This report contains findings from the Adult Social Care Survey 2017-18 (ASCS). This national survey takes place every year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs).

The survey seeks the opinions of service users aged 18 and over in receipt of long-term support services funded or managed by social services and is designed to help the adult social care sector understand more about how services are affecting lives to enable choice and for informing service development.

Key findings

65.0 per cent of service users reported they were “Extremely” or “Very satisfied” with the care and support they received. 2.0 per cent reported they were “Extremely” or “Very dissatisfied”.

The proportion of service users who do not buy additional care or support decreased significantly from 64.7 per cent in 2016-17 to 63.3 per cent in 2017-18. The proportion who buy more support with their own money increased significantly from 27.4 per cent to 28.6 per cent.

46.8 per cent of service users that had as much social contact as they wanted, also report their quality of life was “Very good” or “So good, it could not be better”, compared to 6.8 per cent of service users who had little social contact and felt socially isolated reported having a quality of life that was very good could not be better.

A higher proportion of service users in a residential care or nursing care setting report feeling as safe as they want (86.8 and 82.7 per cent respectively) compared to service users in a community setting (63.6 per cent).

Service users who find it very easy to find information and advice and support about services or benefits also reported higher levels of feeling they have as much control over their daily life as they want (59.4 per cent).
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These statistics provide useful insights into the lives, experiences and perceptions of adults who receive long term social care and support 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.
Introduction

This report contains England level findings from the Personal Social Services Adult Social Care Survey (ASCS). User experience information is critical for understanding the impact of services, for enabling service user choice and for informing service development.

The eligible population for this survey covers all service users aged 18 and over in receipt, at the point that data are extracted, of long-term support services provided or commissioned by the council or an NHS health partner under Section 75 Agreements and part of a care/support plan following an assessment of need.

The survey asks service users questions about quality of life and what impact care and support services have on their quality of life. It also collects information about self-reported general health and well-being and these themes are covered in the six sections of the questionnaire:

- Overall Satisfaction with Care and Support
- Quality of Life
- Knowledge and Information
- Your Health
- Layout of Home and Surrounding Area
- Help from Others

This report focuses on some of the key findings from the mandatory questions from the survey and includes: a summary on information about the service users, an overarching question on satisfaction, the general health of the service user, a view on social contact and feeling safe, feelings on choice and control over services and analysis on questions which have notable changes1 to the previous year.

Details of all mandatory questions and the optional questions (which Councils with Adult Social Services Responsibilities (CASSRs) can choose to use) are included as part of the associated data files.

2017-18 was the eighth year the survey took place. Timeseries comparisons can only be made from 2014-15 onwards. Details of comparability is available in the data quality report2.

Data presentation

Percentages are rounded to one decimal place; the percentages given for each question may therefore not add up to 100 per cent. The proportions have been calculated by weighting the response data, with eligible population figures, to estimate the proportion of the population who hold these views. As these questionnaire responses are estimates the figures quoted in relation to the number of ‘service users’

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1 Changes which are statistically different to the previous year.
2 http://digital.nhs.uk/pubs/adusoccaresurv1718
or ‘people’ are rounded to the nearest 10. The known figures, such as the eligible population, are rounded to the nearest five.

Surveys are generally used to produce estimates of population proportions as it is usually not possible to ascertain the true values for a whole population. The variation, or margin of error, present in the sampled data can however be used to produce a range of values, or a confidence interval, within which the true value is likely to sit for each measure. Further information on margin of error and how these are presented on the charts is provided in the methodology paper3.

When comparing two estimates, where confidence intervals do not overlap, the difference between the estimates can be considered as statistically significant. The statistical tests are used to identify where differences are statistically significant but cannot be used to imply cause and effect. Further information on the statistical tests used is provided in the methodology paper4.

Where response options are quoted from the ASCS, these are presented with speech marks either side, for example “So good, it could not be better”.

Supplementary information

Users of this report are encouraged to also consult and utilise the additional information published as part of this statistical release, these accompanying documents are available at http://digital.nhs.uk/pubs/adusoccaresurv1718 and include:

- Methodological and Further Information which provides information about the survey including understanding the eligible population, sample sizes and the demographic profile of those that responded, together with calculating standard errors, weightings and analysis
- Data Quality Report and the Data Quality Annex which contains information on the quality of the data, validation methods and analysis on whether subgroups of service users, i.e. those that used translated questionnaires, answer questions differently.
- Annex Tables which provides England level demographic data, Regional and CASSR level question responses, response rates and margin of errors.
- CSV Data and Dictionary which contains record level information together with a guidance document.
- Time Series which contains England level question response data and identifies which are statistically different.
- Tables for report charts which contains the tables and charts used in the report.
- ASCS ASCOF CSV Data and Dictionary which contains the CASSR, Regional and England level Adult Social Care Outcomes Framework (ASCOF) data from the ASCS.
- Interactive Report (ASC Analytical Hub) presents the ‘Key Findings’ of this report, together with charts based on the data from the ‘Annex Tables’ file which provides comparisons at England, Regional, CASSR and Peer Group level.

3 http://digital.nhs.uk/pubs/adusoccaresurv1718
4 http://digital.nhs.uk/pubs/adusoccaresurv1718
The Equalities and Classifications (EQ-CL) framework sets out data items used in the Social Care collections. Details on some of the data items used in the ASCS is available within the EQ-CL framework.

Further findings

A summary of further findings is provided below. More details on the findings is available within the main section of the report.

Overall satisfaction

The proportion of service users reporting they were “Extremely” or “Very dissatisfied” with the care and support they received increased from 1.7 per cent in 2016-17 to 2.0 per cent in 2017-18. There was also an increase in service users reporting being “Extremely” or “Very satisfied”, but this increase was not statistically significant.

Feeling safe

More than two thirds (69.9 per cent) of service users reported feeling as safe as they want, compared to 1.8 per cent who reported not feeling at all safe. Feelings on safety are not statistically different to 2016-17 where 70.1 per cent of services reported feeling as safe as they want and 1.7 per reported not feeling at all safe.

Pain or discomfort

The proportion of service users who reported having moderate pain or discomfort decreased significantly from 51.1 per cent in 2016-17 to 50.1 per cent in 2017-18.

Feeling clean and spending time doing as they want

52.7 per cent of service users that feel clean also reported being able to spend their time doing as they want, compared to 7.9 per cent of service users who don’t feel clean reported being able to spend their time as they want.

Feeling safe and social contact

56.5 per cent of services users that feel safe also reported having as much social contact as they wanted, compared to 10.9 per cent of service users that don’t feel safe that reported having as much social contact as they would want.

Having control

Service users with a learning disabilities Primary Support Reason reported the highest levels of feeling they have control over their daily life (42.9 per cent).
Information about the Service User

This chapter provides some context and understanding about the people (service users) who receive long term social care support. Data on eligible population is collected in the CASSRs data return. An example of the data return completed by CASSRs is on the NHS Digital website. The first section, ‘Eligible population profile’, uses the CASSRs eligible population data. The second section, ‘Estimated demographic profile’, uses estimated figures for the whole population calculated using the sample data.

Eligible population profile

The following information provides some context and understanding on who users of Adult Social Care are. The information presented on the eligible population profile below is also provided as part of the data quality annex.

Age band and gender of service users

Chart 1 shows there are more female service users (58.6 per cent, 378,785 service users) than male (41.4 per cent, 267,155 service users).

A higher proportion of male service users are aged 18-64 (51.1 per cent, 136,600 service users) compared to female service users (30.7 per cent, 116,250 service users).

Overall, there are more service users aged 65 and over (60.9 per cent, 393,090 service users) than service users aged 18 to 64 (39.1 per cent, 252,850 service users).

Chart 1: Gender profile of adult social care service users by age band

Source: ASCS 2017-18, NHS Digital

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7 http://digital.nhs.uk/pubs/adusoccaresurv1718
Support settings of service users

The support setting is the setting in which clients receive services. The different support settings are; community, residential and nursing.

Chart 2 shows the majority of service users (71.0 per cent, 458,445 service users) are in a community support setting. 19.8 per cent (127,580) of service users are in residential care and 9.3 per cent (59,900) are in nursing care settings. 53.5 per cent (245,445) of service users in the community are aged 65 and over. This compares to 74.7 per cent (95,325) in residential care and 87.3 per cent (52,320) in nursing care settings.

Chart 2: Support setting of adult social care service users by age band

Estimated demographic profile

The figures in the section below have been estimated for the whole population using the data provided for the sample. The estimated demographic data for the eligible population is provided as part of the annex file. The standard error lines are not included in the estimated demographic charts 3 and 4 as they are less than 0.01 inferring a high degree of confidence in the data. Due to the small size they would also not be visible on the chart.

Source: ASCS 2017-18, NHS Digital

http://digital.nhs.uk/pubs/adusoccaresurv1718
**Primary support reasons (PSR) of service users**

The Primary Support Reason\(^9\) describes why the individual requires social care support; the primary disability / impairment impacting on the individual’s quality of life and creating a need for support and assistive care.

Over half of service users have the primary support reason of physical support (56.8 per cent, 366,615 service users); learning disability support accounts for the second highest proportion at 21.4 per cent (137,995 service users), as illustrated in Chart 3.

**Chart 3: Primary Support Reasons of service users**

<table>
<thead>
<tr>
<th>Support Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Support</td>
<td>56.8</td>
</tr>
<tr>
<td>Learning Disability Support</td>
<td>21.4</td>
</tr>
<tr>
<td>Mental Health Support</td>
<td>10.8</td>
</tr>
<tr>
<td>Support with Memory and Cognition</td>
<td>5.9</td>
</tr>
<tr>
<td>Social Support</td>
<td>2.7</td>
</tr>
<tr>
<td>Sensory Support</td>
<td>1.5</td>
</tr>
</tbody>
</table>

*Source: ASCS 2017-18, NHS Digital*

**Ethnicity profile of service users**

Chart 4 shows, excluding ethnicity unknown, that 88.9 per cent (552,095) of the service users report their ethnicity as White. According to the Office of National Statistics (ONS) ethnicity data\(^{10}\) from the 2011 census for England, 87.3 per cent of the usual resident population in England aged over 18 reported their ethnicity as White\(^{11}\).

There are a higher proportion of usual residents in England that report their ethnicity as Asian / Asian British (7.2 per cent) than there are for the service users’ population (5.0 per cent).

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9 An individual may have more than one support reason; for example a service user may have a learning disability but is not recorded under Primary Support Reason ‘Learning Disability support’ if the primary reason for support identified at their assessment falls under one of the other PSR classifications.


11 [https://www.nomisweb.co.uk/census/2011/lc2109ewls](https://www.nomisweb.co.uk/census/2011/lc2109ewls)
Table 1 shows the proportion of people in each ethnic group that are Adult Social Care service users. The table shows a lower proportion (10.2 per 1,000) of the population in the Asian / Asian British ethnicity group are service users. 19.3 per 1,000 of the Black / African / Caribbean / Black British ethnic group population are service users, this is the highest proportion across all the ethnic groups.

**Table 1: Proportion of service users in each ethnic group, per 1,000 population**

<table>
<thead>
<tr>
<th>Ethnici Group</th>
<th>Proportion of service users per 1,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>15.2</td>
</tr>
<tr>
<td>Mixed/Multiple ethnic groups</td>
<td>11.9</td>
</tr>
<tr>
<td>Asian/Asian British</td>
<td>10.2</td>
</tr>
<tr>
<td>Black/African/Caribbean/Black British</td>
<td>19.3</td>
</tr>
<tr>
<td>Other</td>
<td>14.6</td>
</tr>
</tbody>
</table>

Source: ASCS 2017-18, NHS Digital

Use of translated questionnaires

The questionnaire and survey letters are available in seventeen different languages on NHS Digital’s webpage\(^\text{12}\). CASSRs are advised in the survey guidance, where it is known that the 0.2 per cent of service users who responded to the survey used a translated questionnaire.

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respondents’ first language is not English, and a relevant translation of the questionnaire is available, then questionnaires must be issued in both the first language and English versions. 19 of the 150 CASSRs recorded the use of translated questionnaires in their data return. From these CASSRs, 395 translated questionnaires were sent out and 120 were returned. 0.2 per cent of service users who responded to the survey used a translated questionnaire. The data quality report\textsuperscript{13} contains analysis on whether the question responses are different for service users that used a translated version of the questionnaire compared to those that used an English version.

**Survey question responses**

The following information reports on some of the main findings based on the responses to the questions within the 2017-18 Adult Social Care Survey (ASCS). The responses have been weighted to represent the eligible population of 645,940 service users.

Statistical significance tests were carried out to evaluate any differences found, and these helped to shape the report and key findings. Further information on the tests used is provided in the “Methodology and Further Information report”\textsuperscript{14}.

**Overall satisfaction with the care and support services**

Chart 5 shows 65.0 per cent (419,910) of service users reported they were “Extremely” or “Very satisfied” with the care and support they received. 2.0 per cent (13,090) reported they were “Extremely” or “Very dissatisfied”.

\textsuperscript{13} [http://digital.nhs.uk/pubs/adusoccaresurv1718]
\textsuperscript{14} [http://digital.nhs.uk/pubs/adusoccaresurv1718]
Chart 5: Overall levels of satisfaction or dissatisfaction

The proportion of service users reporting they were “Extremely” or “Very dissatisfied” with the care and support they received increased from 1.7 per cent in 2016-17 to 2.0 per cent in 2017-18. There was also an increase in service users reporting being “Extremely” or “Very satisfied”, but this increase was not statistically significant.

Source: ASCS 2017-18, NHS Digital

Chart 6: Overall levels of satisfaction or dissatisfaction over time

Source: ASCS 2017-18, NHS Digital
The data quality report\textsuperscript{15} includes analysis on if service users who answer reminder versions answer differently to those that answer the original questionnaire. The analysis has found that service users who respond to the original questionnaires have a higher proportion who reported “Extremely” and “Very satisfied” (66.1 per cent). The recording of questionnaire type is a voluntary field and was not completed for 43.1 per cent of the responses. For the records which were completed, 70.8 per cent were from the original questionnaire and 29.2 per cent were from the reminder version. NHS Digital will continue to monitor the use of reminders and the impact questionnaire type has on the question response in future years.

\textbf{Quality of Life}

The survey asks questions about aspects of quality of life that social care services are expected to impact upon. This section of the report highlights some key findings from the quality of life questions.

\textbf{Service user reported quality of life}

The proportion of services users reporting their quality of life was “Alright” dropped significantly from 29.2 per cent in 2016-17 to 28.1 per cent in 2017-18. The other changes were not statistically significant.

\textbf{Chart 7: Service users' reported quality of life over time}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{chart7}
\caption{Service users' reported quality of life over time.}
\end{figure}

\textit{Source: ASCS 2017-18, NHS Digital}

\textsuperscript{15} http://digital.nhs.uk/pubs/adusoccaresurv1718
How much choice service users in the community have over the care and support services they receive.

Service users in the community who are given a standard version of the questionnaire are asked how much choice they have over the care and support services they receive. This question is not included in the easy read versions or the residential and nursing care versions of the survey. The easy read and residential and nursing care versions of the survey will be reviewed to consider if a suitable question on choice can be included.

More than two thirds (237,760) of service users in the community reported they have enough choice over the care and support services they received. A quarter (89,960) reported they don’t have enough choice and 6.0 per cent (20,750) don’t want or need choice about their care and support services. The percentage of service users reporting they had enough choice was the same as in the previous year.

Chart 8 shows the proportions of reported choice by the mechanism of delivery. Details of the types of mechanism of delivery is available in the Equalities and Classifications (EQ-CL) framework. A higher proportion of service users who receive a direct payment (75.0 per cent, 57,960) report they have enough choice over care and support services. Service users that receive LA Commissioned Support Only report the lowest levels of having enough choice over care and support services they receive (65.1 per cent, 22,420 service users).

Chart 8: Feelings of choice by the mechanism of delivery

Source: ASCS 2017-18, NHS Digital
Control over your daily life

33.5 per cent (216,420) of service users reported having as much control over their daily life as they want, compared to 5.3 per cent (34,330) who reported having no control.

Chart 9 shows a higher proportion of service users who find it very easy to find information and advice and support, services or benefits also report having as much control over their daily life as they want (59.4 per cent). Service users who find it very difficult to find information also report the highest levels of service users having no control over their daily life (15.0 per cent).

Chart 9: Feelings on control by ease of finding information and advice

Q3: Which of the following statements best describes how much control you have over your daily life?

- 1: ‘I have as much control over my daily life as I want’
- 2: ‘I have adequate control over my daily life’
- 3: ‘I have some control over my daily life but not enough’
- 4: ‘I have no control over my daily life’

Source: ASCS 2017-18, NHS Digital

Feeling safe

More than two thirds of service users (451,600) reported feeling as safe as they want, compared to 1.8 per cent (11,690) who reported not feeling at all safe.

Social contact

46.0 per cent (297,330) of service users reported having as much social contact as they want with people they like. 5.8 per cent (37,730) reported having little social contact and feeling socially isolated.
Chart 10: Feelings on social contact

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.0</td>
<td>I have as much social contact as I want with people I like</td>
</tr>
<tr>
<td>32.2</td>
<td>I have adequate social contact with people</td>
</tr>
<tr>
<td>15.9</td>
<td>I have some social contact with people, but not enough</td>
</tr>
<tr>
<td>5.8</td>
<td>I have little social contact with people and feel socially isolated</td>
</tr>
</tbody>
</table>

Question 8a - Thinking about how much contact you’ve had with people you like, which of the following statements best describes your social situation?

Source: ASCS 2017-18, NHS Digital

Chart 11 shows 56.5 per cent (252,160) of services users that feel safe also reported having as much social contact as they wanted. This compares to 10.9 per cent (1,240) of services who don’t feel safe who also feel they have as much social contact as they wanted.

2.5 per cent (11,090) of service users that feel safe also reported having little social contact and feeling socially isolated. This compares with 45.8 per cent (5,230) of service users that don’t feel safe and also feel socially isolated.

Service users were given this definition of **safety**: “By feeling safe we mean how safe you feel both inside and outside the home. This includes fear of abuse, falling or other physical harm.”
Social contact has a significant association with many of the questions in the survey. Chart 12 shows service users reported levels of social contact against how they rated their quality of life as a whole. 46.8 per cent (135,790) of service users that had as much social contact as they wanted, also reported their quality of life was “Very good” or “So good, it could not be better”. In contrast, 6.8 per cent (2,490) of service users who had little social contact and felt socially isolated reported having a quality of life that was very good or could not be better.

1.1 per cent (3,310) of service users that have as much social contact as they wanted reported a quality of life that was very bad and could not be worse. This compares to 21.2 per cent (7,820) of services users who feel socially isolated who reported their quality of life could not be worse.

Q8: Thinking about how much contact you’ve had with people you like, which of the following statements best describes your social situation?

1: I have as much social contact as I want with people I like.
2: I have adequate social contact with people.
3: I have some social contact with people, but not enough.
4: I have little social contact with people and feel socially isolated.

Source: ASCS 2017-18, NHS Digital
Chart 12: Service users’ reported quality of life by levels of social contact

Source: ASCS 2017-18, NHS Digital

Chart 13 shows a higher proportion (52.7 per cent, 194,720) of service users that feel clean also report being any to spend their time doing as they want. This compares to 7.9 per cent (400) of service users who don’t feel clean reporting they are able to spend their time as they want.

2.8 per cent (10,440) of service users that feel clean report not enjoying their time, this compares to 52.9 per cent (2,720) of service users who don’t feel clean and don’t do anything they value or enjoy their time.
Chart 13: Service users’ feelings on how they spend their time against being able to keep clean and presentable

Source: ASCS 2017-18, NHS Digital

How easy it is to find information and advice about support, services or benefits is also associated with many survey questions. Chart 14 shows 67.2 per cent (85,670) of service users who find it very easy to find information, also report being able to spend their time as they want. Whereas, for service users that find it very difficult to find information, 17.1 per cent (7,720) report they are able to spend their time as they want. In contrast, for service users that find it very easy to find information, 1.8 per cent (2,350) report they don’t do anything they value or enjoy with their time. This compares to 21.5 per cent (9,720) of service users who find it very difficult to find information and also report not doing anything they enjoy with their time.
Chart 14: Service users’ feelings on how they spend their time against ease of finding information and advice

Q9: Which of the following statements best describes how you spend your time?

- 1. I'm able to spend my time as I want, doing things I value or enjoy
- 2. I'm able to do enough of the things I value or enjoy with my time
- 3. I do some of the things I value or enjoy with my time but not enough
- 4. I don't do anything I value or enjoy with my time

Q12: In the past year, have you generally found it easy of difficult to find information and advice about support, services or benefits?

Source: ASCS 2017-18, NHS Digital

Service User’s Health

General Health

17.9 per cent (115,650) of services reported their general health as “Bad” or “Very bad”. This compares to 42.3 per cent (273,290) reporting their health as “Good” or “Very good”. Chart 15 shows the distribution for all the response options.
Chart 15: Reported health of service users

For service users who report a “Very good” or “So good, it could not be better” quality of life, 68.4 per cent (133,290 service users) rate their health as “Good” or “Very good”. In contrast, for service users who report a “Very bad” or “So bad, it could not be worse” quality of life, 6.5 per cent (1,390 service users) rate their health as “Good” or “Very good”. For service users with the highest rating quality of life, 5.7 per cent (11,210) report their health as “Bad” or “Very bad”. For service users with the lowest rated quality of life, 77.9 per cent (16,550) also reported their health was “Bad” or “Very bad”.

Chart 16: Reported health of service users by reported quality of life

Source: ASCS 2017-18, NHS Digital
Pain or discomfort

Just over half of service users, 50.1 per cent (323,540) reported having moderate pain or discomfort when responding to their health state on the day they completed the survey, a further 13.2 per cent (85,450) reported having extreme pain or discomfort.

The proportion of service users who reported having no pain or discomfort on the day they completed the survey statistically increased from 35.5 per cent in 2016-17 to 36.7 per cent in 2017-18. The proportion who reported having moderate pain or discomfort decreased significantly from 51.1 per cent to 50.1 per cent.

Chart 17: Reported pain or discomfort reported over time

Anxious or depressed

The majority of service users reported feeling either moderately anxious or depressed (45.9 per cent, 296,590) or not feeling anxious or depressed (45.4 per cent, 293,540). In contrast, 8.6 per cent (55,810) of service users reported they were extremely anxious or depressed on the day they completed the survey.

Source: ASCS 2017-18, NHS Digital
Chart 18: Anxiety or depression levels reported by service users

![Chart showing anxiety or depression levels]

Source: ASCS 2017-18, NHS Digital

**Primary Support Reason**

Chart 19 shows how much control service users feel they have over their daily life by their Primary Support Reason (PSR).

A higher proportion of service users with Learning Disability Support PSR reported having as much control (42.9 per cent, 13,960 service users) or adequate control (50.6 per cent, 69,840 service users) than any other PSR group. Service users with Support with Memory and Cognition PSR reported the highest levels of having no control over their daily life (12.3 per cent, 4,070 service users).

The **Primary Support Reason (PSR)** describes why the individual requires social care support; the primary disability / impairment impacting on the individual’s quality of life and creating a need for support and assistive care.
Chart 19: Levels of reported control by service users’ PSR

Chart 20 shows how safe service users feel by their Primary Support Reason (PSR).

Service users with Learning Disability Support PSR and Support with Memory and Cognition PSR reported the highest proportion of service users who felt as safe as they would want.

Source: ASCS 2017-18, NHS Digital
Source: ASCS 2017-18, NHS Digital

Support Setting

The distribution of support setting varies by PSR. The table below shows the proportion of service users, that responded to the survey, in each support setting by PSR.
Table 2: PSR of service user by support setting

<table>
<thead>
<tr>
<th>Support setting</th>
<th>Physical Support</th>
<th>Sensory Support</th>
<th>Support with Memory and Cognition</th>
<th>Learning Disability Support</th>
<th>Mental Health Support</th>
<th>Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>72.7</td>
<td>78.5</td>
<td>38.8</td>
<td>78.7</td>
<td>67.3</td>
<td>84.0</td>
</tr>
<tr>
<td>Residential Care</td>
<td>16.8</td>
<td>15.1</td>
<td>41.1</td>
<td>18.6</td>
<td>23.3</td>
<td>11.4</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>10.5</td>
<td>6.4</td>
<td>20.0</td>
<td>2.7</td>
<td>9.4</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Source: ASCS 2017-18, NHS Digital

There is a lower proportion of service users with Support with Memory and Cognition in the community compared to other PSRs. Support with Memory and Cognition also has the highest proportion of service users in residential and nursing care.

Chart 21 shows service users in a residential care setting reported having higher levels of control over their daily life. Service users in a nursing care setting reported the highest proportion of services users who feel they have no control over their daily life (14.5 per cent, 6,300 service users).

Chart 21: Feelings on control by service users’ support setting

As shown in chart 22, service users in a residential care or nursing care setting report higher levels of feeling safe (86.8 and 82.7 per cent respectively) compared to service users in a community setting (63.6 per cent).
Help and support

Practical help

47.9 per cent (309,420) of service users reported receiving practical help on a regular basis from someone living in another household, 41.0 per cent (265,130) received practical help from someone living in their household. Around a fifth of service users (130,710) reported not receiving any practical help on a regular basis from a husband / wife, partner, friend, neighbour or family member.
Buying additional care

63.3 per cent of service users (408,630) do not buy additional care or support privately or pay for top ups. Buying private support is where service users can purchase their own care without CASSR involvement. Top ups are where service users contribute towards CASSR funded or managed care.

The proportion of service users who do not buy additional care or support decreased significantly from 64.7 per cent in 2016-17 to 63.3 per cent in 2017-18. The proportion who buy more support with their own money increased significantly from 27.4 per cent to 28.6 per cent.
Most service users (78.4 per cent) had help to complete the questionnaire. Chart 25 shows around a third of service users had help from someone living outside their household (211,390). The data quality report\(^{19}\) contains further analysis on whether service users who had help completing the questionnaire responded differently compared to service users who did not receive help. The analysis shows that the service users responded to questions differently depending on the type of help they received in completing the survey. For example, service users that had help completing the survey from a care worker, reported the highest proportions feeling “Extremely” or “Very satisfied” with the care and support services they receive (78.3 per cent, 123,370 service users).

\(^{19}\) [http://digital.nhs.uk/pubs/adusoccaresurv1718](http://digital.nhs.uk/pubs/adusoccaresurv1718)
10.3 per cent of respondents had someone answer the survey for them, without asking them the questions. Details of the different help given is available in the accompanying annex file\textsuperscript{20}. The data quality report\textsuperscript{21} contains further analysis on whether service users who had someone answer for them responded differently compared to other service users. The analysis shows that for service users who had someone answer the questions for them, without asking them the questions, responded to questions differently compared to other service users. For example, service users that had someone answer the questions for them had lower proportions reporting “Very good” and “So good, it could not be better quality” of life ratings (21.1 per cent 13,290 service users), compared to other service users (32.2 per cent 139,050 service users) and lower proportions reporting they are able to spend their time as they want (23.1 per cent 14,210 service users, compared to 39.3 per cent 171,030 service users).

In 2017-18 there was an increase in the proportion of service users that did not have help completing the survey, from 20.9 per cent in 2016-17 to 21.6 per cent in 2017-18, but the increase was not statistically significant.

\textsuperscript{20} http://digital.nhs.uk/pubs/adusoccaresurv1718
\textsuperscript{21} http://digital.nhs.uk/pubs/adusoccaresurv1718
Chart 26: Help completing the questionnaire over time

Source: ASCS 2017-18, NHS Digital