Personal Social Services Adult Social Care Survey, England

2014-15

Published 6 October 2015

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These statistics provide useful insights into the lives and experiences of the members of our communities who rely on social services. They will be of use not just to people who plan, provide or use services, but also more widely to all those who take an interest in the support provided by social services.

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Version:	**V1.0**
Date of publication:	**6 October 2015**

Contents

Background

The Personal Social Services Adult Social Care Survey (ASCS) is an annual survey for England that took place for the fifth time in 2014-15. Service users were sent questionnaires, issued by Councils with Adult Social Services Responsibilities (CASSRs), in the period January to March 2015 to seek their opinions on a range of outcome areas.

The survey covers all service users aged 18 and over in receipt, at the point that data are extracted, of long-term support services funded or managed by social services following a full assessment of need. It seeks to learn more about how effectively services are helping service users to live safely and independently in their own homes, and the impact that these services have on their quality of life.

Further information about the survey, including the methodology, can be found in the 'Methodology and Further Information' document, available on the Health and Social Care Information Centre (HSCIC) website at: www.hscic.gov.uk/pubs/adusoccaresurv1415.

There have been a number of changes to the survey methodology for 2014-15 which are detailed in full in the methodological change notice[1] that was published by the HSCIC in July 2015. The text of the methodological change notice is reproduced in 'Appendix C: Methodological Change Notice'. The most important changes to note are:

- The population covered by the survey now includes only those in receipt of long-term support services; those in receipt of low-level support only (e.g. equipment and adaptations, professional support, short-term residential care) are not included in the survey population or sample.
- The population covered by the survey now includes those service users who receive support from CASSRs in terms of assessment and care management but who pay in full for the cost of their services (full cost clients); previously service users were included only where the CASSR made a contribution towards the costs of services received.
- The methodology used to weight the results has been enhanced to improve the accuracy of the estimates presented.

Because of these changes, it is not possible to make direct comparisons between data for 2014-15 and previous years. Therefore, comparisons are not included in this report. The effects of the above changes, in reference to 2013-14 and 2014-15 data, are described in 'Appendix B: Impact of the Methodological Changes to the Survey on Comparability of Results Between 2013-14 and 2014-15'.

The numbers in this report are rounded to the nearest five. The percentages in this report are rounded to the nearest whole number thus the figures given for each question may not add up to 100 per cent. National-level information is provided in this report. Further national-level data, data for all CASSRs in England and final, national-level data for the ASCS for 2010-11 to 2014-15 are provided as annex files (referenced in 'Appendix D: Annex Tables') on the publication web page: www.hscic.gov.uk/pubs/adusoccaresurv1415. The 2014-15 data used to produce this report are available in a CSV file.

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[1] http://www.hscic.gov.uk/media/18151/Personal-Social-Services-Adult-Social-Care-Survey-England-2014-15/pdf/MethChange20150724_PSS_ASCS_2014-15.pdf.

Findings from the survey are used to populate a number of measures in the Adult Social Care Outcomes Framework[2]; these outcome scores have been published and can be found at: www.hscic.gov.uk/pubs/aduscoccareof1415fin.

CASSRs reported that at the point that data for the survey were extracted from local systems, there were 673,860 service users aged 18 and over in receipt of long-term support services funded or managed by the social services following a full assessment of need. 69,510 out of a sample of 192,995 service users responded to the survey, which is a response rate of 36 per cent (whereas it was 38 per cent in 2013-14).

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[2] www.gov.uk/government/publications/adult-social-care-outcomes-framework-2014-to-2015.

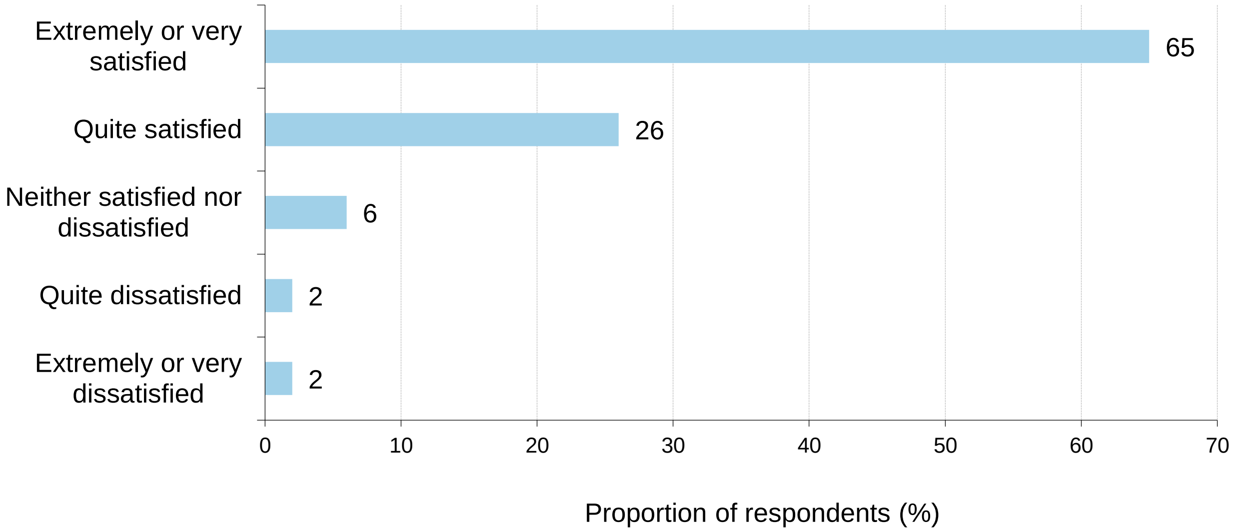
Main Findings

This section contains some key findings. Additional information can be found in the following ‘Other Findings’ section.

In response to question 1 ('Overall, how satisfied or dissatisfied are you with the care and support services you receive?'[3]), 65 per cent of service users who responded said that overall they were ‘extremely satisfied’ or ‘very satisfied’ with the care and support services they received. 26 per cent reported that they were ‘quite satisfied’. Six per cent said they were ‘neither satisfied nor dissatisfied’, two per cent were ‘quite dissatisfied’ and two per cent reported that they were ‘extremely dissatisfied’ or ‘very dissatisfied’. This is illustrated in **Figure 1**.

Figure 1: Distribution of responses to the question 'Overall, how satisfied or dissatisfied are you with the care and support services you receive?' (Q1)

England, 2014-15 Percentages



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 67,715 respondents.

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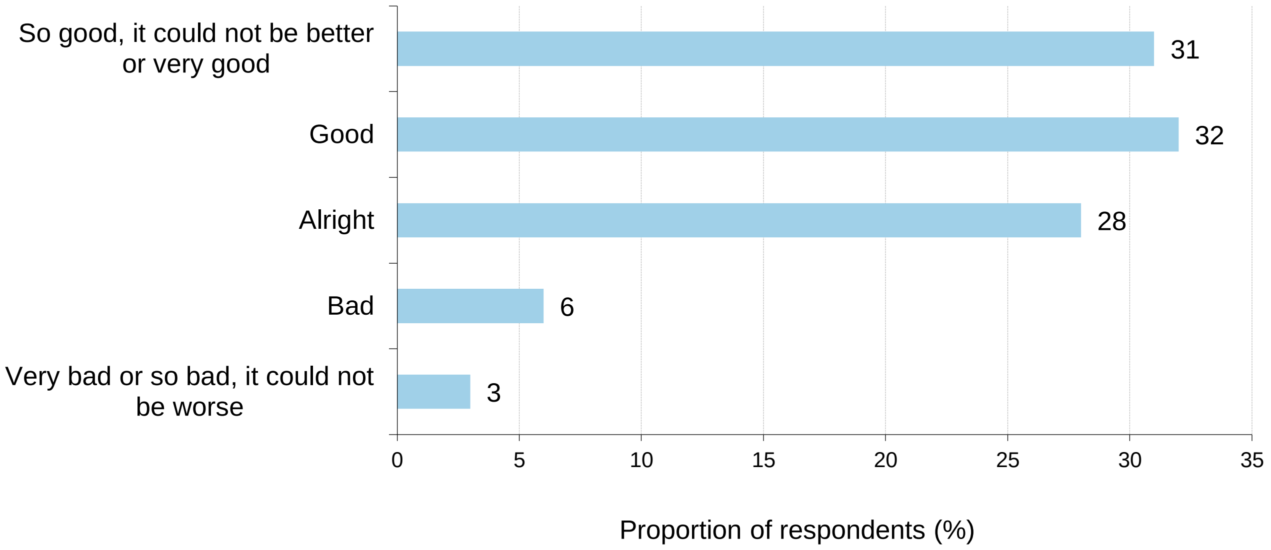
[3] The questionnaire exists in standard and easy-read versions. In the standard version, the satisfaction question (Q1) has seven possible answers whereas in the easy-read version it has only five. The responses have been combined by collapsing the two answers at each of the extremes of the seven-level question into one.

In response to question 2 (‘Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?’[4]), 31 per cent of respondents said that it was ‘so good, it could not be better’, or ‘very good’. 32 per cent said it was ‘good’ and 28 reported that it was ‘alright’. Six per cent said that their quality of life was ‘bad’ and three per cent said it was ‘very bad’ or ‘so bad, it could not be worse’. This is illustrated in **Figure 2**.

Figure 2: Distribution of responses to the question 'Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?' (Q2)

England, 2014-15 Percentages



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 68,185 respondents.

57 per cent of respondents to question 4a (‘Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?’) reported that they felt clean and were able to present themselves in the way they liked. 37 per cent felt adequately clean and presentable. However, five per cent of respondents felt less than adequately clean or presentable and one per cent did not feel at all clean or presentable.

The proportion of respondents to question 5a (‘Thinking about the food and drink you get, which of the following statements best describes your situation?’) who reported getting all the food and drink they liked when they wanted was 64 per cent. 31 per cent said that they got ‘adequate food and drink at OK times’ and five per cent said they did not always get adequate or timely food and drink. One per cent reported that they did not always get adequate or timely food and drink and they thought there was a risk to their health.

69 per cent of respondents to question 7a (‘Which of the following statements best describes how safe you feel?’) said that they felt as safe as they wanted. 26 per cent said

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[4] The questionnaire exists in standard and easy-read versions. In the standard version, the overall quality of life question (Q2) has seven possible answers whereas in the easy-read version it has only five. The responses have been combined by collapsing the two answers at each of the extremes of the seven-level question into one. It should be noted that question 2 is not the same as ASCOF measure 1A (‘social care-related quality of life’) which is a composite score based on a number of questions; see the ASCOF Handbook of Definitions at www.gov.uk/government/publications/adult-social-care-outcomes-framework-2014-to-2015 for further details.

that generally they felt safe but not as safe as they would like, and four per cent felt less than adequately safe. Two per cent reported that they did not feel safe at all.

When asked whether care and support services helped them in feeling safe (question 7b: ‘Do care and support services help you in feeling safe?’), 85 per cent of service users who responded said ‘yes’, and 15 per cent said ‘no’.

When asked how having help made them feel and think about themselves (question 10: ‘Which of these statements best describes how having help to do things makes you think and feel about yourself?’), 60 per cent of respondents felt and thought better about themselves and 29 per cent said that it did not affect the way they think and feel about themselves. Nine per cent reported that having help to do things sometimes undermined the way they think and feel about themselves, and one per cent reported that having help to do things completely undermined the way they think and feel about themselves.

61 per cent of service users who responded to question 11 (‘Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?’) reported that the way they were helped and treated made them think and feel better about themselves, 30 per cent said it did not affect the way they think or feel about themselves. Eight per cent said that the way they were helped and treated sometimes undermined the way they think and feel about themselves, and one per cent said that the way they were helped and treated completely undermined the way they think and feel about themselves.

Other Findings

This section contains findings additional to those highlighted in the ‘Main Findings’ section.

Quality of Life

When asked if care and support services helped them to have a better quality of life (question 2b: ‘Do care and support services help you to have a better quality of life?’), 92 per cent of respondents said ‘yes’, and eight per cent said ‘no’.

33 per cent of respondents to question 3a (‘Which of the following statements best describes how much control you have over your daily life?’) reported that they had as much control over their daily life as they wanted and 44 per cent said they had adequate control. 18 per cent reported that they had some control but not enough, and five per cent said that they had no control over their daily life. 89 per cent of service users who responded to question 3b (‘Do care and support services help you in having control over your daily life?’) said ‘yes’, and 11 per cent said ‘no’.

66 per cent of respondents to question 6a (‘Which of the following statements best describes how clean and comfortable your home is?’) said their home was as clean and comfortable as they wanted and 29 per cent said it was adequately clean and comfortable. Four per cent of service users who responded said their home was not clean and comfortable enough, and one per cent said it was not at all clean or comfortable.

45 per cent of service users who responded to question 8a (‘Thinking about how much contact you’ve had with people you like, which of the following statements best describes your social situation?’) had as much social contact as they wanted with people they liked, 34 per cent had adequate social contact with people, 17 per cent had some social contact with people but not enough, and five per cent said that they had little social contact with people and felt socially isolated.

When asked how they spent their time (question 9a: ‘Which of the following statements best describes how you spend your time?’), 35 per cent of respondents reported that they were able to do the things they valued or enjoyed. 33 per cent said they were able to do enough of the things they valued or enjoyed with their time, 25 per cent were able to do some of the things they valued or enjoyed but not enough, and seven per cent reported that they did not do anything they valued or enjoyed with their time.

Information

When asked if they had generally found it easy or difficult to find information and advice about support, services or benefits (question 12: ‘In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?’)[5], 28 per cent of respondents reported that it was very easy to find, 46 per cent said it was fairly easy to find, 17 per cent said it was fairly difficult to find, and eight per cent said it was very difficult to find.

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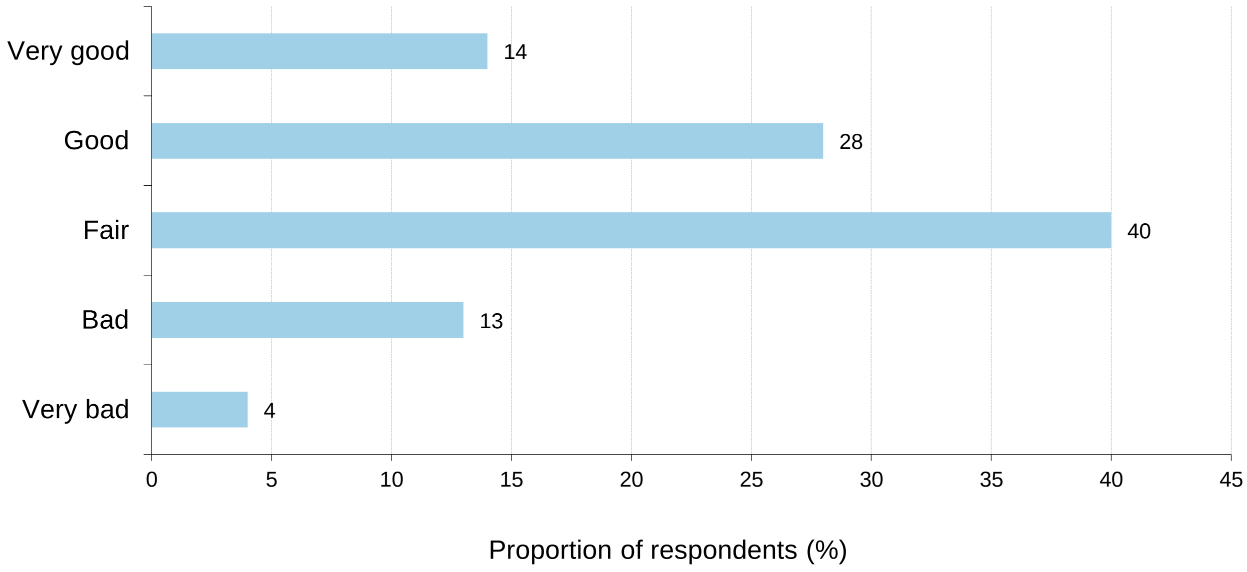
[5] Excluding those who reported that they had never tried to find information or advice in response to question 12.

Health and Wellbeing of the Service User

In response to question 13 (‘How is your health in general?’), the proportion of respondents who reported their health in general to be very good was 14 per cent. 28 per cent said that their health in general was good and 40 per cent said it was ‘fair’. 13 per cent reported that their health in general was bad, and four per cent said that was very bad. This is illustrated in **Figure 3**.

Figure 3: Distribution of responses to the question 'How is your health in general?' (Q13)

England, 2014-15 Percentages



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 67,885 respondents.

35 per cent of respondents to question 14a (‘By placing a tick in one box in each group below, please indicate which statements best describe your own health state today – Pain or discomfort’) said that they had no pain or discomfort on the day the questionnaire was completed. 52 per cent of respondents reported that they had moderate pain or discomfort, and 13 per cent said that they had extreme pain or discomfort.

When asked about their health state on the day of completing the questionnaire in terms of anxiety or depression (question 14b: ‘By placing a tick in one box in each group below, please indicate which statements best describe your own health state today – Anxiety or depression’), 47 per cent of respondents said they were not anxious or depressed, 45 per cent were moderately anxious or depressed, and eight per cent reported that they were extremely anxious or depressed.

When asked if they usually manage to get around indoors (except steps) by themselves (question 15a: ‘Do you usually manage to get around indoors (except steps) by yourself?’), 52 per cent of respondents said that they could do this easily, 27 per cent reported that they had difficulty doing this, and 21 per cent reported that they could not do this by themselves.

54 per cent of respondents to question 15b (‘Do you usually manage to get in and out of a bed (or chair) by yourself?’) reported that they could usually manage to get in and out of a

bed (or chair) easily by themselves. 23 per cent said that they had difficulty doing this, and 23 per cent said that they could not do this.

77 per cent of respondents to question 15c (‘Do you usually manage to feed yourself?’) said that they could usually manage to feed themselves easily, 16 per cent said they had difficulty doing this, and eight per cent reported that they could not do this.

20 per cent of service users who responded to question 15d (‘Do you usually deal with finances and paperwork - for example, paying bills, writing letters – by yourself?’) reported that they were usually able to deal with finances and paperwork, 16 per cent reported that they had difficulty doing this, and 64 per cent said they could not do this.

29 per cent of respondents to question 16a (‘Do you usually manage to wash all over by yourself, using either a bath or shower?’) reported that they could usually manage to wash all over by themselves easily, 27 per cent said that they had difficulty doing this, and 44 per cent said they could not do this.

41 per cent of respondents to question 16b (‘Do you usually manage to get dressed and undressed by yourself?’) said that they could usually manage to get dressed and undressed by themselves, 26 per cent reported that they had difficulty doing this, and 33 per cent said they could not do this.

60 per cent of respondents to question 16c (‘Do you usually manage to use the WC/toilet by yourself?’) reported that they were usually able to use the WC/toilet by themselves with ease, and 18 per cent said they could do this with difficulty. 22 per cent of respondents reported that they could not do this.

When asked if they could usually manage to wash their face and hands by themselves (question 16d: ‘Do you usually manage to wash your face and hands by yourself?’), 69 per cent of service users who responded said that they could do this easily, and 16 per cent said they had difficulty doing this. 15 per cent reported that they could not do this.

Layout of Home and Surrounding Area

When asked how well their home was designed to meet their needs (question 17: ‘How well do you think your home is designed to meet your needs?’), 55 per cent of respondents said that it met their needs very well, 32 per cent said their home met most of their needs, and ten per cent said that their home met some of their needs. Three per cent reported that their home was totally inappropriate for their needs.

31 per cent of service users who responded to question 18 (‘Thinking about getting around outside of your home, which of the following statements best describes your present situation?’) reported that they could get to all the places in their local area that they wanted. 23 per cent said that they found it difficult to get to all the places that they wanted, 20 per cent said that they were unable to get to all places that they wanted, and 26 per cent reported that they did not leave their home.

Help from Others

Service users were asked if they received any practical help on a regular basis from their husband/wife, partner, friends, neighbours or family members (question 19: ‘Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?’). 40 per cent reported that they had help from someone living in their household and 49 per cent reported that they had help from someone living in another household. 20 per cent of service users who responded reported that they had not received help of this kind[6].

65 per cent of service users who responded to question 20 (‘Do you buy any additional care or support privately or pay more to ‘top up’ your care and support?’) said that they did not buy any additional care or support privately or top up their care and support. 28 per cent said that they bought some more care and support with their own money, and nine per cent said that they had some bought by their family.

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[6] Respondents were able to select more than one option for question 19, therefore the sum of the responses exceeds 100 per cent.

Appendix A: Data Quality

Missing Data

The Isles of Scilly were exempt from the survey as the number of service users within their area who met the survey eligibility criteria was too small to guarantee statistically robust results.

During the process of data validation, Tameside Metropolitan Borough Council made the HSCIC aware that some mental health service users had not been included in their eligible population or sample; this is not consistent with the guidance for administering the survey. This will impact on the weights applied and subsequent calculations and users should be aware of this when considering the data.

Wiltshire County Council did not include individuals in nursing care in their survey sample, which is not consistent with the guidance for administering the survey. This should be borne in mind when comparing the results.

Bracknell Forest Borough Council included optional questions 4b, 5b, 6b, 8b and 9b in their questionnaire for those in residential or nursing care and did not include these questions in their questionnaire for those resident in the community. This explains the lower response rates for these questions and should be borne in mind when comparing the results.

Estimates are not used in place of missing data.

Response Rates

Overall, the response rate achieved was 36 per cent. The overall response rate for the 2013-14 ASCS was 38 per cent.

There was variation in the response rates achieved for different questions and between councils, and these can be found in the council-level annex tables (referenced in ‘Appendix D: Annex Tables’), at: www.hscic.gov.uk/pubs/adusoccaresurv1415.

Accuracy

The proximity between an estimate and the unknown true value

Random Sources of Bias

Surveys produce statistics that are estimates of the real figure for the whole population which would only be known if the entire population was surveyed and it might be expected that people who don’t reply to surveys have different views and experiences than those who do. Therefore, estimates from the sample surveys are always surrounded by a confidence interval which assesses the level of uncertainty caused by only surveying a sample of service users. A 95 per cent confidence interval gives the range within which it would be expected that the true indicator value would fall 95 times if 100 samples were selected.

The survey is designed so the 95 per cent confidence interval around an estimate of 50 per cent can be no more than ±5 percentage points. However, 15 councils did not achieve this minimum requirement and they are listed below:

Bury
City of London
Darlington
East Riding of Yorkshire
Halton
Haringey
Havering
Kingston upon Thames
Milton Keynes
Poole
Rutland
Slough
Tameside
Trafford
Wokingham

These 15 councils have a margin of error between five and 12 percentage points. 13 of these 15 councils have a margin of error between five and six percentage points. It should be noted that for councils with very small populations of service users who are eligible for the survey, it is particularly difficult to achieve the margin of error requirement. The largest margin of error (12 percentage points) is for the City of London; however, with such a small population it would have required a response rate of 84 per cent to a survey of all eligible service users to achieve a margin of error of less than five percentage points. The City of London is exempt from the survey on account of this requirement, but elected to carry out the survey, and all their data have been included in the analysis.

At national level the confidence intervals are much smaller as they are based on more respondents. For example, 65 per cent of 67,715 respondents to question 1 said that they were extremely or very satisfied and this has a margin of error of 0.4 percentage points.

Survey Design Sources of Bias

77 per cent of respondents reported having help to complete the questionnaire; the type of help provided and who provided it varied (as reported by responses to question 21). Although not ideal, allowing this as part of the survey design is essential in order to help to make the survey representative of as many service users as possible. The service users who did complete the survey unaided are a small subset of state funded social care users and therefore, restricting the survey to this small group would provide a biased impression of the view of social care users.

Whilst there were instructions on the covering sheet to say that the service user should be involved in completing the questionnaire, some questionnaires (nine per cent, as reported by responses to question 22) were returned saying that the service user had not been involved at all in completing the questionnaire.

Of those who responded, where the method of collection is known, more than 99 per cent of the returned questionnaires were completed by the same method (post) and less than one per cent received either a face-to-face or telephone interview. Therefore, at a national level, there is minimal bias caused by the different methods of data collection.

It should be noted that for six councils, a higher proportion of responses were collected by interview. This should be kept in mind when considering the data and making comparisons, for example by response method. More details are given below.

- In Barking & Dagenham, nine per cent of responses were given by interview (three per cent face-to-face and six per cent by telephone). Nationally, five per cent of responses by interview are accounted for by Barking and Dagenham.
- In Brighton & Hove, 14 per cent of responses were given by interview (14 per cent face-to-face and zero per cent by telephone). Nationally, nine per cent of responses by interview are accounted for by Brighton and Hove.

- In Derbyshire, 11 per cent of responses were given by interview (ten per cent face-to-face and one per cent by telephone). Nationally, eight per cent of responses by interview are accounted for by Derbyshire.
- In Hackney, 29 per cent of responses were given by interview (28 per cent face-to-face and one per cent by telephone). Nationally, nine per cent of responses by interview are accounted for by Hackney.
- In Hartlepool, 47 per cent of responses were given by interview (47 per cent face-to-face and zero per cent by telephone). Nationally, 38 per cent of responses by interview are accounted for by Hartlepool.
- In Oldham, 14 per cent of responses were given by interview (nine per cent face-to-face and five per cent by telephone). Nationally, eight per cent of responses by interview are accounted for by Oldham.

62 councils (based on those who provided complete information to the HSCIC) added or modified questions to gain specific information from their service users. The survey guidance makes it clear that if councils wish to add questions to the questionnaire then they must seek approval from the HSCIC, and local research governance processes should be followed. Also, modifications must not be made to any section of the survey materials that are not highlighted as requiring input from the council unless consent has been given by the HSCIC. This aims to limit variation, where possible, between councils conducting the survey and to help guard against order effects; for example, how the inclusion of additional questions may impact on responses to subsequent questions. The modifications that were made by councils included providing additional boxes asking service users to add comments to explain their answers, and asking questions which focused on various topics, such as:

- Asking the service user about their care and support services in more detail, e.g. about individual aspects, and whether they think these have got better, got worse or stayed the same overall.
- Asking the service user if they had been offered the option of arranging and controlling your care and support themselves through a direct payment, and about personal budgets.
- What makes the service user feel safe or less safe.
- How well the service user’s care and support services work together.
- Asking the service user about any equipment/adaptions the service user has, whether these are safe and whether these affect their quality of life.
- Any activities service users take part in and the attendance of any social groups.
- Unpaid support provided by family, friends or a charity/voluntary organisation.
- Awareness and use of available local services.
- The level of confidence that the service user’s data is held securely and confidentially.
- Complaint procedures, methods of reporting abuse and methods of providing positive or negative feedback.
- Preferred methods of finding information about care and support services and benefits, and asking the service user about their experience of contacting the council.
- Internet access.
- Dementia.

The data from the additional questions were not returned to the HSCIC and did not contribute to this publication.

Other Known Data Quality Issues

The survey fieldwork should have been conducted during the period January to March 2015. Four councils made the HSCIC aware that it was necessary for them to conduct at least part of their fieldwork later than this period; users of the data may wish to bear this in mind when making comparisons. These councils are listed below:

Leicester
Liverpool
Milton Keynes
Swindon

The HSCIC is aware that some councils, mainly due to limited resources, did not check mental capacity and replace individuals in their survey sample. This is contrary to the guidance and breaches the ethics approval gained for the survey. The HSCIC has contacted the councils known to be affected to explain the importance of this part of the survey process.

2014-15 is the first year of the new national adult social care data collections[7] and councils were in the processes of updating service user records to comply with the new Equalities and Classifications Framework (EQ-CL)[8]. Councils concerned about the completeness or quality of their auxiliary data at the point at which the sample was drawn were allowed to ‘refresh’ these data at year end[9]. For general information about data quality affecting the service user data used in this report please see Appendix B of the ‘Community Care Statistics: Social Services Activity, England – 2014-15’ report, which is available at: www.hscic.gov.uk/pubs/commcaressa1415.

Geography

The council-level annex tables (detailed in ‘Appendix D: Annex Tables’) contain disaggregation by council, council type and region, in alignment with the Department for Communities and Local Government (DCLG) definitions. The council and region names and codes are also in alignment with those set out in the ONS Guidance for Administrative Geographies[10]. However, it should be noted that the classification of council type differs; the DCLG groupings used in this publication classify Greenwich as Inner London, and Haringey and Newham as Outer London, whereas the ONS Administrative Geographies classify Greenwich as Outer London, and Haringey and Newham as Inner London.

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[7] More information about this can be found in the September 2013 letter to councils, at www.hscic.gov.uk/media/12867/Sept-2013-letter-final/pdf/Sept_2013_letter_final.pdf, and on the 2015 social care collections page, at www.hscic.gov.uk/socialcarecollections2015.

[8] More information about the EQ-CL, including a guidance document and a quick reference guide, can be found at: www.hscic.gov.uk/socialcarecollections2015.

[9] See the survey guidance for further details: www.hscic.gov.uk/ascs1415.

[10] For full guidance on ONS Administrative Geographies, visit the ONS Open Geography Portal at https://geoportal.statistics.gov.uk

Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates

The data in this publication relate to the financial year 2014-15 and therefore the lag from the end of the financial year is around seven months. The survey fieldwork was carried out during the period January to March 2015[11]. The survey data were submitted to the HSCIC by 21 May 2015. Publication of final data for the 2013-14 survey was in December 2014; the final data for 2014-15 are being made available in October 2015, two months sooner than last time the survey was conducted.

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[11] Four councils made the HSCIC aware that they conducted their fieldwork during a different period; please refer to the ‘Other Known Data Quality Issues’ section for details.

Appendix B: Impact of the Methodological Changes to the Survey on Comparability of Results Between 2013-14 and 2014-15

As mentioned in the ‘Background’ section of this report, and detailed in ‘Appendix C: Methodological Change Notice’, there were a number of changes to the ASCS methodology for 2014-15, including a change to the weighting methodology used to calculate the results and changes to the population covered by the survey (the eligible population). This appendix explores the impact of these changes on the data time series at England level (see ‘Appendix D: Annex Tables’). It should be noted that the impact of these changes will be more pronounced at council level.

Impact of the Change to the Weighting Methodology

Between 2011-12 and 2013-14, each response to the survey was assigned a weight based on the stratum to which the respondent belonged[12]. These weights were calculated by dividing the count of the eligible population by the count of respondents (the inverse probability of being a survey respondent) in each local authority for each stratum; the same weights were applied for all question responses. However, each question received a different number of responses. To enhance accuracy, a set of weights is calculated for each question from 2014-15 onwards. These are calculated by dividing the count of the eligible population by the count of usable responses to that question (the inverse probability of being a respondent to that question) in each local authority for each stratum.

To assess the impact of this change, the 2013-14 data have been reprocessed using the new weighting methodology, and these estimates have been compared with those calculated using the original weighting methodology (see columns AC-AF of the time series annex table).

The impact of this change to the weighting methodology is negligible at England level. When estimates are rounded to one decimal place, 75 per cent of estimates are unchanged as a result of the change in weighting methodology. Where estimates do change, none of the changes result in the estimates being statistically different at 0.05 significance level. The greatest difference between estimates is for response option 1 to question 10 (see row 129 of the time series annex table), and is 0.14 percentage points[13]. The mean average difference between estimates calculated using the two weighting methods is ±0.03 percentage points.

Impact of the Changes to the Eligible Population

Prior to 2014-15, the eligible population for the ASCS was *‘those in receipt of LA-funded services following a full assessment of need.’* This group was drawn from a snapshot of table P1 of the Referrals, Assessments and Packages of Care (RAP) return. RAP was superseded by SALT in 2014-15, and the eligible population was then drawn from the most closely comparable SALT table, LTS001b, as at a chosen extract date. This group consists of *‘service users in receipt of long-term support services funded or managed by the LA following a full assessment of needs.’*

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[12] Stratified sampling was introduced for the 2011-12 ASCS. The four strata are given in the Methodology and Further Information document, available at www.hscic.gov.uk/adusoccaresurv1415.

[13] The difference between estimates on row 135 in the time series annex table appears to be -0.2 percentage points. However, this is due to the estimates being rounded to one decimal place; the actual difference between these estimates is less than the greatest different of -0.14 percentage points.

The key differences between these two groups are:

- Service users whose only services are the provision of equipment, professional support or short-term residential care were included prior to 2014-15, but are now excluded (although service users who receive professional support for their mental health needs are still included).
- ‘Full-cost clients’ were not included prior to 2014-15, but are included from 2014-15. Full-cost clients are those who pay for the full costs of their services, but whose care needs are assessed and supported through the LA.

To assess the impact the change in the eligible population, the original 2013-14 data were modified to mirror as closely as possible the dataset that would have been achieved if the SALT criteria had been implemented in 2013-14. This was done by including only records from those individuals who would have been included according to the 2014-15 criteria; all records where the service user only received low-level support (equipment, professional support or short-term residential care) were filtered out of the dataset, with the exception of those in receipt of professional support and whose Primary Client Type[14] was ‘mental health’. The overall eligible population for the survey was estimated by using data from the SALT collection for 2014-15, for each local authority. It was not possible to modify the 2013-14 dataset to account for the addition of full-cost clients who first entered the eligible population in 2014-15.

The estimates derived from the modified data were compared to the original 2013-14 estimates; the impact of the changes to the eligible population of concern is small at England level, but varies by question. The impact is greater than that resulting from the implementation of the new weighting methodology. The mean average difference between estimates calculated using the original and modified datasets is ±0.94 percentage points. The greatest difference between estimates is ±5.11 percentage points. 91 per cent of estimates are changed as a result of using the modified dataset, when estimates are rounded to one decimal place. 57 (40 per cent of) estimates based on the modified dataset are statistically different to the original 2013-14 estimates with significance at 0.05. These changes (denoted by an asterisk to the right of the estimate in column AH of the time series annex) do not impact on the direction of the time series. The greatest difference in estimates is observed in the responses to question 5b (‘Do care and support services help you to get food and drink?’), where the proportion who responded ‘no’ was reduced by 5.1 percentage points when using the modified dataset, and the proportion who responded ‘yes’ was greater by 5.1 percentage points. However, this does not reverse the direction of change over time.

Combined Impact of Changes

When the new weighting methodology is applied to the modified dataset, 81 estimates (56 per cent of) are significantly different when compared to the original estimates from 2013-14 (these are denoted by an asterisk to the right of the estimate in column AM of the time series annex). Therefore, it would not be considered advisable to make direct comparisons between 2013-14 estimates and 2014-15 estimates; any difference identified may relate to a change in the true value, the new weighting methodology or the change to the eligible population.

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[14] ‘Primary Client Type’ is described in the 2013-14 Referrals, Assessments and Packages of Care guidance document available at http://www.hscic.gov.uk/media/13551/RAP-Guidance-2013-14/pdf/RAP_Guidance_2013-14_v1.1.pdf.

Appendix C: Methodological Change Notice

The text below is copied from the methodological change notice at www.hscic.gov.uk/media/18151/Personal-Social-Services-Adult-Social-Care-Survey-England-2014-15/pdf/MethChange20150724_PSS_ASCS_2014-15.pdf. The layout and formatting here may not match the published document. Footnote references have been updated to follow the sequence of footnote numbers in the rest of this report rather than in the published document.

Version 1, published 24 July 2015

Announcement of methodological changes to the Personal Social Services Adult Social Care Survey, England, 2014-15

There have been a number of changes to the national data collections for adult social care for the 2014-15 reporting year. The changes that have an impact on the ASCS are the replacement of the Referrals, Assessments and Packages of Care (RAP) return with the Short and Long Term services (SALT) collection[15], which has resulted in a change to the target population for the survey, and the introduction of the Equalities and Classifications Framework (EQ-CL), which has resulted in changes to some of the auxiliary data collected as part of the ASCS process.

In addition, there have been changes to the sample substitution criteria for the survey, and a change to the way in which sample weights are calculated when analysing the data. This notice provides further detail about each of the changes to the ASCS for 2014-15.

The HSCIC will seek to understand the impact of these changes on the time-series for the ASCS and the ASCOF at a national level and will publish any findings as an appendix to the final Official Statistics report on the survey data for 2014-15.

Change to the population covered by the survey

Previously, the eligible population of adult social care users for the ASCS has been those in receipt of LA-funded services following a full assessment of need. This was the same group of individuals who would have been eligible for inclusion in a ‘snapshot’ of table P1 of the RAP return. Now that RAP has been replaced by SALT the eligible population for the ASCS will change, from a snapshot of table P1 to the most closely comparable SALT table, LTS001b, as at a chosen extract date. To be included in LTS001b a service user must, at the point that data are extracted from LA systems, be in receipt of long-term support services funded or managed by the LA following a full assessment of need.

The key changes to the population covered by the survey are:

- Service users whose only services are the provision of equipment, professional support or short-term residential care were included in P1 but are not included in LTS001b. The exception to this is that service users receiving professional support for their mental health needs are included in LTS001b even where this support is the only service they receive.
- ‘Full-cost clients’ (those who pay for the full costs of their services, but whose care needs are assessed and supported through the LA) were not eligible for inclusion in RAP but are included in SALT.

In addition to the impact on the time-series, these changes may have an impact on the comparability of data between LAs. The removal of those service users in receipt of low-level and/or short-term support only may result in greater comparability between councils

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[15] More information about EQ-CL and SALT is available at: www.hscic.gov.uk/socialcarecollections2015.

as there was inconsistency in whether or not LAs included these individuals in RAP, particularly for those in receipt of reablement services.

Changes to the auxiliary data sent to the HSCIC

A number of changes have been made to the requirements for data that are to be submitted to the HSCIC for the national analysis. These changes have been made in order bring the survey into line with the EQ-CL. The changes are:

- Primary Client Type has been replaced by Primary Support Reason.
- The field ‘Other Client Group’ has been removed.
- The reporting of ethnicity has changed. The new classification is taken from the EQ-CL and matches that used in the most recent Census. The impact of this change is the loss of ‘Chinese’ as a discrete group – this becomes a subclass of the ‘Asian / Asian British’ group.
- An additional field has been added to collect information about whether a service user is a full-cost client. This field is voluntary for 2014-15.
- The service type fields (e.g. receipt of home care, receipt of meals, etc.) have been replaced with the Service Setting classifications from the EQ-CL, using those applicable to SALT only. Unlike in previous years, where service type data have been submitted on a whole-year basis, Service Setting data should be provided in relation to services received at the point at which the survey is administered.

These changes will mean that it will not be possible to make direct comparisons between 2014-15 and previous years in relation to client group/support reason, ethnicity or service type/setting.

Change to the sample substitution criteria used by LAs

In previous years, where a service user has been selected in the sample they have been sent a questionnaire even if it is known that their services have stopped since they were selected. These service users are now removed from the sample and replaced with a suitable alternative.

Changes to the weighting methodology used by the HSCIC

Stratified sampling was introduced into the ASCS in 2011-12, and each response assigned a weight so that the results are representative of the entire target population from which the sample was drawn. For the years 2011-12, 2012-13, and 2013-14, these weights were calculated by dividing the count of the target population by the count of respondents (the inverse probability of being a survey respondent) in each local authority for each stratum. The same weights were applied for all question responses. For 2014-15 onwards, a unique set of weights will be calculated for each question by dividing the count of the target population by the count of usable responses to that question (the inverse probability of responding to that question) in each local authority for each stratum. This method is more robust and will produce more accurate results. The impact of this change on the results is expected to be small, especially when considered against the impact of the change to the target population; this will be explored in the Official Statistics report.

These changes were agreed by the Social Services User Survey Group, which includes representatives from the HSCIC, the Department of Health, the Personal Social Services Research Unit, the Care Quality Commission, and local authorities in England. There have been no other changes to the methodology for the survey or to the design of the questionnaire.

Please send any queries about these changes to usersurvey@hscic.gov.uk.

Appendix D: Annex Tables

2014-15 Annex Tables

These tables contain the final data from the 2014-15 ASCS.

Table	Description
T1 – Answers by council	Profile of answers for all questions by council
T2 – Answers by demographic	Profile of answers for all questions by demographics
T3 – Answers by response	Cross tabulation of responses to each question, at national level
T4 – Response rates by council	Response rates for each question and for the whole survey, by council
T5 – Margins of error	Margin of error for all estimates in Table 1
T6 – Met required sample size	Councils that achieved margins of error of less than five per cent around an estimate of 50 per cent

Time Series, 2010-11 to 2014-15

This contains the final, national-level data for the ASCS for 2010-11 to 2014-15. It also contains recalculated 2013-14 figures as described in ‘Appendix B: Impact of the Methodological Changes to the Survey on Comparability of Results Between 2013-14 and 2014-15’ on page 18.

Table	Description
Time Series	Annual time series - profile of answers to all questions at national level. Includes upper and lower confidence interval limits, and adjusted 2013-14 figures

Appendix E: Related Publications

This report forms part of a suite of statistical reports. Other reports cover information on the wider scope of activity and social services provided for adults by CASSRs and people in contact with NHS specialist mental health services.

This publication can be downloaded from the HSCIC website at: www.hscic.gov.uk/pubs/adusoccaresurv1415.

Publications relating to social care activity, finance, staffing, and user experience surveys for adults can be downloaded from the HSCIC website at: www.hscic.gov.uk/social-care.

Other HSCIC reports on adult social care include:

'Measures from the Adult Social Care Outcomes Framework, England – 2014-15' is available at: www.hscic.gov.uk/pubs/aduscoccareof1415fin.

'Community Care Statistics: Social Services Activity, England – 2014-15' which is available at: www.hscic.gov.uk/pubs/commcaressa1415.

'Personal Social Services Survey of Adult Carers in England – 2014-15' which is available at: www.hscic.gov.uk/pubs/psscarersurvey1415.

'Guardianship under the Mental Health Act, 1983, England – 2014-15' which is available at: www.hscic.gov.uk/pubs/guardianmh15.

'Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments, England – 2014-15' which is available at: www.hscic.gov.uk/pubs/mentcap1415annual.

'Personal Social Services: Expenditure and Unit Costs, England – 2014-15, Provisional release' which is available at: www.hscic.gov.uk/pubs/pssexpcosts1415.

'Safeguarding Adults Return, Annual Report, England 2013-14, Experimental Statistics' which is available at: www.hscic.gov.uk/pubs/sa1314.

'Mental Capacity Act 2005, Deprivation of Liberty Safeguards (England), Annual Report 2013-14' which is available at: www.hscic.gov.uk/pubs/mentcap1314annual.

'Abuse of Vulnerable Adults in England – 2012-13, Final Release, Experimental Statistics' which is available at: www.hscic.gov.uk/pubs/abuseva1213final.

'Registered Blind and Partially Sighted People – Year ending 31 March 2014, England' which is available at: www.hscic.gov.uk/pubs/blindpartiallysighted14.

'Community Care Statistics: Grant Funded Services for Adults, England - 2010-11' which is available at: www.hscic.gov.uk/pubs/carestats1011gfs.

'Personal Social Services Staff of Social Services Departments at 30 September – England, 2013' which is available at: www.hscic.gov.uk/pubs/pssstaffsept13.

'People Registered Deaf or Hard of Hearing – Year ending March 31 2010, in England' which is available at: www.hscic.gov.uk/pubs/regdeaf10.

'Survey of Carers in Households – 2009/10 England' which is available at: www.hscic.gov.uk/pubs/carersurvey0910.

'Personal Social Services Survey of Adults Receiving Community Equipment and/or Minor Adaptations, England, 2009-10' which is available at: www.hscic.gov.uk/pubs/pssadultsequip0910.

'Community Care Statistics 2009-10: Grant Funded Services (GFS1) Report - England' which is available at: www.hscic.gov.uk/pubs/carestats0910gfs.

'Personal Social Services Home Care Users in England aged 65 and over, 2008-09 Survey' which is available at: www.hscic.gov.uk/pubs/psshcu0809.

Data for child services

Information on social care for children is available at: www.gov.uk/childrens-services/data-collection.

Data for the UK

Information within this report relates to England data. Similar publications for Wales, Scotland and Northern Ireland can be found via the following links:

The Welsh Assembly Government:
www.wales.gov.uk/topics/health/publications/socialcare/reports/?lang=en.

The Scottish Government: www.scotland.gov.uk/Topics/Health/Support-Social-Care.

Northern Ireland – Department of Health, Social Services and Public Safety:
www.dhsspsni.gov.uk/index/stats_research/stats-cib/statistics_and_research-cib-pub/adult_statistics.htm.

Published by the Health and Social Care Information Centre

Part of the Government Statistical Service

Responsible Statistician

Katharine Robbins – Programme Manager, Adult Social Care Statistics

ISBN 978-1-78386-560-4

This publication may be requested in large print or other formats.

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