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Introduction

The following statement details the quality of the Personal Social Services Survey of Adult Carers in England (SACE) data submitted by Councils with Adult Social Services Responsibilities (CASSR) in 2016-17.

Background

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

For this report carers were sent questionnaires, issued by CASSRs, in the period October to November 2016, to seek their opinions on a number of topics that are considered to be indicative of a balanced life alongside their caring role.

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

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

Relevance

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

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

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

¹ https://digital.nhs.uk/pubs/psscarersurvey1617
Accuracy

The proximity between an estimate and the unknown true value

Missing Councils

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

Missing data

The data quality annex\(^2\) provides an overview of the level of missing administrative data submitted by each CASSR. The administrative data is the data completed by the CASSR on each of the carers in their sample. The annex provides an overview of the level of missing administrative data for all those in the sample (T2 – Missing Admin – Sample) and for those that responded to the survey (T1 – Missing Admin – Respondent).

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

Response rates

The overall response rate for 2016-17 was 41 per cent. This compares to 44 per cent in 2014-15.

There was variation in the response rates achieved for different questions and different CASSRs. The data quality annex\(^3\) provides an overview of the response rates for each question submitted by each CASSR.

Table 1 shows a summary of the overall response rates for the 151 CASSRs that took part in the survey. The table shows 11 CASSRs had a response rate of less than 30 per cent.

Table 1: Summary of overall response rates for CASSRS

<table>
<thead>
<tr>
<th>Overall Response Rate</th>
<th>Number of CASSRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>England, 2016-17</td>
<td></td>
</tr>
<tr>
<td>Less than 30 per cent</td>
<td>11</td>
</tr>
<tr>
<td>30 to 35 per cent</td>
<td>31</td>
</tr>
<tr>
<td>35 to 40 per cent</td>
<td>26</td>
</tr>
<tr>
<td>40 to 45 per cent</td>
<td>23</td>
</tr>
<tr>
<td>45 to 50 per cent</td>
<td>26</td>
</tr>
<tr>
<td>50 to 55 per cent</td>
<td>20</td>
</tr>
<tr>
<td>55 to 60 per cent</td>
<td>8</td>
</tr>
<tr>
<td>More than 60 per cent</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>151</td>
</tr>
</tbody>
</table>

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

\(^2\) http://digital.nhs.uk/pubs/psscarersurvey1617
\(^3\) http://digital.nhs.uk/pubs/psscarersurvey1617
Bias

Random sources of bias – Confidence Intervals and Margin of Error

Surveys produce statistics that are estimates of the real figure for the whole population which would only be known if the entire population was surveyed. Therefore, estimates from the sample surveys are always surrounded by a confidence interval which assesses the level of uncertainty caused by only surveying a sample of carers.

A 95 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, only where confidence intervals do not overlap are the estimates considered statistically different.

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

The data quality annex provides the margin of error achieved for each council. 28 councils have a margin of error greater than five percentage points.

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

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>Less than 5</td>
<td>122</td>
</tr>
<tr>
<td>Between 5 and 5.5</td>
<td>18</td>
</tr>
<tr>
<td>Between 5.5 and 6.0</td>
<td>5</td>
</tr>
<tr>
<td>Greater than 6.0</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>151</strong></td>
</tr>
</tbody>
</table>

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

It should be noted that for councils with a very small number of carers who are eligible for the survey, it is particularly difficult to achieve the margin of error requirement. The largest margin of error (16 percentage points) is for the City of London; however, with such a small population it would have required a response rate of 88 per cent from a survey of all eligible carers to achieve a margin of error of less than five percentage points. City of London are exempt from the survey on account of this requirement, but elected to carry out the survey and all their data have been included in the analysis. The second highest margin of error was 7.8 for Thurrock council.

http://digital.nhs.uk/pubs/psscarersurvey1617
It should also be noted that margins of error are much smaller at national level than at CASSR level as they are based on more respondents. For example, there were 54,470 respondents to question 3 ‘Where does the person you care for usually live?’ 74.7 per cent of respondents answered ‘With me’, and this has a confidence interval 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\textsuperscript{5} 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.

The data quality annex\textsuperscript{5} shows that the margin of error varied most for question 25 (How many children aged 18 or under do you have parenting responsibility for). When reviewing the data, it showed a high proportion of entries for some councils had unknown values for this question. In future surveys, consideration needs to be given as to whether this question is sufficiently clear for carers to complete.

**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\textsuperscript{7}.

**Survey design sources of bias**

Respondents were allowed to have assistance when completing the questionnaire and around 9.4 per cent of respondents did so. Although not ideal, allowing this as part of the survey design is essential in order to help to make the survey representative of as many carers as possible.

Of those who responded, where the method of collection is known, more than 99.9 per cent of the returned questionnaires were completed by the same method (post) and less than 0.1 per cent received either a face-to-face or telephone interview. Therefore, at national level there is minimal bias caused by the different methods of data collection.

18 councils used face-to-face or telephone interviews. The percentage of returned questionnaires completed by either face-to-face or telephone interview varied at CASSR level but the highest was 3.8 per cent. Therefore, there is little bias caused by the different methods of data collection at CASSR level.

79 CASSRs (based on those who provided information to NHS Digital) added or modified questions to gain specific information from carers. The survey guidance makes it clear that if CASSRs wish to add questions to the questionnaire then they must seek approval from NHS Digital, and local research governance processes should be followed. Also, modifications must not be made to any section of the survey materials that are not highlighted as requiring input from the council unless consent has been given by NHS Digital. This aims to limit variation, where possible, between CASSRs conducting the survey and to help guard against order effects; for example, how the inclusion of additional questions may impact on responses to subsequent questions.

\textsuperscript{5} http://digital.nhs.uk/pubs/psscarersurvey1617
\textsuperscript{6} http://digital.nhs.uk/pubs/psscarersurvey1617
\textsuperscript{7} http://digital.nhs.uk/pubs/psscarersurvey1617
The modifications that were made by CASSRs included providing additional boxes asking carers to add comments to explain their answers, and asking questions which focused on various topics, such as:

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

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

**Timescales of Fieldwork**

CASSRs were required to extract their eligible population during the period June to September 2016. Nine CASSRs informed NHS Digital that they were unable to extract their eligible population during this period.

CASSRs should distribute the questionnaires to a random sample of carers who are eligible for the survey in October and November 2016. 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. Eleven CASSRs made NHS Digital aware that it was necessary for them to conduct at least part of their fieldwork beyond this period; users of the data may wish to bear this in mind when making comparisons.

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

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

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

<table>
<thead>
<tr>
<th>CASSR</th>
<th>Unable to extract eligible population between June and September 2016</th>
<th>At least part of fieldwork conducted outside fieldwork period</th>
<th>Use of reminders was inconsistent with guidance</th>
<th>Copy of questionnaire was not included with reminder letter</th>
<th>Other questionnaire inconsistency (see section below for details)</th>
<th>Post validation inconsistencies (see section below for details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford Borough</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birmingham</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bournemouth</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calderdale</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Bedfordshire</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Croydon</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Derbyshire</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorset</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Essex</td>
<td>✓</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isle of Wight</td>
<td>✓</td>
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<td></td>
<td></td>
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<tr>
<td>Knowsley</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Leicester</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Tyneside</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Nottingham</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oldham</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peterborough</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Plymouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rutland</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Southampton</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southwark</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stoke on Trent</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Suffolk</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunderland</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thurrock</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>York</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Questionnaire inconsistencies

Peterborough City Council informed NHS Digital that they had a problem with the printing of the Carers Survey, with some of the question responses missing and some text missing. The council mitigated the problem by reissuing a revised questionnaire to all carers. Some carers still completed the initial questionnaire with missing questions so this may have impacted on the question response rates for Peterborough City Council and may have also impacted on how Carers completed the survey. The response rate worksheet shows the response rates for Peterborough City Council, the rates are similar to the England average.

York City Council informed NHS Digital that they identified a problem with how the initial questionnaires were sent out as there was no way to match the responses received to the administrative data. Following advice from NHS Digital, York City Council reissued the questionnaire but received back fewer than the minimum number of questionnaires. The number of questionnaires received and the number required are available in the data quality annex.

Plymouth City Council informed NHS Digital that they omitted mandatory question number 17 in error. This is shown in the data quality annex.

Bedford Council informed NHS Digital that they omitted mandatory question number 29 from their survey. This is shown in the data quality annex.

Nottingham City Council informed NHS Digital that they omitted mandatory question number 29 from their first distribution of the survey. This affected all original returned questionnaires but not reminders. This is shown in the data quality annex.

Completeness of Carers Data

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

- Difficulties accessing administrative data from third party organisations
- The change in the eligible population resulting in a new cohort which may have affected response rates
- Some administrative data; in particular Sexual Orientation, Ethnicity and Religion data is not collected by all CASSRs
- Not all administrative data; in particular Age and Ethnicity, is mandatory unless a referral is created
- Some CASSRs had difficulties matching records to third party services data
- Funding status of cared-for person data is held separately at some CASSRs

A number of CASSRs were not able to include carers from third party organisations in their survey as they did not hold the carers contact details. This particularly affected carers from Mental Health trusts.

The change in eligible population has resulted in carers now being eligible even if they have not had a review or assessment. Some councils reported having minimal information on carers where advice and information were only provided so these carers were not able to be included in their sample.

CASSRs also reported that there are issues with people not regarding themselves as carers, particularly in the new cohort, and so not responding to the survey.
A number of CASSRs have been undergoing data quality exercises and migrating between systems resulting in not all administrative data being available for this return but this will continue to be worked on and data quality is expected to improve.

**Accuracy of Eligible Population**

The eligible population changed in 2016-17 and is now all carers that would be included in table 1a of the Short and Long-Term (SALT) activity measure table LTS003. 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. Others provided explanation on why the figures were different.

Following this work, it was decided that the definition of eligible population and who to include was not clear for all CASSRs. As a result, the guidance document will be reviewed to try and improve clarity for future years.

The data quality annex provides the eligible population submitted in the Carers Survey data return and the figures presented in table LTS003 of the Short And Long Term Support (SALT) 2015-16 return. The extract period for SALT and the Carers Survey are different, however it is expected that they should closely align. Where CASSRs have provided a comment to explain the difference in population this has been included in the annex file.

Following the change to the definition of the eligible population for the Carers Survey, a review of the data returns from CASSRs appears to show that they have approached the change differently.

53 CASSRs reported an increase of over 50 per cent in their eligible population from 2014-15 to 2016-17. Some of these CASSRs reported difficulties in surveying this new cohort as less information was held on them. Some CASSRs also reported a lower response rate as these carers did not consider themselves as carers and had less contact with the council.

In contrast, 12 CASSRs reported a decrease of over 50 per cent in their eligible population from 2014-15 to 2016-17. Some of these CASSRs commented that following the introduction of SALT they have reviewed the quality of the carer data records held and closed records that are no longer active. It was also reported that this has caused difficulties in achieving the minimum response rate due to the decrease in population size.

**Translation materials**

The translation materials were made available on 1st November 2016, half way through the fieldwork period. The materials should have been available before the start of the fieldwork period. The delay in translation materials may have impacted on the number of people who would have responded to the survey via a translated questionnaire. Less than 0.1 per cent of returned questionnaires used translated versions of the survey.

Analysis was carried out to consider if any findings were different when using the translated versions of the questionnaire compared to the English versions. Due to the small number of

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translated questionnaires used it is difficult to compare the statistical difference to the findings of the English versions of the questionnaire.

Using the ASCOF questions, the only question where there was a statistically significant difference was for question 4, “Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months”.

**Chart 1 (DQ)** shows the satisfaction of the support or services received by whether or not a translated version of the questionnaire was used. The standard errors are much larger for the translated materials due to the small number of translated questionnaires returned. For four of the bars the standard errors overlap, the only exception is for the “I am neither satisfied or dissatisfied” option where the percentage for those using English questionnaires is higher than those using the translated versions.

The analysis suggests that there is little difference in the views of those that used English versions of the questionnaires and those that used translated versions.

**Chart 1 (DQ): Satisfaction with the support or services received by whether a translated version of the questionnaire was used.**

![Chart 1 (DQ)](chart1.png)

Source: SACE, NHS Digital

**Validations at source**

When the questionnaires are returned to the CASSR, they are entered onto a data return provided by NHS Digital. As CASSRs completed their data returns, a range of validation checks were carried out using conditional formatting. The validations look at invalid and contradictory entries and blank cells to mandatory questions. The data return also includes summary tables that assist councils in assessing the quality of their data before submitting it to NHS Digital.
In addition to the conditional formatting checks, a Survey Data Return Validator (an Excel-based macro) is available to councils\(^9\). This enables them to assess data quality in the data return prior to submission. It carries out a number of checks on the data return including structural integrity, data matching acceptable values, consistency between data in related columns, and identifying potential anomalies in distributions.

**Post and follow up validations**

The initial deadline for submitting data returns was 28\(^{th}\) February 2017. As a number of CASSRs had issues using the Secure Electronic File Transfer (SEFT) system, data returns were accepted up to 2\(^{nd}\) March 2017. All CASSRs submitted their data returns to NHS Digital by 2\(^{nd}\) March. All CASSRs then received a validation report and a restricted data summary report. This report showed the CASSRs summary data alongside summary information of the data submitted by all CASSRs. This report flagged where a CASSRs 2016-17 data was statistically different to the data the CASSR submitted in 2014-15 and also where the data was different to the all CASSR average in 2016-17. CASSRs were then given until 7\(^{th}\) April to make any changes and resubmit their data return.

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

Additional checks were carried out during the processing of the data and a report was produced which flagged data quality issues. The report included invalid responses. For the 2016-17 data, the report consisted of three invalid data entries, these were for question 5a, 6a and 24g. The invalid codes were excluded from the annex tables but the other responses for the record were still included.

Central Bedfordshire council included one record for a cared for person under 18. The council confirmed the carer also cared for someone over 18 so the record was included in the analysis.

While processing the data it was also noticed that Knowlsey council had 24 duplicate record ID numbers in their data return. The council confirmed they had to reload the information which resulted in the duplicates but no duplicate questionnaire responses were included in the data return.

**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 ‘Methodological and Further Information’ document\(^10\).

**Geography**

The council-level annex tables\(^11\) contain disaggregations by CASSR, council type and region, in alignment with the Department for Communities and Local Government (DCLG).

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definitions. The CASSR and region names and codes are also in alignment with those set out in the ONS Guidance for Administrative Geographies\textsuperscript{12}. However, it should be noted that the classification of council type differs; the DCLG groupings used in this publication classify Greenwich as Inner London, and Haringey and Newham as Outer London, whereas the ONS Administrative Geographies classify Greenwich as Outer London, and Haringey and Newham as Inner London.

**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 2016-17 and therefore the lag from the end of the financial year is around five months. The survey fieldwork was carried out during the period October to November 2016. The survey data were submitted to NHS Digital by 2\textsuperscript{nd} March 2017.

Publication of final data for 2014-15 was made available in September 2015; the final data for 2016-17 are being made available in August 2017, one month sooner than last time the survey was completed.

**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 document\textsuperscript{13}.

**Coherence and comparability**

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

**Coherence**

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

\textsuperscript{12} For full guidance on ONS Administrative Geographies, visit the ONS Open Geography Portal at https://geoportal.statistics.gov.uk
\textsuperscript{13} http://digital.nhs.uk/pubs/psscarersurvey1617
Comparability

In 2016-17 there was a change to the eligibility criteria for the carers to include in the survey. All carers aged 18 and over included in the SALT measure LTS003 table 1a are now eligible for inclusion. The method of assessment or review enables NHS Digital to separate the new cohort of eligible carers and assess the impact of the inclusion of this additional cohort.

Analysis was carried out to consider if any findings were different between the new carers now included in the eligible population compared to the original cohort. Using the ASCOF measures, the analysis showed statistically different results for question 11, question 16, question 18 and the carer-reported quality of life score.

Chart 2 (DQ) shows question 11, “Thinking about how much social contact you’ve had with people you like, which if the following statements best describes your social situation” by the original eligible population cohort (Review) and those that are now included in the eligible population (No review). The chart shows that the newly included carers that have not had a review have higher proportions of carers which have as much social contact as they want with people they like. The new group also have lower levels of carers reporting little social contact and feeling socially isolated.

Chart 2 (DQ): Social contact by carer cohort

![Chart 2 (DQ): Social contact by carer cohort]

Source: SACE, NHS Digital

Chart 3 (DQ) shows the carers reported quality of life score (see main findings for details on which questions are used to calculate the score). The chart shows the original cohort (Review) have a higher proportion of carers with a lower quality of life score. The carers that are now included in 2016-17 (No review) have a higher proportion of carers with scores nine and above.
Chart 3 (DQ): Carer reported quality of life score by carer cohort

Following this analysis, comparisons have not been made with 2014-15 data in this publication. If users choose to review 2014-15 data alongside 2016-17 data, care should be taken before making comparisons.

Four new questions have been cognitively tested and added to the 2016-17 carers’ survey.

In 2014-15 there were some important changes to the methodology, these are explained in the methodological change notice of the 2014-15 report\(^{14}\), and these should be borne in mind when making comparisons to 2012-13. In the time series document\(^{15}\) that accompanies this report, the 2012-13 results have been recalculated using the new weighting methodology so comparisons can be made.

We do not recommend making comparisons to the 2009-10 pilot survey; see the Methodological and Further Information document\(^{16}\) for further information.

\(^{15}\) http://digital.nhs.uk/pubs/psscarersurvey1617
\(^{16}\) http://digital.nhs.uk/pubs/psscarersurvey1617
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 SACE collection is mandated for all CASSRs with the exception of the Isles of Scilly and City of London who were exempt from the survey as the number of carers within their area who met the survey eligibility criteria was too small to guarantee statistically robust results.

The data collection process used in this publication is subject to 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 SACE collection has been assessed and approved, the burden of any changes to the collection are similarly assessed, to ensure that they do not create undue burden for CASSRs.
Confidentiality, transparency and security

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

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


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

Statistical Governance Policy

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

Uses of statistics by known users

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

Adult Social Care Outcomes Framework

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

Department of Health

The SACE is used to:

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

Towards Excellence in Adult Social Care

Towards Excellence in Adult Social Care (TEASC) is a programme to help CASSRs improve their performance in adult social care. The sector-led initiative builds on the self-assessment and improvement work already carried out by councils. The key emphasis of this new approach is on promoting innovation and excellence and collective ownership of improvement. Its core elements involve regional work; robust performance data; self-evaluation; and peer support and challenge. TEASC includes representatives from ADASS, the Local Government Association, CQC, 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 complete the form available at: [http://content.digital.nhs.uk/haveyoursay](http://content.digital.nhs.uk/haveyoursay).
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 5678
Email: media.enquiries@nhs.net

This publication can be downloaded from the NHS Digital website at:/
http://digital.nhs.uk/pubs/psscarersurvey1617

Previous SACE publications can be downloaded from the NHS Digital website, details are below:
“Personal Social Services Survey of Adult Carers in England, 2014-15” is available at:
http://content.digital.nhs.uk/catalogue/PUB18423

“Personal Social Services Survey of Adult Carers in England, 2012-13” is available at:
http://content.digital.nhs.uk/catalogue/PUB12630