience Panels Survey About Your Benefits & You

Q7

In your experience of the current benefit system, what could be improved? Please tell us **in the box below**

We made these boxes bigger because people might have a lot to say.



## Social Security Experience Panels Survey About Your Benefits & You

Q8

Tell us about any obstacles or barriers you faced in accessing the current system. Please tell us **in the box below**

We added the word 'barriers' to this question, based on feedback.



## Social Security Experience Panels Survey About Your Benefits & You

Q9

What are the **top 3 things** that the Scottish Government should improve about the benefit system?

Please tick the **THREE** that you think are the most important.

- General enquires about benefits
- Advice and support about claiming
- Applying for a benefit
- Being kept up to date about your claim
- Being told the result of your application
- Making changes to your information after the result
- Making a complaint
- Having a claim reconsidered or going to appeal

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Something else.

Please tell us **in the box below**

We added clearer instructions to these questions. Asking people to choose three rather than rank.



## Social Security Experience Panels Survey About Your Benefits & You

Q10

Can you explain why you chose these as the most important? Please tell us **in the box below**

Q11

Is there anything else that you want to tell us about your experience of the current benefit system? Please tell us **in the box below**

We added another question to give people the opportunity to tell us everything that they think is important for us to know about their experience.



### Section 3. About You

This information will help find out if different groups of people have **different experiences of the benefits system**.

**You do not have to answer any questions** that you don't want to. If you would prefer not to answer any question, then you should **skip it and go to the next question**.

These questions will ask about **you first** then about **your household** and if **you care for someone else**.

- **Q12, Q13 & Q14** ask about **you** personally.
- **Q15 and Q16** ask about **who lives with you**.
- **Q17, Q18, Q19 & Q20** ask about the people **you support or care for**.

#### About you personally

**Q12** What was your age on your last birthday?

Please tick **ONE** box.

- 15 or under
- 16 - 24
- 25 - 44
- 45 - 59
- 60 - 79
- 80 or over
- Prefer not to say

**Q13** Are you male or female?

Please tick **ONE** box.

- Male
- Female
- Other
- Prefer not to say

Based on feedback, we removed standard questions on:

- Health
- Religion
- Sexual orientation
- Ethnic group



## Social Security Experience Panels Survey About Your Benefits & You

**Q14**

Do you have any of the following conditions which have lasted, or are expected to last at least 12 months or more?

Please tick **ALL** that apply.

- 1 A physical disability
- 2 Chronic pain lasting at least 3 months
- 3 Another long-term condition
- 4 Mental health condition
- 5 Deafness or severe hearing impairment
- 6 Blindness or severe vision impairment
- 7 A learning disability
- 8 None of the above
- 9 Prefer not to say

This is a standard question asked in other surveys. We are asking this question so we can better understand if people with different conditions have different experiences of the benefits system. Your answer will only be used as part of the Experience Panels research and will not be used for any other purpose.

### About the people who live with you

**Q15**

Including yourself, how many adults (aged 16 or over) are living in your household?

Please tick **ONE** box.

- 1 One adult
- 2 Two adults
- 3 Three adults
- 4 Four adults
- 5 Five adults
- 6 More than five adults (if so how many)



## Social Security Experience Panels Survey About Your Benefits & You

**Q16**

Including yourself, how many children (aged under 16) are living in your household? Please tick **ONE** box.

- 1  None
- 2  One child
- 3  Two children
- 4  Three children
- 5  Four children
- 6  Five children
- 7  More than five children (if so how many)

### About the people you support or care for

**Q17**

Do you look after, or give any regular help or support to family members, friends, neighbours or others because of either a long-term physical / mental ill-health / disability or other problems related to old age?

Please tick **ONE** box.

- 1  Yes
- 2  No
- 3  Prefer not to say

If you don't support or care for someone...

**Q18**

Which of the following do you support or care for? Please tick **ALL** that apply.

- 1  A child or children with long-term physical/mental ill health/a disability.
- 2  An adult or adults with long-term physical/mental ill health/a disability.
- 3  An adult or adults who needs support due to old age.
- 4  Someone else (if so who)

Based on feedback, we added more questions asking about caring responsibilities.



## Social Security Experience Panels Survey About Your Benefits & You

**Q19**

Does the person/ people you give regular help or support to have any of the following conditions which have lasted, or are expected to last at least 12 months or more?

- 1  A physical disability
- 2  Chronic pain lasting at least 3 months
- 3  Another long-term condition
- 4  Mental health condition
- 5  Deafness or severe hearing impairment
- 6  Blindness or severe vision impairment
- 7  A learning disability
- 8  None of the above
- 9  Prefer not to say

This is a standard question asked in other surveys. We are asking this question so we can better understand if people with different conditions have different experiences of the benefits system. Your answer will only be used as part of the Experience Panels research and will not be used for any other purpose

**Q20**

In total, how many hours each week approximately do you spend providing this regular help or support?

Please tick **ONE** box only.

- 1  Up to 4 hours a week
- 2  5 - 19 hours a week
- 3  20-34 hours a week
- 4  35-49 hours a week
- 5  50 or more hours a week
- 6  It varies





## Social Security Experience Panels Survey About Your Benefits & You

**Thank you for completing the About Your Benefits and You survey.**

The information that you have given will help us understand in a bit more detail what you think works well in the system, and where there is room for improvement.

We'll use this information to develop a programme of work with the Experience Panels that will involve you and reflects what is important to you. In the meantime, if you have any questions, please contact us by:

- **Email** at [SocialSecurityExperience@gov.scot](mailto:SocialSecurityExperience@gov.scot)
- **Post** at Freepost SOCIAL SECURITY EXPERIENCE PANELS.
- **Phone** on Freephone **0800 029 4974**.
- **Textphone** using the 18001 prefix
- **SMS** on 07467 447375.

Phoneline translation is available, if required. British Sign Language (BSL) users can contact us via [www.contactscotland-bsl.org](http://www.contactscotland-bsl.org).