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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 2016-17 data, submitted by 151 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/adusoccaresurv1617.

For 2016-17 the 151 CASSRs reported an eligible population totalling 653,350 service users in England and of those 203,140 were recorded in the sample for the survey of which 72,580 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 seventh time in 2016-17. 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
- Your 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/adusoccaresurv1617.

Relevance

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.

The data are used by central government and by local authorities to assess their performance in relation to their peers. It is also available for use by researchers looking at CASSR performance and by service users and the public to hold CASSRs and government to account.
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. However, City of London chose to still undertake the survey and their data are included in the report and accompanying annex files.

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 2016-17 was 35.6\(^2\) per cent, compared to 35.7 per cent for 2015-16.

There was variation in the response rates achieved for different questions and between councils. 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 150 CASSRs that took part in the survey. The table shows 29 CASSRs had a response rate of less than 30 per cent.

Table 1: Summary of overall response rates for CASSRs

<table>
<thead>
<tr>
<th>England, 2016-17</th>
<th>Number of CASSRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 per cent</td>
<td>3</td>
</tr>
<tr>
<td>20 to &lt;25 per cent</td>
<td>6</td>
</tr>
<tr>
<td>25 to &lt;30 per cent</td>
<td>20</td>
</tr>
<tr>
<td>30 to &lt;35 per cent</td>
<td>28</td>
</tr>
<tr>
<td>35 to &lt;40 per cent</td>
<td>39</td>
</tr>
<tr>
<td>40 to &lt;45 per cent</td>
<td>37</td>
</tr>
<tr>
<td>45 to &lt;50 per cent</td>
<td>12</td>
</tr>
<tr>
<td>&gt;50 per cent</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>150</strong></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

\(^1\) [http://digital.nhs.uk/pubs/adusoccaresurv1617](http://digital.nhs.uk/pubs/adusoccaresurv1617)  
\(^2\) England’s overall response rate is based on 150 councils excluding Brent council please refer to ‘Completeness of Service User Data’ for further information.
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 council. 13 councils have a margin of error greater than five percentage points and of those seven 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.

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>Margin of Error</th>
<th>Number of CASSRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 per cent</td>
<td>135</td>
</tr>
<tr>
<td>5 to &lt;5.5 per cent</td>
<td>8</td>
</tr>
<tr>
<td>5.5 to &lt;6 per cent</td>
<td>1</td>
</tr>
<tr>
<td>&gt;6 per cent</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>151</strong></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

It should be noted that for councils 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 (12.9 percentage points) is for the City of London; however, with such a small population it would have required a response rate of 76.5 per cent to a survey of all eligible service users to achieve a margin of error of less than five percentage points. City of London is exempt from the survey on account of this requirement, but elected to carry out the survey and all their data have been included in the analysis.

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, 64.7 per cent of 70,855 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 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. For example at a council level easy read questions one and two have recorded higher margins of error (over six per cent), for at least one of the response options.

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 permitted to have assistance when completing the questionnaire and although this approach is not preferred, allowing this as part of the survey design is essential in order to help to make the survey representative of as many service users as possible. The service users who completed the survey unaided are a small subset of state funded social care users and therefore, restricting the survey to this group would provide a biased impression of the view of social care users.

For 2016-17, 79.1 per cent of respondents to question 21 for England reported having help to complete the questionnaire, in comparison to 78.6 in 2015-16. 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. For 2016-17 the highest proportion of service users (33.6 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 2015-16 at 32.6 per cent.

The type of help received is then captured in the responses to question 21 which includes options for someone talked through the questionnaires, translated the questions and wrote down the responses. Whilst there were instructions on the covering sheet to say that the service user should be involved in completing the questionnaire, 10.4 per cent of responses to question 22 indicated the service user had not been involved at all in completing the questionnaire, this compares to 9.4 per cent for the previous year.

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) and the Power BI report which accompanies the publication.

Of those who responded, where the method of collection is known, 99.98 per cent of the returned questionnaires were completed by the same method (post), with the lowest percentage at a council level 95.1 per cent. Therefore, at a national, regional and council basis, there is minimal bias caused by the different methods of data collection.

70 CASSRs (based on those who provided information to NHS Digital) 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 council unless consent has been given by NHS Digital. This aims to limit variation between councils conducting the survey and to help guard against order effects; for example how the inclusion of additional questions may impact on responses to subsequent questions.

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

- 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.
- Asking service users further information on their satisfaction with particular 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

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

**Timescales of Fieldwork**

Councils were required to select an extract date for their eligible population during the period 30 September to 31 December 2016. Four councils informed NHS Digital that they were unable to extract their eligible population during this period.

Councils should distribute the questionnaires to a random sample of service users who are eligible for the survey in January and March 2017. 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. Seven councils 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.

Five councils informed NHS Digital that their use of reminders was inconsistent with the guidance materials; this includes not sending reminders out.

Four councils 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 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.
Table 3: Summary of inconsistencies reported by CASSRs

<table>
<thead>
<tr>
<th>Code</th>
<th>CASSR</th>
<th>Unable to extract eligible population between 30 September and 31 December</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>Distribution or Other questionnaire inconsistencies (see section below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>325</td>
<td>Blackpool</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>406</td>
<td>Birmingham</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>719</td>
<td>Brent</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>210</td>
<td>Calderdale</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>506</td>
<td>Derbyshire</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>809</td>
<td>Dorset</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>214</td>
<td>East Riding of Yorkshire</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>705</td>
<td>Hammersmith and Fulham</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>707</td>
<td>Kensington and Chelsea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>820</td>
<td>Kent</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>315</td>
<td>Knowsley</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>509</td>
<td>Leicester</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>316</td>
<td>Liverpool</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>730</td>
<td>Merton</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>107</td>
<td>Newcastle upon Tyne</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>North Tyneside</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>512</td>
<td>Nottingham</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>616</td>
<td>Reading</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>911</td>
<td>South Gloucestershire</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>814</td>
<td>Southampton</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>621</td>
<td>Southend-on-Sea</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>114</td>
<td>Stockton-On-Tees</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>622</td>
<td>Thurrock</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>711</td>
<td>Tower Hamlets</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>713</td>
<td>Westminster</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>618</td>
<td>Windsor and Maidenhead</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✗</td>
</tr>
</tbody>
</table>

Questionnaire & Distribution inconsistencies

Across the different stages of the collection, a number of councils have reported other issues or inconsistencies which have affected their survey process, for example errors in the printing of questionnaires or issues concerning distribution; further details are provided below.

For 2016-17 a new question was included in the standard version of the community questionnaire; question 2c ‘Which of the following statements best describes how much choice you have over the care and support services you receive?’ Out of the 151 CASSRs two councils were not able to submit any response data for this question and one council submitted a much lower number of responses than would be expected.

Brent council used questionnaires from the previous year’s survey which did not include question 2c, therefore service user responses could be not be recorded for this question.

Blackpool experienced an error with their database which meant that no responses recorded for question 2c were saved; the council has now resolved this issue for future surveys.

Nottingham council omitted question 2c from their first posting of the questionnaires. The question was however included (where appropriate) in their reminders, but this has resulted in a far lower number of responses to this question, with only seven per cent of survey respondents answering this question, compared to 92 per cent for England.
Tower Hamlets council informed NHS Digital that only two versions of the survey questionnaire were distributed, the first being the ‘standard community’ version which was directed to service users in residential and nursing care as well as those in the community, whose primary support reason was not Learning Disability support. The second version was the ‘easy-read community’ questionnaire directed at service users from all three support settings (residential, nursing and community) whose primary support reason was Learning disability.

South Gloucestershire council experienced a distribution error which meant no pre-paid envelopes were included in the first mailing of standard community surveys to approximately 152 service users in Stratum 4.

Liverpool council informed NHS Digital that they experienced issues with the printing of questionnaires for the initial mail out of surveys which affected approximately 50% of their surveys. Upon being notified of this issue by Healthwatch and service users Liverpool re-distributed all of the surveys affected. However, this issue has affected their response rate which was 16.3 per cent compared to 26.0 per cent response rate recorded for their survey last year.

Thurrock council recorded data for just one respondent for three of the optional questions in the survey in their data return. For the purposes of analysis, we have omitted these three responses from the survey’s dataset.

**Completeness of Service User Data**

In addition to the CASSR specific issues mentioned below, a number of councils reported that some administrative data; in particular Sexual Orientation, Ethnicity 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

Brent council’s submission had missing data for non-respondents where the questionnaire was not returned. Due to an issue with their response entries, they needed to re-input their data and as a consequence they were not able to submit any of the data for these non-respondents in time for their final submission deadline. For this reason the overall questionnaire response rate for their council has been omitted from the annex files, however Brent has informed NHS Digital that their actual response rate to the survey was 26.6 per cent. 93 of Brent’s records were also missing stratum data; these records were all non-respondents who had returned the blank questionnaire. As all the data needed to allocate strata was provided in the data return the strata values for these fields were re-instated when processing their data.

Four other CASSRs submitted records with missing strata and due to other data fields being incomplete (in many cases because the respondent removed their questionnaire ID), a stratum could not be allocated and the records and any corresponding responses were removed from the dataset. The CASSRs and the number of deleted records (provided in brackets) are as follows: Essex (20) Leicester (19), Derby (2) and Tower Hamlets (1).
Accuracy of Eligible Population

During the validation process, NHS Digital queried the eligible population data reported by some CASSRs. Where CASSRs eligible population differed by 20 per cent or more to the figure the CASSR provided in their 2015-16 SALT return, the council were contacted to ask them to review their eligible population and explain why the figures differed. A number of CASSRs resubmitted their data returns and amended their eligible population data, whilst others provided an explanation as to why the figures were different.

The data quality annex provides the eligible population submitted in the Adult Social Care Survey data return and the figures presented in table LTS001b of the Short And Long Term Support (SALT) 2015-16. The extract period for SALT and Adult Social Care Survey are different, however it is expected that they should closely align in most cases.

The ASCS data reported an eligible population of 653,350 service users in England, compared to 652,350 for the same group reported in the 2015-16 SALT collection, a difference of 0.2 per cent. Where CASSRs have provided a comment to explain the difference in population this has been included in the annex file.

Survey Materials and Translations

NHS Digital released the guidance and questionnaire materials (including the letters to care homes and supported living managers) for the 2016-17 collection in late November, as opposed to September for the 2015-16 survey. Translated materials were then made available in January of this year, just prior to the commencement of the recommended fieldwork period. Feedback from some CASSRs indicated these timescales for releasing materials placed additional burdens on them in planning the collection, extracting the eligible population and creating the sample. The delay in translation materials may have affected on the number of people who would have responded to the survey via a translated questionnaire. Less than 0.1 per cent of respondents used a translated version of the questionnaire.

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\(^3\). 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.

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Post and follow up validations

The mandated deadline for submitting data returns was 10 May 2017 and 149 CASSRs submitted a data return; these CASSRs then received an individual validation report and restricted data summary report on 1 June 2017. The validation report was an output from the data return validator and the restricted data summary report provided summary data for the individual CASSR alongside the previous year and against information collated on data submitted by all CASSRs. The report flagged where 2016-17 data was statistically different to previous year’s data and the average for all CASSRs. CASSRs were then given until 16 June 2017 to make any changes and resubmit their data return.

As part of this validation process NHS Digital also provided support to CASSRs who had queries with their reports or required further guidance to assist their resubmission and all 151 councils submitted a data return by 16 June 2017.

Following this deadline a small number of councils were contacted with regards to outstanding data quality queries and where responses have been received these have been included in this report and where appropriate the DQ annex which accompanies this document.

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 main report which is available on the NHS Digital website at: http://digital.nhs.uk/pubs/adasoccaresurv1617

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 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

The data in this publication relate to the financial year 2016-17 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 10 May 2017. Publication of the final data for the 2015-16 survey was in September 2016; the final data for 2016-17 are being made available in October 2017.

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4 For full guidance on ONS Administrative Geographies, visit the ONS Open Geography Portal at https://geoportal.statistics.gov.uk
Accessibility and clarity

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

The data are derived from consistent data sources and a collection method that is consistent with the previous two years (2015-16 and 2014-15) that the survey was carried out; therefore has a high degree of coherence.

There were two additions and one change made to the survey for 2016-17; firstly new information on 'Reported Health Conditions' was been collected as part of the data return. The 'Reported Health Conditions', data should be recorded as they appear in council records, and as mandated in the equalities and classification framework\(^5\): that is, the two mandatory reported health conditions Autism (excluding Asperger Syndrome / High Functioning Autism), and Asperger Syndrome / High Functioning Autism) must be included where these are flagged for the service user; the remaining conditions are voluntary fields.

Secondly a new question (2C) was included in the standard versions of the community questionnaire: "Which of the following statements best describes how much choice you have over the care and support services you receive?" This question was directed at a subset of the service users and therefore the weighting methodology reflects this; further information is available in the main report, available on the NHS Digital website at: http://digital.nhs.uk/pubs/adusoccaresurv1617.

The change to the data collected relates to translations and the data field has changed from "Was a translated version of the questionnaire used" to "Language of questionnaire used" which provides codes for the eighteen different languages made available in the materials.

\(^{5}\) http://content.digital.nhs.uk/media/22400/EQ-CL2016-17Frameworkv2pdf/pdf/EQ-CL_2016-17_Framework_v2.pdf
Assessment of user needs and perceptions

The survey and associated data collection was developed in collaboration with 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 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 Burden Advice and Assessment Service (BAAS) procedure (previously known as Review of Central Returns (ROCR)) and 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 BAAS can be found at: http://content.digital.nhs.uk/baas.

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
http://content.digital.nhs.uk/dars
http://systems.digital.nhs.uk/infogov

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 ASCOF⁶.

Department of Health
The ASCS 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 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 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.

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 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:

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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/adusoccaresurv1617

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

“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