Personal Social Services
Adult Social Care Survey, England 2017-18
Data Quality Statement
Published 2 October 2018
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Introduction

The following document details the data quality of the information submitted in relation to the Personal Social Services Adult Social Care Survey (ASCS), England 2017-18 data, submitted by 150 Councils with Adult Social Services Responsibilities (CASSRs).

This document should be used in conjunction with the publication’s data quality annex, report and associated data files which are available at: http://digital.nhs.uk/pubs/adusoccaresurv1718.

For 2017-18 the 150 CASSRs reported an eligible population totalling 645,940 service users in England and of those 201,975 were recorded in the sample for the survey of which 65,020 service users completed the questionnaire.

Background

The Personal Social Services Adult Social Care Survey (ASCS) is an annual survey for England that took place for the eighth time in 2017-18. 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.

The survey is designed to help the adult social care sector understand more about how services are affecting lives. User experience information is critical for understanding the impact of services, for enabling choice and for informing service development. 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
- Health
- Layout of Home and Surrounding Area
- Help from Others

Further information about the survey, including the methodology, is available on the NHS Digital website at: http://digital.nhs.uk/pubs/adusoccaresurv1718.

Relevance

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

The data released with this publication 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.
Accuracy

The proximity between an estimate and the unknown true value

Exempt Councils

The Isles of Scilly and City of London 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.

Missing data

The data quality annex\(^1\) 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 service users 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 Service Users Data”.

Response rates

The overall response rate for 2017-18 was 32.2 per cent, compared to 35.6 per cent for 2016-17. In the feedback received, a number of CASSRs mentioned a drop in response rates this year. Some felt the adverse weather conditions during the fieldwork period may have had a negative impact. Survey fatigue was also mentioned as a possible cause for the lower response rate.

There was variation in the response rates achieved for different questions and between CASSRs. The data quality annex\(^2\) 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 150 CASSRs that took part in the survey. The table shows 45 CASSRs had a response rate of less than 30 per cent, this compares to 29 CASSRs in 2016-17.

Table 1: Summary of overall response rates for CASSRs

<table>
<thead>
<tr>
<th>England, 2017-18</th>
<th>Number of CASSRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 per cent</td>
<td>6</td>
</tr>
<tr>
<td>20 to &lt;25 per cent</td>
<td>12</td>
</tr>
<tr>
<td>25 to &lt;30 per cent</td>
<td>27</td>
</tr>
<tr>
<td>30 to &lt;35 per cent</td>
<td>44</td>
</tr>
<tr>
<td>35 to &lt;40 per cent</td>
<td>30</td>
</tr>
<tr>
<td>40 to &lt;45 per cent</td>
<td>24</td>
</tr>
<tr>
<td>45 to &lt;50 per cent</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
</tr>
</tbody>
</table>

*Source: ASCS 2017-18, NHS Digital*

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\(^1\) [http://digital.nhs.uk/pubs/adusoccaresurv1718](http://digital.nhs.uk/pubs/adusoccaresurv1718)

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 data was collected from the entire population. 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 that the 95 per cent confidence interval around an estimate of 50 per cent can be no more than ±5 percentage points. For example, this means that if the survey gives an answer of 50 per cent we can be confident that the true figure is between 45 and 55 per cent.

When comparing two estimates, where confidence intervals do not overlap, the estimates are 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 provides the margin of error achieved for each CASSR. 24 CASSRs have a margin of error greater than five percentage points this compares to 13 CASSRs in 2016-17. Four CASSRs recorded a margin of error greater than six percentage points. Table 2 shows a summary of the range of margin of errors achieved by each of the CASSRs taking part in the survey. 126 CASSRs achieved the less than five per cent margin of error, this compares to 135 CASSRs in 2016-17.

Table 2: Summary of margin of error at 95 per cent confidence level around an estimate of 50 per cent for CASSRs

<table>
<thead>
<tr>
<th>England, 2017-18</th>
<th>Number of CASSRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 per cent</td>
<td>126</td>
</tr>
<tr>
<td>5 to &lt;5.5 per cent</td>
<td>13</td>
</tr>
<tr>
<td>5.5 to &lt;6 per cent</td>
<td>7</td>
</tr>
<tr>
<td>&gt;6 per cent</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
</tr>
</tbody>
</table>

1. Figures have been grouped from unrounded data and may not match exactly, to those derived from aggregating the relevant column in T5 – Sample Size of the data quality annex

Source: ASCS 2017-18, NHS Digital

It should be noted that for CASSRs with very small numbers 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 (6.4 percentage points) is for Rutland; Rutland also have the smallest Eligible Population amongst all the English CASSRs that participated. Rutland would have required a response rate of 61.8 per cent to a survey of all eligible service users to achieve a margin of error of less than five percentage points.

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, 65.0 per cent of 63,500

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3 http://digital.nhs.uk/pubs/adusoccaresurv1718
respondents to question 1 combined ‘Overall, how satisfied or dissatisfied are you with the care and support services you receive?’ said that they were extremely or very satisfied; this statistic has a margin of error of 0.4 percentage points.

The margin of error for individual questions varies greatly at CASSR level and can be considerably higher. The data quality annex\(^4\) provides the margin of error for each question at CASSR level and service 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\(^5\).

**Survey design sources of bias**

**Help completing the survey**

Respondents were permitted to have assistance when completing the questionnaire and although this approach is not preferred and NHS Digital do not advise it, allowing this as part of the survey design is essential to help to make the survey representative of as many service users as possible.

For 2017-18, 78.4 per cent of respondents reported having help to complete the questionnaire, in comparison to 79.1 in 2016-17. The person who helped the service user in completing the questionnaire is reported as; help from a care worker, help from someone living in the same household or help from someone living outside their household. Table 3 shows in 2017-18 the highest proportion of service users (32.7 per cent) indicated they had help to complete the questionnaire from someone living outside their household, this response option also had the highest proportion in 2016-17 at 33.6 per cent.

<table>
<thead>
<tr>
<th>Service User Assistance</th>
<th>Percentage, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, I did not have help</td>
<td>21.6</td>
</tr>
<tr>
<td>I had help from a care worker</td>
<td>24.9</td>
</tr>
<tr>
<td>I had help from someone living in my household</td>
<td>20.8</td>
</tr>
<tr>
<td>I had help from someone living outside my household</td>
<td>32.7</td>
</tr>
</tbody>
</table>

*Source: ASCS 2017-18, NHS Digital*

Chart DQ.1 shows the strata profile of service users that responded to the survey question on help provided. Strata are discrete groups the eligible population is split into in order to perform stratified random sampling. More information on strata and sampling is provided in the survey administration guidance document provided to CASSRs\(^6\). The chart shows a higher proportion of service users who did not have help were in stratum 4 (service users aged 65 and over and in the community, excluding learning disability support).

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\(^4\) http://digital.nhs.uk/pubs/adusoccaresurv1718

\(^5\) http://digital.nhs.uk/pubs/adusoccaresurv1718

\(^6\) https://digital.nhs.uk/binaries/content/assets/legacy/pdf/e/6/personal_social_services_adult_social_care_survey__england_information_and_guidance_for_the_2017-18_.pdf
users that had help from a care worker, the highest proportion were in stratum 1 (learning disability support, all ages).

**Chart DQ.1: Profile of help provided to complete the questionnaire by strata**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>No, I did not have help</th>
<th>I had help from a care worker</th>
<th>I had help from someone living in my household</th>
<th>I had help from someone living outside my household</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>49.7%</td>
<td>10.8%</td>
<td>40.2%</td>
<td>47.9%</td>
</tr>
<tr>
<td>9.9%</td>
<td>51.5%</td>
<td>37.3%</td>
<td>11.7%</td>
<td>12.6%</td>
</tr>
</tbody>
</table>

Source: ASCS 2017-18, NHS Digital

Statistical tests were carried out to see if survey responses were different for respondents who received help in completing the survey. Details of the statistical tests used is included in the Methodology and Further Information Report\(^7\). In the five questions tested, statistical differences in responses were found in all five.

Chart DQ.2 shows that service users that had help from a care worker to answer the questionnaire, reported higher levels of satisfaction (78.3 per cent said they were extremely or very satisfied) compared to all other service users.

\(^7\) [http://digital.nhs.uk/pubs/adusoccaresurv1718](http://digital.nhs.uk/pubs/adusoccaresurv1718)
Chart DQ.2: Satisfaction levels by help received to complete the questionnaire

Source: ASCS 2017-18, NHS Digital

Chart DQ.3 shows that service users who had help from a care worker to complete the questionnaire also report higher levels (59.2 per cent) of respondents feeling they are able to spend their time as they want compared to all other service users.
Chart DQ.3: Service users views on how they spend their time by help received to complete the questionnaire

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

Q21: Did you have any help from someone to complete this questionnaire?

- 1. No, I did not have any help
- 2. I had help from a care worker
- 3. I had help from someone living in my household
- 4. I had help from someone living outside my household

Source: ASCS 2017-18, NHS Digital

Completing the survey on behalf of the service user

In addition to asking respondents if they received help, the type of help received is then captured. Whilst there were instructions on the covering sheet to say that the service user should be involved in completing the questionnaire, 10.3 per cent of responses indicated the service user had not been involved at all in completing the questionnaire, this compares to 10.4 per cent for the previous year. The ‘Answer by Council’ worksheet in the Annex file\(^8\) shows the percentage of respondents who were not involved in completing the questionnaire for each CASSR. Liverpool council had the highest percentage of service users (33.6 per cent) where someone provided responses for them without asking them the questions. Brighton and Hove council had the lowest percentage on service users (3.0 per cent) where someone provided responses for them without asking them the questions.

Chart DQ.4 shows the strata profile of the respondents by whether or not someone answered the questions for them. The chart shows there are higher proportion (25.2 per cent) of service users in stratum 3 (service users aged 65 and over in residential care, excluding learning disabilities support) that had someone answer the questions for them, compared to service users that did not have someone else answer the survey for them (15.7 per cent). There is lower proportion (6.8 per cent) of service users in stratum 2 (18-64, excluding learning disability support) that had someone answer the questions for them, compared to service users that did not have someone else answer the survey for them (20.2 per cent).

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\(^8\) http://digital.nhs.uk/pubs/adusoccaresurv1718
Chart DQ.4: Profile of whether someone answered the questions for the service user by strata

<table>
<thead>
<tr>
<th>Stratum 1 - Learning Disability Support (LDS)</th>
<th>Stratum 2 - Non-LDS 18-64</th>
<th>Stratum 3 - Non-LDS 65+ (Long term residential or nursing care)</th>
<th>Stratum 4 - Non-LDS 65+ (Community based inc supported living)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.8%</td>
<td>20.2%</td>
<td>15.7%</td>
<td>5.8%</td>
</tr>
<tr>
<td>30.1%</td>
<td>36.3%</td>
<td>37.9%</td>
<td>60.2%</td>
</tr>
</tbody>
</table>

Source: ASCS 2017-18, NHS Digital

Further information on how services users responded to the survey questions against the type of help they received can be found in the Annex tables file (‘T3 - Answers by response’) which accompanies the publication.

Statistical tests were carried out to see if survey responses were different from respondents who received help in completing the survey. Details of the statistical tests used is included in the Methodology and Further Information Report. In the five questions tested, statistical differences in responses were found in all five.

Chart DQ.5 shows a lower proportion (21.1 per cent) of service users who had someone answer the questions for them, reported a quality of life that was very good or could not be better, compared to service users who did not have someone else answer the questions for them.

9 http://digital.nhs.uk/pubs/adusoccaresurv1718
Chart DQ.5: Service users views on their quality of life by whether someone answered the questions for them

Source: ASCS 2017-18, NHS Digital

Chart DQ.6 also shows a lower proportion (23.1 per cent) of service users that had someone answer the questions for them, reported they are able to spend their time as they want compared to service users who did not have someone answer the questions for them.
Chart DQ.6: Service users views on how they spend their time by whether someone answered the questions for them

Source: ASCS 2017-18, NHS Digital

Method of collection

Of those who responded, where the method of collection is known, 99.9 per cent of the returned questionnaires were completed by the same method (post). The lowest percentage at a CASSR level was 92.5 per cent for Hartlepool who offered 35 (7.5 per cent) face-to-face surveys. After Hartlepool, the then next lowest was 99.0 per cent. Therefore, at a national, regional and CASSR level, there is minimal bias caused by the different methods of data collection.

Adding or modifying questions

70 CASSRs (based on those who provided information to NHS Digital in the CASSRs survey data return) added or modified questions to gain specific information from service users. 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 CASSR unless consent has been given by NHS Digital. This aims to limit variation between CASSRs 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 approved modifications that were made by CASSRs included providing additional boxes asking service users to add comments to explain their answers, and asking questions which focused on various topics, such as:

- What makes the service user feel safe or less safe
• Experiences of finding information and advice about care and support services
• How informed and involved service users are in the decisions made on the care and support services they receive.
• Whether service users feel respected and if the support is based on their needs.
• Asking service users further information on their satisfaction with services and aspects of care
• Knowledge of complaint procedures and methods of providing positive or negative feedback
• Extent to which care and support services help service users maintain independence
• How well the service user’s care and support services work together
• Service users access to the internet

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

Reviewing materials

To further ensure that CASSRs were consistently following the survey process, NHS Digital reviewed the CASSRs materials to ensure any changes from the template had been preapproved and that only approved additional questions were added. 14 CASSRs did not submit their materials by the deadline so we were unable to review their materials, these CASSRs were:

Barnet                                Hillingdon                                Sheffield  
Bradford                               Islington                                 Tower Hamlets  
Brighton and Hove                      Kent                                       Wigan  
Calderdale                             Oldham                                     Windsor and Maidenhead  
Hampshire                              Rotherham

This exercise identified a number of common issues where additional clarity will be needed to ensure due process is followed in future surveys. For example, many CASSRs moved questions closer together to reduce the amount of white space; this was particularly common when optional questions were taken out of the survey. Additional information is being added to the guidance to advise CASSRs when they can and cannot move questions up.

Also, 14 CASSRs used versions of cover letters from previous years. All CASSRs who used old versions of cover letters were contacted to ensure they are aware that the cover letters are updated each year and to ensure consistency the current version must be used. CASSRs will be required to submit all their materials, including their cover letters, at an earlier stage in the 2018-19 survey process and if it continues to be an issue it will form part of the 2018-19 data quality report.

Section 4.11 of the guidance document lists which changes cannot be made to the materials, one of which is CASSRs cannot add corporate logos or branding to the questionnaires. Seven CASSRs included a cover letter or a council logo on their questionnaire. Details of
these CASSRs are provided in the worksheet ‘T6 Inconsistencies reported by CASSRs’ in the data quality annex10.

27 CASSRs included additional questions which had not been approved by NHS Digital. A number of CASSRs commented that they were unaware that additional questions needed approval each year they were requested. This will be made clearer for the 2018-19 survey. The worksheet ‘T6 Inconsistencies reported by CASSRs’ in the data quality annex11 shows which CASSRs included additional questions which were not approved.

**Timescales of Fieldwork**

CASSRs were required to select an extract date for their eligible population during the period 30 September to 31 December 2017. Seven CASSRs informed NHS Digital that they carried out their extract for their eligible population outside this period. One CASSR gave an invalid date. Details of the extract dates are included in the data quality annex12.

CASSRs should distribute the questionnaires to a random sample of service users who are eligible for the survey between January and March 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. 25 CASSRs made NHS Digital aware that it was necessary for them to conduct at least part of their fieldwork beyond this period, the most extreme sending their reminders out up to a month later; users of the data may wish to bear this in mind when making comparisons.

**Reminders**

11 CASSRs informed NHS Digital that their use of reminders was inconsistent with the guidance materials; this included not sending reminders out. Four CASSRs reported that they did not include a copy of the questionnaire with the reminder letter, contrary to the guidance. The guidance outlines that CASSRs are required to send out reminders and a further copy of the questionnaire to all service users who hadn’t responded to the initial survey to ensure consistency between CASSRs. Service users who respond to reminders may be different to those that respond to the initial mailout.

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.

Statistical tests were carried out to see if survey responses were different for respondents that filled in a reminder version of the survey and those that completed the original version. Details of the statistical tests used is included in the Methodology and Further Information Report13. In the five questions tested, statistical differences in responses were found in all five.

Service users that responded to the reminder version of the questionnaire reported lower levels of positive satisfaction (63.0 per cent said they were extremely or very satisfied with the care and support services they receive) than service users that completed the original

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survey (66.1 per cent said they were extremely or very satisfied with the care and support services they receive).

Chart DQ.7: Satisfaction levels by whether service users responded to the original or reminder version of the questionnaire

Service users that completed the reminder version also reported lower levels (33.9 per cent) of being able to spend time as they want, doing thing they value or enjoy, compared to service users that competed the original questionnaire (38.2 per cent). Service users that completed the reminder also have a higher proportion (8.9 per cent) who said they don't do anything they value or enjoy with their time compared to service users that completed the original version (7.0 per cent).
Chart DQ.8: Service users views on how they spend their time by whether they responded to the original or reminder version of the questionnaire

**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 not enough
- 3: I do some of the things I value or enjoy with my time
- 4: I don't do anything I value or enjoy with my time

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

### Other Questionnaire inconsistencies

Across the different stages of the collection, several CASSRs have reported other issues or inconsistencies which have affected their survey process; further details of which are provided below. Users of the data may wish to consider these inconsistencies when reviewing the data.

Essex council removed the pictures from their Easy Read questionnaires, this is contrary to section 4.11 of the guidance\(^\text{14}\). The CASSR have informed NHS Digital that they will ensure the pictures are not removed from their Easy Read questionnaire in future years.

Manchester council informed NHS Digital that due to a problem with the print run, question 16 (Please place a tick in the box that best describes your abilities for each of the following activities) was omitted from their community questionnaires.

Southwark council added two additional questions which were approved by NHS Digital. However, when adding the questions, they used question routing to advice service users to skip one of the questions. As explained in the guidance, respondents to postal surveys often find routing difficult to deal with. As a result, the survey should not contain any routing.

Warwickshire council sent standard questionnaires to all their service users. Service users could request a copy of the easy read version. All the returned questionnaires were standard

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\(^{14}\) [https://digital.nhs.uk/binaries/content/assets/legacy/pdf/e/6/personal_social_services_adult_social_care_survey__england_information_and_guidance_for_the_2017-18_.pdf](https://digital.nhs.uk/binaries/content/assets/legacy/pdf/e/6/personal_social_services_adult_social_care_survey__england_information_and_guidance_for_the_2017-18_.pdf)
versions. As explained in the guidance\(^\text{15}\), easy read questionnaires should be used for all service users with learning disabilities.

Derbyshire council reported an error in the question responses they used for question 19 (Do you receive any practical help on a regular basis form your husband / wife, partner, friends, neighbours or family members?) in their standard residential questionnaire. The second response should have been “Yes, from someone living outside my care home” but instead the response option included was “Yes, from someone living in another care home”.

Derby council reported using incorrect questionnaires. 35 community Standard and 55 community easy read questionnaires were used instead of the Nursing and Residential questionnaires. In addition, they also issued two thirds of community clients with Easy Read community questionnaires instead of Standard community questionnaires.

Tower Hamlets council only used two questionnaire types, namely; one standard version directed at non-Learning Disability clients in a residential, nursing or community setting and the other an easy read version directed at learning disability clients in a residential, nursing or community setting. There are slight differences between the community and residential and nursing versions of the questionnaires. Tower Hamlets stated they were also not able to exclude those users lacking mental capacity.

Milton Keynes council removed optional questions 4b, 5b, 8b and 9b from the standard questionnaires, but left them in the easy read questionnaires by mistake.

Blackpool council informed NHS Digital that they used a different process this year for undertaking the survey and the guidance around marking blank, returned questionnaires was not followed. They are therefore likely to be under-reporting the number of questionnaires which were returned blank.

The worksheet 'T6 Inconsistencies reported by CASSRs’ in the data quality annex\(^\text{16}\) shows which CASSRs reported inconsistencies with the timescales for population extraction, fieldwork, reminders and questionnaires. If a CASSR is not listed in the table then they did not report inconsistencies in these areas to NHS Digital.

**Survey fatigue**

Durham council removed 270 service users who had received a council-run survey within the last few months. This was inline with the guidance to avoid survey fatigue.

Liverpool, Worcestershire and Leicestershire councils removed all service users that had completed the 2016-17 Adult Social Care Survey, this is contrary to section 5.37 of the guidance\(^\text{17}\) where it explains appearing in the sample in consecutive years would not be considered to cause survey fatigue and would not be a legitimate reason to remove service users from the sample.

**2016-17 Survey errors**

Post publication of the 2016-17 Adult Social Care Survey, Barnet council informed NHS Digital that due to a coding error, the proportion of people who answered extremely satisfied and very satisfied to their overall satisfaction and who answered so good and very good for their quality of life, was understated. Users of the data may want to consider this when

\(^{15}\)https://digital.nhs.uk/binaries/content/assets/legacy/pdf/e6/personal_social_services_adult_social_care_survey__england_information_and_guidance_for_the_2017-18_.pdf

\(^{16}\)http://digital.nhs.uk/pubs/adusoccaresurv1718

\(^{17}\)https://digital.nhs.uk/binaries/content/assets/legacy/pdf/e6/personal_social_services_adult_social_care_survey__england_information_and_guidance_for_the_2017-18_.pdf
making comparisons to 2016-17 data. This error also impacted on their 2016-17 Adult Social Care Outcomes Framework (ASCOF) scores 1A and 3A.

**Completeness of Service User Data**

In addition to the CASSR specific issues mentioned above, a number of CASSRs reported that some administrative data; in particular Sexual Orientation and Religion data are not collected by them. Other issues reported included:

- Difficulties and delays in confirming the capacity of service users to complete the questionnaire with nursing and residential homes
- Service users being included in the questionnaire without capacity checks completed
- Lower response rates from service users in the support setting of residential or nursing care

Two CASSRs submitted records with missing strata. The CASSRs and the number of deleted records, where the service user had responded to the survey, are as follows:

- Essex – 2 records
- North Yorkshire – 1 record

The data quality annex\(^{18}\) contains the percentage of missing administrative data and missing question data for all CASSRs.

**Accuracy of Eligible Population**

The eligible population for the survey is defined as 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. This is the same definition as service users that would be included in table LTS001b of the Short and Long-Term Support (SALT) return\(^{19}\). The extract period for SALT and the Adult Social Care Survey are different but it is expected that the figures should closely align in most cases. The 2017-18 ASCS data return was adapted to include the CASSRs previous year’s SALT data so CASSRs could see the difference in their eligible population for the survey and their SALT figure. The figure was highlighted where it differed by more than 20 per cent. The data quality report sent to CASSRs who submitted data by the mandated deadline also included a section on the eligible population and highlighted where there were differences of more than 20 per cent to SALT.

The eligible population and SALT 2016-17 figures are included in the data quality annex\(^{20}\).

Leeds council informed NHS Digital that they were unable to include all service users that would be included in the SALT table because some service user data is only available annually. NHS Digital advised that the numbers were estimated and included in the eligible population, but Leeds were unable to do this before the deadline.

Northamptonshire council were unable to include mental health clients in their sample. They were included in their eligible population.

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\(^{18}\) http://digital.nhs.uk/pubs/adusoccaresurv1718


\(^{20}\) http://digital.nhs.uk/pubs/adusoccaresurv1718
The 2017-18 ASCS data reported an eligible population of 645,940 service users in England, compared to 654,830 for the same group reported in the 2016-17 SALT collection, a difference of 1.4 per cent.

**Survey Materials**

NHS Digital released the guidance and questionnaire materials (including the letters to care homes and supported living managers) for the 2016-17 collection in November 2017. The data return was made available in January for the start of the fieldwork period.

**Translations**

Translated materials were made available in January of this year, just prior to the commencement of the recommended fieldwork period. In previous years, the translated materials were made available during the fieldwork period and CASSRs fed back that this caused additional burden and may have affected the number of people who responded to the survey using a translated questionnaire. NHS Digital made the translated materials available earlier so CASSRs could use the translated versions in the initial mailout where the service users’ known main language is not English. 0.2 per cent of service users completed a translated version of the questionnaire, this was an increase from 0.1 per cent in 2016-17.

Statistical tests were carried out to see if survey responses were different for respondents that filled in a translated version of the survey and those that completed an English version. Details of the statistical tests used is included in the Methodology and Further Information Report\(^\text{(21)}\). In the five questions tested, statistical differences in responses were found in all five.

When making comparisons between the responses of service users that used a translated version of the questionnaire and those that used an English version, the margin of error needs to be considered. Due to the small number of translated questionnaires received, the margins of error are much larger. The findings below are all statistically significant, despite the large margins of error.

Chart DQ.9 shows service users who completed a translated version of the questionnaire reported lower levels (47.1 per cent, 480 service users) of feeling extremely or very satisfied with the care and support services they received compared to service users that completed English versions (65.0 per cent, 419,030 service users). The respondents that completed the translated versions also had a higher proportion (6.7 per cent, 70 service users) who were extremely or very dissatisfied with the care and support they received, compared with 2.0 per cent (13,010 service users) for respondents who completed the English version.

Chart DQ.9: Satisfaction levels by whether a translated version of the questionnaire was used

Source: ASCS 2017-18, NHS Digital

Chart DQ.10 shows service users that completed a translated version of the questionnaire had a lower proportion of respondents (52.5 per cent) that reported they felt as safe as they want compared to 69.9 per cent for respondents that completed the English version. Service users that used the translated versions also reported higher proportions of respondents not feeling at all safe (4.7 per cent) compared to service users that completed English versions (1.8 per cent).
Chart DQ.10: Service users’ feelings on safety by whether a translated version of the questionnaire was used

Source: ASCS 2017-18, NHS Digital

Chart DQ.11 shows that service users that completed a translated version of the questionnaire report higher levels of social isolation to service users that completed an English version. 44.8 per cent of service users that completed a translated version felt they had some social contact, but not enough or little social contact and feel socially isolated compared to 21.7 per cent of service users that completed the English version of the questionnaire.
Chart DQ.11: Service users’ views on their social situation by whether a translated version of the questionnaire was used

Percentage

Q8a: Which of the following best describes how your social situation?

<table>
<thead>
<tr>
<th>Option</th>
<th>Not Translated</th>
<th>Translated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: I have as much social contact as I want with people I like</td>
<td>45.1%</td>
<td>34.6%</td>
</tr>
<tr>
<td>2: I have adequate social contact with people</td>
<td>32.2%</td>
<td>28.0%</td>
</tr>
<tr>
<td>3: I have some social contact with people, but not enough</td>
<td>15.9%</td>
<td>26.6%</td>
</tr>
<tr>
<td>4: I have little social contact with people and feel socially isolated</td>
<td>5.8%</td>
<td>10.2%</td>
</tr>
</tbody>
</table>

Source: ASCS 2017-18, NHS Digital

Validations at source

When the questionnaires are returned to the CASSR, they are entered onto a data return provided by NHS Digital and as CASSRs complete their data returns, a range of validation checks and flags appear. These validations are carried out using conditional formatting on the record level data and a system of flags against the summary data. The record level validations include the highlighting of invalid and contradictory entries and missing responses for mandatory questions. The data are summarised into tables, where validations on proportions and values are performed, and flags are provided to CASSRs to assist them in assessing the quality of their data before submitting it to NHS Digital.

In addition to the data return’s built in validations a Survey Data Return Validator (an Excel-based macro) is also made available to CASSRs. This enables CASSRs 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.

CASSRs not submitting a valid data return by the mandated deadline

The mandated deadline for submitting data returns was 16 May 2018 and 149 CASSRs submitted a data return. Blackburn and Darwen were the only CASSR not to submit by the mandated deadline. NHS Digital worked with the CASSR to ensure they were able to submit for the final deadline. However, due to missing the mandated deadline, Blackburn with Darwen did not receive a data quality summary report and so their data has not been through the same validation process as the other CASSRs. Users of the data may wish to consider this when making comparisons between CASSRs.

Wirral council did submit by the mandated deadline but as structure of their data return had been significantly changed due to the deletion of columns, their initial data return was not able to be processed and so they were not able to receive a data quality report. Like Blackburn with Darwen, Wirral's data has not been through the same validation process as the other CASSRs. Users of the data may wish to consider this when making comparisons between CASSRs.

Post and follow up validations

All councils (with the exception of Wirral, see details above) that submitted a data return by the mandated deadline received an individual validation report and data quality summary report by 30 May 2018. The validation report was an output from the data return validator, and the data quality summary report provided summary data for the individual CASSR both alongside the previous year and against information collated on data submitted by all CASSRs. The report gave the National average for all CASSRs and flagged where 2017-18 data was statistically different to previous year’s data. CASSRs were then given until 20 June 2018 to make any changes and resubmit their data return.

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

As part of this validation process NHS Digital also provided support to CASSRs who had queries with their reports or required further guidance or assistance with their resubmission, and all 150 CASSRs submitted a valid data return by 20 June 2018.

Additional checks were carried out during the processing of the final 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.

Details of the invalid responses in the standard questionnaires are included in the table below:
Table 4: Number of invalid response options in the standard questionnaire by CASSR and question

<table>
<thead>
<tr>
<th>CASSR</th>
<th>Details of invalid response</th>
<th>Number of records affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Yorkshire</td>
<td>Invalid response for question 13</td>
<td>20</td>
</tr>
<tr>
<td>Oldham</td>
<td>Invalid response for question 11 and 20c</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Invalid response for question 12</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Invalid response for question 19a</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Invalid response for question 5a</td>
<td>1</td>
</tr>
<tr>
<td>Peterborough</td>
<td>Invalid response for question 14a</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Invalid response for question 14b</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Invalid response for question 22b</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Invalid response for question 22e and 22f</td>
<td>1</td>
</tr>
<tr>
<td>Thurrock</td>
<td>Invalid response for question 2b</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Invalid response for question 7b</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: ASCS 2017-18, NHS Digital

Details of the invalid responses in the easy read questionnaires are included in the table below:

Table 5: Number of invalid response options in the easy read questionnaire by CASSR and question

<table>
<thead>
<tr>
<th>CASSR</th>
<th>Details of invalid response</th>
<th>Number of records affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oldham</td>
<td>Invalid response for question 11</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Invalid response for question 13</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Invalid response for question 3b</td>
<td>1</td>
</tr>
<tr>
<td>Peterborough</td>
<td>Invalid response for question 14a</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Invalid response for question 14b</td>
<td>4</td>
</tr>
<tr>
<td>Plymouth</td>
<td>Invalid response for question 2a</td>
<td>1</td>
</tr>
<tr>
<td>Thurrock</td>
<td>Invalid response for question 13</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: ASCS 2017-18, NHS Digital

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Incentives

As stated in section 4.59 of the guidance, CASSRs can use incentives to encourage responses to the survey. In 2017-18, six CASSRs used incentives.

Analysing the 2017-18 data has shown that the response rates for the six CASSRs that used incentives were lower than for the remaining 144 CASSRs.

Table 6: Average response rate and MoE achieved by CASSRs that did and did not offer incentives

<table>
<thead>
<tr>
<th></th>
<th>Used Incentives</th>
<th>Did not use incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average response rate</td>
<td>30.0%</td>
<td>33.6%</td>
</tr>
<tr>
<td>Average MoE</td>
<td>4.0%</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Source: ASCS 2017-18, NHS Digital

Statistical tests were carried out to see if survey responses from CASSRs who offered incentives were different to those that did not offer incentives. Details of the statistical tests used is included in the Methodology and Further Information Report. In the five questions tested, statistical differences in responses were found for four.

Chart DQ.12 shows CASSRs who offered incentives had lower levels (60.6 per cent) of respondents who answered they were extremely or very satisfied with the care and support they received, compared to CASSRs that did not offer incentives (65.1 per cent).

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23 [https://digital.nhs.uk/binaries/content/assets/legacy/pdf/e/6/personal_social_services_adult_social_care_survey__england_information_and_guidance_for_the_2017-18_.pdf](https://digital.nhs.uk/binaries/content/assets/legacy/pdf/e/6/personal_social_services_adult_social_care_survey__england_information_and_guidance_for_the_2017-18_.pdf)
Chart DQ.12: Satisfaction levels by whether the CASSR offered incentives

Source: ASCS 2017-18, NHS Digital

Chart DQ.13 shows CASSRs who offered incentives had lower levels of respondents who answered they have as much social contact as they want with people they like (43.0 per cent) and higher proportions reporting being socially isolated (7.9 per cent), compared to CASSRs that did not offer incentives.
Chart DQ.13: Service users’ feelings on social contact by whether the CASSR offered incentives

As a result of this analysis, the 2018-19 guidance has been updated so that CASSRs can no longer offer incentives as part of their survey process. By removing the use of incentives, we aim for CASSRs data to be more comparable in future years.

Other known data quality issues

Weightings

Weightings are used to calculate a 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 Methodology and Further Information report which is available on the NHS Digital website at:

http://digital.nhs.uk/pubs/adusoccaresurv1718

Geography

The council-level annex tables contain disaggregation by CASSR, council type and region, in alignment with the Department for Communities and Local Government (DCLG) definitions. The CASSR and region names and codes are also in alignment with those set out in the ONS Guidance for Administrative Geographies. However, the regions are also slightly different to those defined by ADASS; Milton Keynes sits in the South East whereas for

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25 For full guidance on ONS Administrative Geographies, visit the ONS Open Geography Portal at https://geoportal.statistics.gov.uk
ADASS it is in the East Midlands. 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.

**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 2017-18 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 2017. The survey data were submitted to NHS Digital by 16 May 2018 and the final data was submitted by 20 June 2018. Publication of the final data for the 2016-17 survey was in October 2017.

**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

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 document26.

**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 a collection method that is consistent with the three previous years (2014-15 to 2016-17) the survey was carried out; therefore there is a high degree of coherence.

**Comparability**

There have been no changes to the 2017-18 survey compared to 2016-17 so there is a high degree of comparability.

In 2016-17, Reported Health Conditions and question 2c (Which of the following statements best describes how much choice you have over the care and support services you receive?) were added. Details of these changes are in the 2016-17 publication27.

26 http://digital.nhs.uk/pubs/adusoccaresurv1718
27 http://digital.nhs.uk/pubs/adusoccaresurv1617
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 was 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 2012’. More information can be seen at: http://content.digital.nhs.uk/media/9756/2-Consultation-on-Adult-Social-Care-Data-Developments-2012-Main-Consultation-Document/pdf/2_Consultation_Main_consultation_doc.pdf.

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 Adult Social Care Survey 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 service users 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 the Challenging Burden Advice Service (CBS) procedure (previously known as Burden Advice and Assessment Service (BAAS)) and is licensed by BAAS. 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 the CBS can be found at: https://digital.nhs.uk/services/the-challenging-burden-service.

The burden of the Adult Social Care 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

Disclosure Control Procedure

Freedom of Information Process
http://content.digital.nhs.uk/foi

NHS Anonymisation Standard

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

Privacy and Data Protection
http://content.digital.nhs.uk/privacy

How are the statistics used? Users and uses of the report

This section contains a summary of users that have found the information in the Adult Social Care Survey (ASCS) publication useful for the purposes set out.

Adult Social Care Outcomes Framework (ASCOF)

The ASCS is used to populate several outcome measures in the ASCOF\(^\text{28}\).

Department of Health and Social Care

The ASCS is used to:

- Inform policy monitoring.

Towards Excellence in Adult Social Care

Towards Excellence in Adult Social Care (TEASC) is a programme to help councils 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, DH, 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 CASSRs 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.

Academics and other known users

The data are used by the Personal Social Services Research Unit (PSSRU) 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 (ASCOF).

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 NHS Digital using the details available at: https://www.digital.nhs.uk/Contact-us.
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:

**Responsible Statistician**
Robyn Wilson – Analytical Section Head, Adult Social Care Statistics

**Adult Social Services Statistics**
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Press enquiries should be made to:
Media Relations Manager:
Telephone: 0300 303 3888
Email: media.enquiries@nhs.net

This publication can be downloaded from the NHS Digital website at:/
http://digital.nhs.uk/pubs/adusoccaresurv1718

Previous ASCS publications can be downloaded from the NHS Digital website, details are below:

“Personal Social Services Adult Social Care Survey, England 2016-17” is available at:
http://digital.nhs.uk/pubs/adusoccaresurv1617

“Personal Social Services Adult Social Care Survey, England 2015-16” is available at:
http://content.digital.nhs.uk/catalogue/PUB21630

“Personal Social Services Adult Social Care Survey, England 2014-15” is available at:
http://content.digital.nhs.uk/catalogue/PUB18642