Personal Social Services Survey of Adult Carers in England, 2018-19
Data Quality Statement
Published 25 June 2019
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</table>
Introduction

The following statement details the quality of the Personal Social Services Survey of Adult Carers in England (SACE) data submitted by Councils with Adult Social Services Responsibilities (CASSR) in 2018-19.

Background

The Personal Social Services Survey of Adult Carers in England (SACE) is a biennial survey that took place for the first time in 2012-13.

For this report carers were sent questionnaires, issued by CASSRs, in the period October to November 2018, to seek their opinions on a number of topics that are considered to be indicative of a balanced life alongside their caring role.

The survey covers informal, unpaid carers aged 18 or over, caring for a person aged 18 or over. In 2016-17 the eligible population changed so that in addition to including carers that have had a carer's assessment or review from the local authority in the 12 months prior to the survey taking place, carers who have not been assessed or reviewed during the previous 12 months are now included. Under the Care Act (2014) councils have a duty to ensure relevant information and advice is made available to carers. This provides a clear rationale for including carers who were not assessed or reviewed during the previous 12 months but who the local authority reports are in receipt of support.

Further information about the survey, including the methodology, can be found in the ‘Methodological and Further Information’ report1.

Relevance

The degree to which the statistical product meets user needs in both coverage and content

The information in this report is provided by 151 CASSRs in England. The data are used by Central Government to monitor the impact of social care policy and by local Government to assess performance in relation to their peers. The data are also available for use by researchers looking at CASSR performance and by service users and the public to hold CASSRs and the government to account.

It has also been used previously by the Care Quality Commission for their Annual Performance Assessment (APA).

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1 https://digital.nhs.uk/pubs/psscarersurvey1819
Accuracy

The proximity between an estimate and the unknown true value

Missing Councils

The Isles of Scilly and City of London councils were exempt from the survey as the number of carers within their area who met the survey eligibility criteria was too small to guarantee statistically robust results. City of London chose to still undertake the survey and their data is included in the report and accompanying annex files.

Missing data

The data quality annex provides an overview of the level of missing administrative data submitted by each CASSR. The administrative data is the data completed by the CASSR on each of the carers in their sample. The annex provides an overview of the level of missing administrative data for all those in the sample (T2 – Missing Admin – Sample) and for those that responded to the survey (T1 – Missing Admin – Respondent).

Common issues reported by CASSRs that may have impacted on the level of missing administrative data are summarised below under “Completeness of Carers Data”.

Response rates

The overall response rate for 2018-19 was 37%. This compares with 41% in 2016-17.

There was variation in the response rates achieved for different questions and different CASSRs. The data quality annex provides an overview of the response rates for each question submitted by each CASSR.

Table 1 shows a summary of the overall response rates for the 151 CASSRs that took part in the survey. The table shows 21 CASSRs had a response rate of less than 30%.

Table 1: Summary of overall response rates for CASSRs

<table>
<thead>
<tr>
<th>Overall Response Rate</th>
<th>Number of CASSRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>England, 2018-19</td>
<td></td>
</tr>
<tr>
<td>Less than or equal to 30%</td>
<td>21</td>
</tr>
<tr>
<td>&gt; 30 to 35%</td>
<td>37</td>
</tr>
<tr>
<td>&gt; 35 to 40%</td>
<td>20</td>
</tr>
<tr>
<td>&gt; 40 to 45%</td>
<td>32</td>
</tr>
<tr>
<td>&gt; 45 to 50%</td>
<td>20</td>
</tr>
<tr>
<td>&gt; 50 to 55%</td>
<td>15</td>
</tr>
<tr>
<td>&gt; 55 to 60%</td>
<td>5</td>
</tr>
<tr>
<td>&gt; 60%</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>151</td>
</tr>
</tbody>
</table>

Due to data being grouped using unrounded figures, the figures represented in Table 1 may not match exactly those derived from aggregating the relevant column in Table 5 of the data quality annex.

http://digital.nhs.uk/pubs/psscarersurvey1819
Bias

Random sources of bias – Confidence Intervals and Margin of Error

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. 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 carers.

A 95% 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 that the 95% confidence interval around an estimate of 50% can be no more than ±5 percentage points. For example, this means that if the survey gives an answer of 50% we can be confident that the true figure is between 45 and 55%.

When comparing two estimates, only where confidence intervals do not overlap are the estimates considered statistically different.

In a confidence interval, the range of values above and below the sample statistic is called the margin of error. In the example given above, the margin of error is 5 percentage points.

The data quality annex\(^3\) provides the margin of error achieved for each council. 42 councils have a margin of error greater than five percentage points.

Table 2 shows a summary of the margin of errors achieved by each of the CASSRs taking part in the survey. It shows that 18 councils had a margin of error greater than six percentage points.

Table 2: Summary of margin of error at 95% confidence level around an estimate of 50% for CASSRS (percentage points)

<table>
<thead>
<tr>
<th>Margin of Error</th>
<th>Number of CASSRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5</td>
<td>109</td>
</tr>
<tr>
<td>Between 5 and 5.5</td>
<td>15</td>
</tr>
<tr>
<td>Between 5.5 and 6.0</td>
<td>9</td>
</tr>
<tr>
<td>Greater than 6.0</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>151</td>
</tr>
</tbody>
</table>

Due to data being grouped using unrounded figures, the figures represented in Table 2 may not match exactly those derived from aggregating the relevant column in Table 5 of the data quality annex.

A number of councils who were unable to meet the margin of error requirement contacted NHS Digital to ask if there were additional measures they could take to increase their response rate, for example sending a second reminder letter or contacting non-respondents by telephone to encourage a response. To ensure a consistent methodology, and to reduce the risk of carers feeling pressured into providing a response, councils were advised not to take any further measures beyond sending the reminders as per the guidance.

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\(^3\) [http://digital.nhs.uk/pubs/psscarersurvey1819](http://digital.nhs.uk/pubs/psscarersurvey1819)
It should be noted that for councils with a very small number of carers who are eligible for the survey, it is particularly difficult to achieve the margin of error requirement. The largest margin of error (13 percentage points) is for the City of London; however, with such a small population it would have required a response rate of 89% from a survey of all eligible carers to achieve a margin of error of less than five percentage points. City of London are 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. The second highest margin of error was 9.9 percentage points for Blackburn council.

It should also be noted that margins of error are much smaller at national level than at CASSR level as they are based on more respondents. For example, there were 49,950 respondents to question 21 ‘About how long have you been looking after or helping the person you care for?’ Of these, 0.5% of respondents answered, ‘Less than six months’, and this has a confidence interval of ±0.1 percentage points.

The margin of error for individual questions varies greatly at CASSR level and can be considerably higher. The data quality annex provides the margin of error for each question at CASSR level and users are advised to refer to this data before analysing results at CASSR level.

**Non-response and Sampling bias**

Non-response and sampling bias can occur if response rates are low and if particular subgroups of the population are more likely to respond than others. The response rates for each question for each CASSR are provided in the data quality annex.

**Survey design sources of bias**

Respondents were allowed to have assistance when completing the questionnaire and around 9.2% of respondents did so. 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 carers as possible.

Of those who responded, where the method of collection is known, 99.4% of the returned questionnaires were completed by post and 0.1% received either a face-to-face or telephone interview. For the first time, two councils were permitted to offer an online version of the survey (see Online survey pilot below for further details). Online responses from these two councils accounted for 0.4% of all responses. Therefore, at national level there is minimal bias caused by the different methods of data collection.

21 councils used face-to-face or telephone interviews. The percentage of returned questionnaires completed by either face-to-face or telephone interview varied. The highest rate of non-postal responses was 18.5%, but as this was for a small council it is not believed that this would have an impact on the national figures. Therefore, there is little bias caused by the different methods of data collection at CASSR level.

63 CASSRs (based on those who provided information to NHS Digital) added or modified questions to gain specific information from carers. The survey guidance makes it clear that if CASSRs wish to add questions to the questionnaire then they must seek approval from NHS Digital, 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 NHS Digital. This aims to limit variation, where possible, between CASSRs conducting the survey and to help guard

[4](http://digital.nhs.uk/pubs/psscarersurvey1819)
against order effects; for example, how the inclusion of additional questions may impact on responses to subsequent questions.

The modifications that were made by CASSRs included providing additional boxes asking carers to add comments to explain their answers, and asking questions which focused on various topics, such as:

- Awareness and use of available local services
- Carer health
- Contact and communication with social services department
- Co-ordination and integration of health and social care services
- Customer feedback
- Recent access to emergency care
- Safety of cared-for people
- Whether carers have informed their GP of their caring role

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

**Timescales of Fieldwork**

CASSRs were required to extract their eligible population during the period July to September 2018. Six CASSRs informed NHS Digital that they were unable to extract their eligible population during this period.

CASSRs should distribute the questionnaires to a random sample of carers who are eligible for the survey in October and November 2018. A fixed period is recommended to minimise the impact of any wider contextual issues, such as national news stories, that may influence the views expressed by respondents. Eight CASSRs made NHS Digital aware that it was necessary for them to conduct at least part of their fieldwork beyond this period; users of the data may wish to bear this in mind when making comparisons.

Nine CASSRs informed NHS Digital that their use of reminders was inconsistent with the guidance materials, this included not using reminders.

One CASSR informed NHS Digital that they did not include a copy of the questionnaire with the reminder letter, contrary to the guidance.

Table 3 shows which CASSRs reported inconsistencies with the timescales of their fieldwork, questionnaire inconsistencies and inconsistencies that were picked up post validations. If a CASSR is not listed in the table then there were no inconsistencies in these areas reported.
### Table 3: Summary of inconsistencies reported by CASSRs

<table>
<thead>
<tr>
<th>CASSR</th>
<th>Unable to extract eligible population between June and September 2016</th>
<th>At least part of fieldwork conducted outside fieldwork period</th>
<th>Use of reminders was inconsistent with guidance</th>
<th>Copy of questionnaire was not included with reminder letter</th>
<th>Other questionnaire inconsistency (see section below for details)</th>
<th>Post validation inconsistencies (see section below for details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bradford</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calderdale</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calderdale</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camden</td>
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<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camden</td>
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<td></td>
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<td></td>
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<tr>
<td>Central Bedfordshire</td>
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<tr>
<td>Dorset</td>
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<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>Dudley</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hammersmith and Fulham</td>
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<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hampshire</td>
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<td></td>
<td>✓</td>
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<tr>
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<tr>
<td>Kingston Upon Hull</td>
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<tr>
<td>North Tyneside</td>
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<td>Oxfordshire</td>
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<td>Portsmouth</td>
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<tr>
<td>Rotherham</td>
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<td></td>
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<td>✓</td>
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<tr>
<td>Sheffield</td>
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<tr>
<td>Sheffield</td>
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<td>Shropshire</td>
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<tr>
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<td>Surrey</td>
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<tr>
<td>Tower Hamlets</td>
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<td>Warrington</td>
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<td>✓</td>
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<td>Wokingham</td>
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<tr>
<td>Wolverhampton</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Questionnaire inconsistencies

Warrington Council informed NHS Digital that data quality issues led to some people who were not carers being included in their sample. A second sample of carers was taken and surveys were sent to this sample in late November. Responses from carers in both samples were recorded on the data return; responses from people who were not carers were excluded.

Camden council informed NHS Digital that, due to an error by external printers, some surveys were sent out without a return envelope. Those affected were sent a second copy enclosing the return envelope, and also contacted by telephone and offered the opportunity to complete the survey over the telephone.

Hammersmith and Fulham council reported that due to a printing error, Question 13 was omitted from their surveys.

Wokingham council reformatted the survey, removing white space and reducing the survey to 12 pages in contravention of the guidance.

Fourteen councils made minor formatting changes to the materials including changing the font size or formatting the survey to make it compatible with automatic scanning software.

The following councils did not provide all of their materials to NHS Digital by the deadline of 30 November 2018. We are therefore unable to confirm that their materials were consistent with the guidance:

- Barnsley
- Bradford
- Brighton and Hove
- Camden
- Cornwall
- Hammersmith and Fulham
- Hampshire
- Harrow
- Kingston Upon Thames
- Middlesbrough
- Newham
- North East Lincolnshire
- North Yorkshire
- Oldham
- Peterborough
- Redbridge
- South Gloucestershire
- Southwark
- Stoke-on-Trent
- Trafford
- Wakefield
- Waltham Forest
- Warwickshire
- Windsor and Maidenhead
- Worcestershire

Completeness of Carers Data

In addition to the CASSR specific issues mentioned above, a number of common issues were reported by CASSRs which may have impacted on the completeness and quality of their data. These issues included:

- Difficulties accessing administrative data from third party organisations
- Some administrative data, in particular Sexual Orientation, Ethnicity and Religion data, is not collected by all CASSRs
- Carers surveyed not identifying as carers, and therefore not completing the survey
- Carers being unaware that services they use are commissioned by the council, and therefore responding that they do not receive services from the council. The cover letter will be reviewed in time for the next Carers survey to clarify this
A number of CASSRs were not able to include carers from third party organisations in their survey as they did not hold the carers’ contact details. This particularly affected carers from Mental Health trusts.

Some councils received feedback from carers stating that they did not have time to complete the survey, either because they had already taken part in a number of local surveys or because of the length of the NHS Digital survey.

A number of councils reported that the response options for delivery mechanism of the cared-for person and funding status of the cared-for person did not cover all scenarios. Where there was no suitable category, councils were advised to record it as -9 (Unknown). The response options for these fields will be reviewed prior to the next survey.

### Accuracy of Eligible Population

The eligible population for the SACE survey is all carers that would be included in table 1a of the Short and Long-Term (SALT) activity measure table LTS003. The validation reports sent to councils highlighted where the difference between the SALT eligible population and the SACE eligible population was greater than 20%.

The data quality annex\(^5\) provides the eligible population submitted in the Carers Survey data return and the figures presented in table LTS003 of the Short And Long Term Support (SALT) 2017-18 return. The extract period for SALT and the Carers Survey are different, however it is expected that they should closely align. Where CASSRs have provided a comment to explain the difference in population this has been included in the annex file.

An omission in the eligible population section of the data return meant that there was not an option for councils to record people of unknown age and unknown gender. Councils were advised to record any carers with unknown age and gender under the category ‘unknown age / other gender’.

### Online survey pilot

Following requests from a number of councils to move to online collection for the survey, two councils were permitted to offer online surveys for the 2018-19 survey. These were Brighton and Hove council and Bolton council.

The survey cover letter contained a simple URL to the online survey, along with details of how to request the survey in other formats, i.e. paper, telephone or face to face. This ensured that all respondents could complete the survey using their preferred method.

A total of 220 responses were received via the online surveys, 109 for Bolton and 111 for Brighton and Hove (29.2% and 28.9% of all responses respectively). The full breakdown of responses by method is shown in Table 4.

#### Table 4: Proportion of responses received by collection method, online pilot sites only

<table>
<thead>
<tr>
<th></th>
<th>Post</th>
<th>Face to face</th>
<th>Telephone</th>
<th>Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>70</td>
<td>0</td>
<td>0.8</td>
<td>29.2</td>
</tr>
<tr>
<td>Brighton and Hove</td>
<td>69.5</td>
<td>0.3</td>
<td>1.3</td>
<td>28.9</td>
</tr>
</tbody>
</table>

\(^5\) [http://digital.nhs.uk/pubs/psscarersurvey1819](http://digital.nhs.uk/pubs/psscarersurvey1819)
Analysis was carried out to determine whether the responses received via online surveys differed from those received by the other methods.

Chi squared analysis was carried out to investigate whether the inclusion of the online response option may have had an impact on the responses received. The analyses were based on the questions that contribute to the ASCOF scores\(^6\).

For both Brighton and Hove and Bolton councils, the following were analysed:

- Whether there was a significant difference in the responses to each question between the 2016-17 survey and the 2018-19 survey
- Whether there was a significant difference between the responses received online and those received by other methods
- Whether there was a significant difference between the age breakdown of carers who responded online or by other methods and the eligible population

Because of the small scale of the pilot, which covered only two of the 151 CASSRs who took part in the survey, it is difficult to reach firm conclusions regarding the effects of introducing online surveys. However the analysis does provide some indications that could be used as the basis for further investigations.

**Differences from the 2016-17 survey**

Comparing the results from the 2018-19 survey with the 2016-17 survey, significant differences were found for questions 7 and 8 for Bolton and question 18 for Brighton and Hove. As some variation in responses would be expected from one year to the next, and the questions showing significant changes were different in each council, this suggests that the introduction of online surveys has not affected the comparability of results.

**Comparing responses by collection method**

The responses to questions received online were compared with those received by other methods, to see whether there was a difference in the responses gathered.

For Bolton, significant differences were found in the responses to question 9. For Brighton and Hove there were significant differences for questions 7 and 11.

As with the year-on-year comparisons, the questions where significant differences were found differed in the two councils suggesting that no single question had been particularly affected by the new collection method. It should also be noted that differences are found when comparing other collection methods, for example when comparing responses to translated vs English questionnaires. As with the translated materials, the differences in responses to online vs other methods could reflect differences within the underlying population that may not be captured by post, telephone and face to face surveys.

**Comparing responses by age band**

For the final analysis, the age bands of carers responding online were compared with those responding by other methods.

There were significant differences in the age bands of respondents to the different methods for both Brighton and Hove and Bolton. To see whether these differences made the responses more or less representative, the breakdown of responses was then compared with the eligible population.

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\(^6\) Questions 4, 7, 8, 9, 10, 11, 12, 16 and 18
Chart 1 shows the proportion of carers aged 18-64 and 65+ responding online or by other methods, compared with the breakdown of the eligible population. In each case, the online respondents have a higher proportion of 18-64-year-olds than the eligible population, whereas the responses to other methods have a higher proportion of people aged 65+.

**Chart 1: Age breakdown of response methods and eligible population for online survey pilot sites**

The Bolton results showed that there were significant differences between the age breakdown of the eligible population and that of the respondents for both online and other methods. This suggests that neither method better reflects the eligible population than the other.

For Brighton and Hove, there was a significant difference between the age breakdown of the eligible population and those responding by post, telephone and face-to-face. However, there was no difference between the eligible population and respondents to the online survey, suggesting that the online respondents better reflected the eligible population in terms of age than the other methods.

There are a number of reasons why the people who respond to a survey may not be reflective of the underlying population, for example the nature of random sampling and the characteristics of people who are more likely to respond. However, this analysis suggests that the introduction of online surveys did not have a detrimental effect on representativeness and could in some cases improve it.

**Translated materials**

The translated materials were made available in September 2018, before the start of the fieldwork period. Less than 0.2% of returned questionnaires used translated versions of the survey.

Due to an administrative oversight, translated reminder letters were not available to councils. Councils using translated materials were advised to re-send the original cover letter in place of a reminder letter.
Chi-squared analysis was carried out to investigate whether there is a relationship between the type of questionnaire used (i.e. English or translated) and the responses given. Due to the small number of translated questionnaires used it is difficult to compare the statistical difference to the findings of the English versions of the questionnaire.

The nine questions that feed into the ASCOF scores were analysed. Of these, seven showed a significant relationship (p<0.05) between the responses given and the whether a translated questionnaire was used. Question 4 (Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?) and question 12 (Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?) did not show any significant difference between the responses to the English and the translated questionnaires.

This analysis suggests that there may be differences between the experiences of people using the two different types of questionnaire. However, further analysis would be required to determine whether other factors (such as age or gender of the two groups of respondents) also have an influence on these results.

**Validations at source**

When the questionnaires are returned to the CASSR, they are entered onto a data return provided by NHS Digital. As CASSRs completed their data returns, a range of validation checks were carried out using conditional formatting. The validations look at invalid and contradictory entries and blank cells to mandatory questions. The data return also includes summary tables that assist councils in assessing the quality of their data before submitting it to NHS Digital.

In addition to the conditional formatting checks, a Survey Data Return Validator (an Excel-based macro) is available to councils. This enables them to assess data quality in the data return prior to submission. It carries out a number of checks on the data return including structural integrity, data matching acceptable values, consistency between data in related columns, and identifying potential anomalies in distributions.

**Post-submission validations**

The initial deadline for submitting data returns was 27 February 2018. CASSRs received a validation report shortly after they submitted their data, and a restricted data quality report once the mandated deadline had passed. The data summary report showed the CASSR’s summary data alongside summary information of the data submitted by all CASSRs. This report flagged where a CASSR’s 2018-19 data was more than two standard deviations from the all-CASSR average. Two councils did not receive a data quality report as they had not completed their eligible population data.

The collection window was reopened for councils to submit revised data. Issues in producing the data quality reports caused a delay in sending them to councils; because of this, the final deadline for submitting revised data was extended to 23 April 2019.

In addition to the validation and restricted data summary report, manual checks were also carried out and queries were sent to CASSRs as required.

7 Questions 4, 7, 8, 9, 10, 11, 12, 16 and 18
Additional checks were carried out during the processing of the data and a report was produced which flagged data quality issues. The report included invalid responses.

The invalid codes were excluded from the annex tables but the other responses for the record were still included.

North Tyneside council included three records for a cared for person under 18. The council confirmed the carers also cared for someone over 18 so the records were retained and included in the analysis.

Northumberland council included two records for a cared for person under 18. The council confirmed the carers also cared for someone over 18 so the records were retained and included in the analysis.

Some councils recorded invalid responses to Q27 ("How many children under 18 years old do you have parental responsibility for?"). Invalid responses were removed from the data (see Table 5) but the rest of the record was retained.

<table>
<thead>
<tr>
<th>Table 5: Number of invalid responses to Q27 removed from final dataset</th>
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<td>Council</td>
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<td>Windsor and Maidenhead</td>
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</table>
North Somerset, Poole, Oxfordshire, Warwickshire and Windsor and Maidenhead confirmed that all data for this question had been entered incorrectly. All responses to Q27 for these councils were removed from the final data. A number of other councils confirmed that, while some records for Q27 were incorrect, the rest of the data had been entered correctly. Table 5 shows the number of invalid responses to Q27 that were removed from the final dataset.

Other known data quality issues

Weightings

Weightings are used to calculate national, regional and council type estimates which make the calculation of confidence intervals for these aggregated results more complicated. Details of how these weights are calculated are in the ‘Methodological and Further Information’ document9.

Geography

The council-level annex tables9 contain disaggregations by CASSR, council type and region, in alignment with the Ministry of Housing, Communities and Local Government (MHCLG) definitions. The CASSR and region names and codes are also in alignment with those set out in the ONS Guidance for Administrative Geographies10. However, it should be noted that the classification of council type differs; the MHCLG 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.

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 2018-19 and therefore the lag from the end of the financial year is around three months. The survey fieldwork was carried out during the period October to November 2018. The survey data were submitted to NHS Digital by 23 April 2019.

Publication of final data for 2016-17 was made available in August 2017; the final data for 2018-19 are being made available in June 2019, nearly two months sooner than the previous publication.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information

Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice

9 http://digital.nhs.uk/pubs/psscarersurvey1819

10 For full guidance on ONS Administrative Geographies, visit the ONS Open Geography Portal at https://geoportal.statistics.gov.uk
There are no restrictions to access the published data. The data are published at individual-level in this publication in a CSV format and guidance is provided on how to use this information. Some sensitive variables, and personal variables for unique rows are removed from the dataset for data protection and disclosure reasons. More information is given in the CSV guidance document.

**Coherence and comparability**

Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar
Comparability is the degree to which data can be compared over time and domain

**Coherence**

The data are derived from consistent data sources and collection method that is consistent with the previous year the survey was carried out; therefore has a high degree of coherence.

**Comparability**

The definition of the eligible population for the 2018-19 survey was the same as that used in 2016-17, i.e. all carers aged 18 and over included in the SALT measure LTS003 table 1a. The 2016-17 and 2018-19 surveys are therefore comparable, subject to data quality issues listed within this report and the accompanying data quality annex.

Prior to 2016-17 a different definition was used for the eligible population, so caution should be used when comparing the results of earlier surveys. The 2016-17 data quality report contains full details of the change in definition and analysis of its impact.

In 2014-15 there were some important changes to the methodology, these are explained in the methodological change notice of the 2014-15 report, and these should be borne in mind when making comparisons to 2012-13. In the time series document that accompanies this report, the 2012-13 results have been recalculated using the new weighting methodology so comparisons can be made.

We do not recommend making comparisons to the 2009-10 pilot survey; see the Methodological and Further Information document for further information.

**Assessment of user needs and perceptions**

The processes for finding out about users and uses, and their views on the statistical products

The survey and associated data collection were developed in collaboration with the Social Services User Survey Group (SSUSG).

The survey was included in a consultation on social care collections that took place during the summer of 2012, known as the ‘Consultation on Adult Social Care Data Developments

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The survey was also included in a consultation which sought feedback on implications of the introduction of the Care Act 2014. This consultation was known as ‘Consultation on the data requirements for the Safeguarding Adults Return and Adult Social Care User and Carer Surveys in response to the Care Act’.


The findings of this consultation that are relevant to the survey are available in the report at http://content.digital.nhs.uk/media/16553/Adult-Social-Care-User-Experience-Surveys/pdf/CareActConsultation-Surveys.pdf.

**Performance, cost and respondent burden**

The effectiveness, efficiency and economy of the statistical output

The SACE collection is mandated for all CASSRs with the exception of the Isles of Scilly and City of London who were exempt from the survey as the number of carers within their area who met the survey eligibility criteria was too small to guarantee statistically robust results.

The data collection process used in this publication is subject to assessment by the Data Standards Assurance Service (DSAS) (previously known as Challenging Burden Service). This is to ensure that data collections do not duplicate other collections, minimise the cost to all parties and have a specific use for the data collected. Information on CBS can be found at: https://digital.nhs.uk/services/the-challenging-burden-service.

The burden of the SACE collection has been assessed and approved, the burden of any changes to the collection are similarly assessed, to ensure that they do not create undue burden for CASSRs.
Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices

The data contained in this publication are collected and prepared in line with the Code of Practice for Official Statistics.


Please see the links below to relevant policies and guidance material.

Statistical Governance Policy
https://digital.nhs.uk/binaries/content/assets/legacy/pdf/0/q/statistical_governance_policy.pdf

Disclosure Control Procedure
https://digital.nhs.uk/binaries/content/assets/legacy/pdf/1/g/disclosure_control_procedure.pdf

Freedom of Information Process

NHS Anonymisation Standard

Data Access and Information Sharing
https://digital.nhs.uk/services/data-access-request-service-dars

Privacy and Data Protection
How are the statistics used? Users and uses of the report

Uses of statistics by known users

This section contains a summary of users that have found the information in the SACE publication useful for the purposes set out.

**Adult Social Care Outcomes Framework**

The SACE is used to populate several outcome measures in the ASCOF.

**Department of Health and Social Care**

The SACE is used to:

- Inform policy monitoring.
- Inform speeches and briefings for Ministers and senior officials.
- Answer Parliamentary Questions and Prime Minister’s Questions.
- Answer media enquiries and inform other correspondence.

**Towards Excellence in Adult Social Care**

Towards Excellence in Adult Social Care (TEASC) is a programme to help CASSRs improve their performance in adult social care. The sector-led initiative builds on the self-assessment and improvement work already carried out by councils. The key emphasis of this new approach is on promoting innovation and excellence and collective ownership of improvement. Its core elements involve regional work; robust performance data; self-evaluation; and peer support and challenge. TEASC includes representatives from ADASS, the Local Government Association, CQC, DHSC, the Social Care Institute for Excellence, the Society of Local Authority Chief Executives, and Think Local, Act Personal. TEASC reports may use data from this publication.

**Councils with Adult Social Services Responsibilities (CASSRs)**

CASSRs will use the survey in different ways but there will be some commonality between them. Ways in which councils use the survey will include:

- Benchmarking against other CASSRs.
- Measuring/monitoring local performance.
- Policy development.
- Service development, planning and improvement.
- Management Information, local reporting, accountability.
- Informing business cases.
- Identifying any immediate priorities/areas for concerns.
Care Quality Commission (CQC)

CQC have referenced the SACE in their State of Care reports. See https://www.cqc.org.uk/publications/major-report/state-care for further details.

Academics and other known users

The data are used by the Personal Social Services Research Unit at the University of Kent to explore and understand variations in quality and outcomes in social care services. The results of these analyses are used to feed into social care policy and practice. In particular, the work helps inform the Adult Social Care Outcomes Framework.

Unknown users

The survey publication is free to access via the NHS Digital website and therefore the majority of users will access this publication without being known to NHS Digital. It is important to understand how these users are using the statistics and also to gain feedback on how NHS Digital can make the data more useful. Feedback on this publication is welcome. To provide feedback, please contact: enquiries@nhsdigital.nhs.uk.
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 councils. All reports are available on the NHS Digital website.

Comments on this report would be welcomed. Any questions concerning any data in this publication, or requests for further information, should be addressed to:

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Email: media.enquiries@nhs.net

This publication can be downloaded from the NHS Digital website at:
http://digital.nhs.uk/pubs/psscarersurvey1819

Previous SACE publications can be downloaded from the NHS Digital website at