

Personal Social Services Adult Social Care Survey

England 2015-16

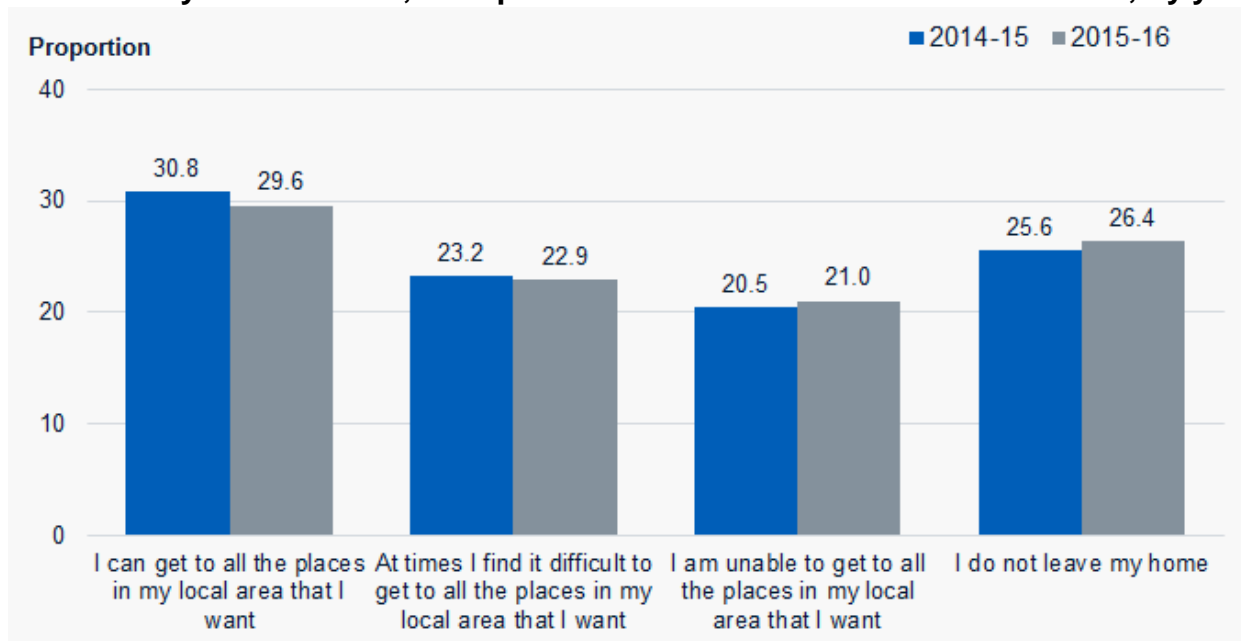
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This report contains findings from the Adult Social Care Survey, 2015-16, with comparisons to 2014-15. This survey seeks to learn about how effectively services are helping service users to live safely and independently in their own homes, and the impact that these services are having on their quality of life.

Key findings

- At 61.3 per cent, there has been a percentage point increase in the proportion of respondents reporting that having help makes them think and feel better about themselves. This statistically significant increase is based on 69,230 respondents in 2015-16 (Q10).
- The proportion of respondents reporting that their families paid for additional care and support for them has increased from 9.5 per cent in 2014-15, to 10.4 per cent in 2015-16. This is a statistically significant increase based on 68,095 respondents in 2015-16 (Q20).
- As illustrated below, 29.6 per cent of service users reported being able to get to all the places in their local area that they wanted. Additionally, 26.4 per cent of respondents indicated they did not leave their homes. These are a statistically significant reduction and increase respectively, compared to 2014-15 (Q18).

Accessibility of local area, transport links and amenities for service users, by year



1. Figures may not add up to 100 per cent due to rounding.

2. Based on 66,770 respondents in 2014-15 and 69,390 in 2015-16 (Source: NHS Digital, Adult Social Care Survey, 2015-16)

Contents

Key findings	1
Contents	2
Introduction	3
Chapter 1: Overall Satisfaction with Care and Support	4
Chapter 2: Quality of Life	6
Chapter 3: Knowledge and Information	14
Chapter 4: Health and Wellbeing	15
Chapter 5: Layout of Home and Surrounding Area	21
Chapter 6: Help from Others	23
Appendix A: Data Quality	25
Appendix B: Annex Tables	30
Feedback and Queries	31
Acknowledgement	31

Introduction

The Personal Social Services Adult Social Care Survey (ASCS) is an annual survey for England that took place for the sixth time in 2015-16. Service users were sent questionnaires, issued by Councils with Adult Social Services Responsibilities (CASSRs), in the period January to March 2016 to seek their opinions on a range of outcome areas.

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. It seeks to learn more about how effectively services are helping service users to live safely and independently in their own homes, and the impact that these services have on their quality of life.

The base numbers in this report are rounded to the nearest five, with percentages rounded to one decimal place; the percentages given for each question may therefore not add up to 100 per cent. Where the report talks about the proportions reported by respondents, these have been calculated by weighting the response data, with eligible population figures, to estimate the proportion of the population who hold these views.

Surveys are generally used to produce estimates of population proportions as it is usually not possible to ascertain the true values for a whole population. The variation, or margin of error, present in the sampled data can however be used to produce a range of values, or a confidence interval, within which the true value is likely to sit for each measure. When comparing two estimates, where confidence intervals do not overlap, the difference between the estimates can be considered as statistically significant. In this publication statistical significance is tested at a 95% confidence level. Where this is the case, statistical significance will be stated within the report.

As a result of changes to the eligible population in 2014-15 (as documented in the 2014-15 publication¹), it is not possible to make direct comparisons between data from 2014-15 onwards, and previous years. Therefore, only comparisons between 2014-15 and 2015-16 are included in this report. Whilst, many of the proportions reported may have changed compared to 2014-15, these changes are not statistically significant in most cases and are due to natural variation between the samples that have been drawn in each year.

Further information about the survey, including the methodology, can be found in the 'Methodology and Further Information' document, available on the NHS Digital website²

Findings from the survey are used to populate a number of measures in the Adult Social Care Outcomes Framework³; these outcome scores will be available in the ASCOF publication.

CASSRs reported that at the point that data for the survey were extracted from local systems, there were 657,825 service users aged 18 and over in receipt of long-term support services funded or managed by the social services following a full assessment of need. 73,165 out of a sample of 204,825 service users responded to the survey, which is a response rate of 35.7 per cent (whereas it was 36.0 per cent in 2014-15).

This report focuses on the mandatory questions from the survey, however details of the optional questions are included as part of the associated data files (outlined in 'Appendix B: 2015-16 Annex Tables')

¹ <http://www.digital.nhs.uk/pubs/adusoccaresurv1415>

² <http://www.digital.nhs.uk/pubs/adusoccaresurv1516>

³ <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-ascof-2015-to-2016>

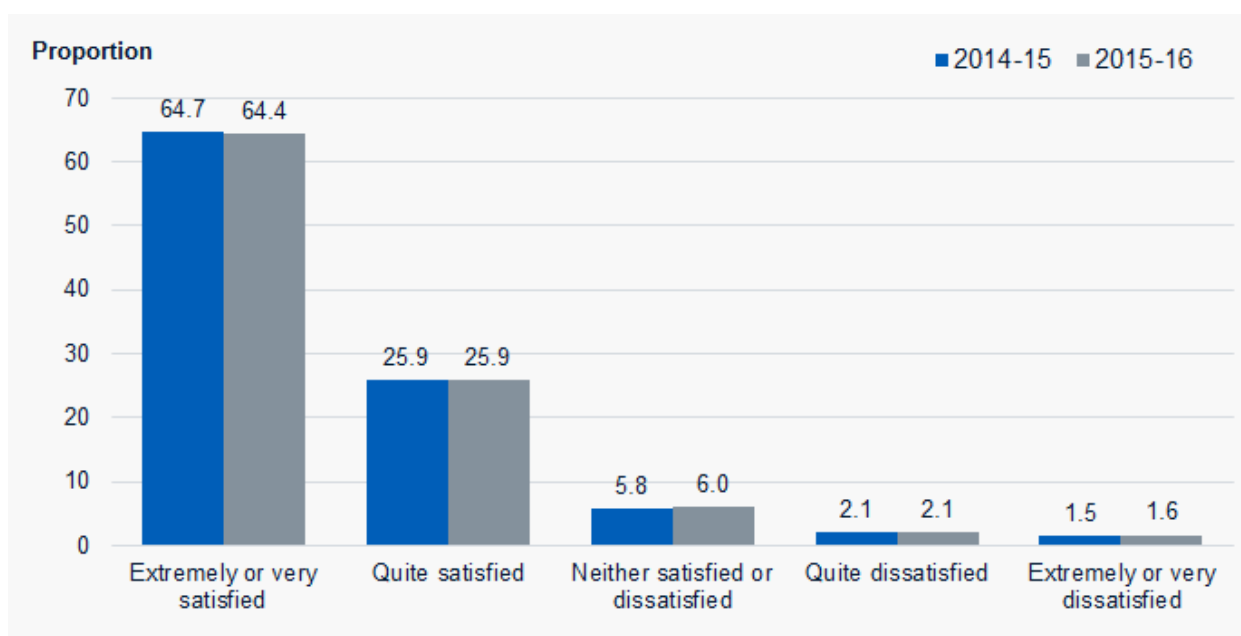
Chapter 1: Overall Satisfaction with Care and Support

This section includes a general measure of how satisfied social care users are with the services they receive. This question is similar to the satisfaction question asked in previous surveys and is included to provide some degree of continuity with previous User Experience Surveys.

Question 1: Overall, how satisfied or dissatisfied are you with the care and support services you receive?

Figure 1 illustrates the combined response proportions⁴ recorded by service users for question 1. The proportions for each response option at national level were similar to those recorded in 2014-15 and indicate no statistically significant change.

Figure 1: Overall satisfaction with care and support services, by year



1. Figures may not add up to 100 per cent due to rounding.

2. Based on 67,715 respondents in 2014-15 and 71,355 in 2015-16

Source: NHS Digital, Adult Social Care Survey, 2015-16

Regional Responses

Table 1 illustrates response levels for question 1 by region; the proportions reported as being extremely or very satisfied with the care and support services they received ranged from 60.3 per cent (London) to 67.2 per cent (North East). Compared to the proportions reported in 2014-15, no statistically significant changes are apparent for any region.

⁴ The questionnaire exists in standard and easy-read versions. In the standard version, the satisfaction question (Q1) has seven possible answers whereas in the easy-read version it has only five. The responses have been combined by collapsing the two answers at each of the extremes of the seven-level question into one.

Table 1: Overall satisfaction with care and support services, by region

2015-16	Percentages and Numbers					
	Extremely or very satisfied	Quite satisfied	Neither satisfied or dissatisfied	Quite dissatisfied	Extremely or very dissatisfied	Respondents
England	64.4	25.9	6.0	2.1	1.6	71355
North East	67.2	25.1	4.9	1.6	1.3	5020
North West	64.9	25.4	5.5	2.5	1.7	10775
Yorkshire and the Humber	63.8	26.6	5.9	2.3	1.4	7190
East Midlands	64.1	25.8	7.0	1.9	1.1	3880
West Midlands	64.2	26.6	5.7	2.2	1.4	6610
South West	66.3	25.7	5.2	1.6	1.1	7095
Eastern	64.5	25.4	6.3	1.9	1.9	6715
London	60.3	27.2	7.4	2.7	2.4	16105
South East	65.7	25.2	5.7	2.0	1.4	7960

1. Figures may not add up to 100 per cent due to rounding.
Source: NHS Digital, Adult Social Care Survey, 2015-16

Please note that question 1 is also used in the construction of ASCOF indicator 3A. Analysis of this indicator will be included as part of the ASCOF 2015-16 publication.

Chapter 2: Quality of Life

The 'Quality of Life' Section of the questionnaire consists of thirteen mandatory questions which ask service users to think about:

- the quality of their lives as a whole (similar measures have been used in a number of national surveys and councils should be able to get a sense of how their service users' views compare to those of the UK population overall, for example via <http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/2015to2016>)
- the aspects of quality of life that we can expect social care services to impact upon (with these questions councils should be able to monitor outcomes for social care users)
- the way services are delivered and the effect this has on a person's psychological wellbeing; and
- contextual questions that allow service users to say whether they feel social care services help with different aspects of their quality of life

Question 2: Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?⁵

The proportions reported for each response option, at national level in 2015-16 are similar to those reported for 2014-15 and include no changes that are statistically significant.

Where figures for 2014-15 are not provided within this document, these are available as part of the time series annex file at: <http://www.digital.nhs.uk/pubs/adusoccaresurv1516>

In 2015-16:

- 31.1 per cent of respondents reported that life was so good it could not be better, or was very good;
- 31.2 per cent felt that life was good;
- 28.9 per cent reported that life was alright;
- 5.7 per cent felt that life was bad; and
- 3.1 per cent reported that life was very bad or so bad it could not be worse

1. Figures may not add up to 100 per cent due to rounding.

2. Based on 71,395 respondents

Source: NHS Digital, Adult Social Care Survey, 2015-16

⁵ The questionnaire exists in standard and easy-read versions. In the standard version, the overall quality of life question (Q2) has seven possible answers whereas in the easy-read version it has only five. The responses have been combined by collapsing the two answers at each of the extremes of the seven-level question into one. It should be noted that question 2 is not the same as ASCOF measure 1A ('social care-related quality of life') which is a composite score based on a number of questions; see the ASCOF Handbook of Definitions at <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-ascf-2015-to-2016> for further details.

Question 2b: Do care and support services help you to have a better quality of life?

As with question 1, the proportions reported for each response option are similar to those reported for 2014-15 and the changes are not statistically significant. In 2015-16:

- 7.8 per cent of respondents felt that care and support services did not help them to have a better quality of life, whilst
- 92.2 per cent of respondents felt that care and support services did help them to have a better quality of life.

1. Figures may not add up to 100 per cent due to rounding.

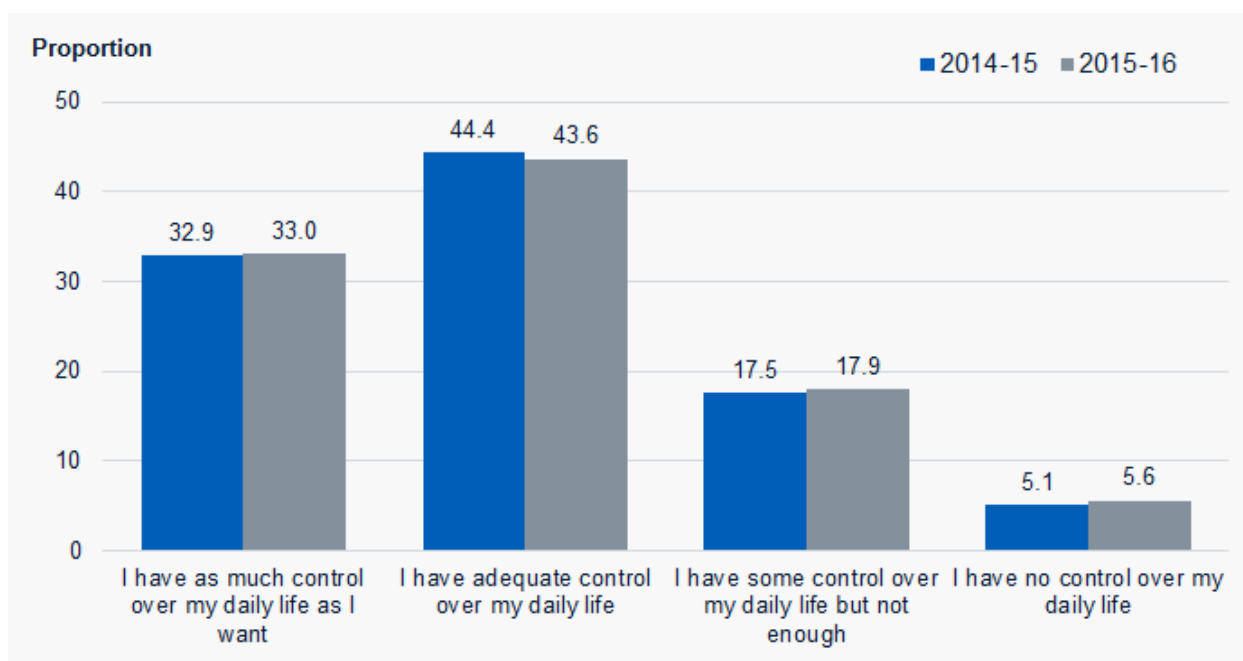
2. Based on 70,160 respondents

Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 3a: Which of the following statements best describes how much control you have over your daily life?

The proportions reported for each response option for question 3a are shown in Figure 2 below.

Figure 2: Reported control over daily lives of service users, by year



1. Figures may not add up to 100 per cent due to rounding.

2. Based on 68,210 respondents in 2014-15 and 71,355 in 2015-16

Source: NHS Digital, Adult Social Care Survey, 2015-16

The proportion of respondents who reported that they had **no control over their daily lives** however, has moved from 5.1 per cent in 2014-15 to 5.6 per cent in 2015-16; **this is a statistically significant increase.**

Please note that question 3a is also used in the construction of ASCOF indicator 1B. Analysis of this indicator will be included as part of the ASCOF 2015-16 publication.

Question 3b: Do care and support services help you in having control over your daily life?

The proportions reported for each response option for question 3b are similar to those reported for 2014-15 with no statistically significant changes. In 2015-16:

- 10.6 per cent of respondents indicated that care and support services didn't help them to have control over their daily lives, whilst
- 89.4 per cent of respondents felt that care and support services help them to have control.

1. Figures may not add up to 100 per cent due to rounding.

2. Based on 69,775 respondents

Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 4a: Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?

The proportions reported for each response option for question 4a are similar to those reported for 2014-15 with no statistically significant changes. In 2015-16:

- 56.7 per cent of respondents felt that they were clean and able to present themselves;
- 37.9 per cent feeling adequately clean and presentable;
- 4.6 per cent felt that they were less than adequately clean; and
- 0.8 per cent didn't feel at all clean or presentable.

1. Figures may not add up to 100 per cent due to rounding.

2. Based on 71,365 respondents

Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 5a: Thinking about the food and drink you get, which of the following statements best describes your situation?

The proportions reported for each response option for question 5a are similar to those reported for 2014-15 with no statistically significant changes. In 2015-16:

- 63.2 per cent of respondents reported that they got all the food and drink they wanted, when they wanted it;
- 31.2 per cent reported receiving adequate food and drink and at okay times;
- 4.6 per cent reported not always receiving adequate or timely food and drink; and
- 1.1 per cent reported not always getting adequate or timely food and drink, and believing there was a risk to their health as a result.

1. Figures may not add up to 100 per cent due to rounding.

2. Based on 70,765 respondents

Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 6a: Which of the following statements best describes how clean and comfortable your home is?

The proportions reported for each response option for question 6a are similar to those reported for 2014-15 with no statistically significant changes. In 2015-16:

- 66.4 per cent of respondents felt that their home was as clean and comfortable as they'd like;
- 29.2 per cent reported feeling that their home was adequately clean;
- 3.8 per cent felt that their home was not comfortable or clean; and
- 0.6 per cent highlighted that their home was not clean or comfortable at all.

1. Figures may not add up to 100 per cent due to rounding.
2. Based on 70,890 respondents
Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 7a: Which of the following statements best describes how safe you feel?

The proportions reported for each response option for question 7a are similar to those reported for 2014-15 with no statistically significant changes. In 2015-16:

- 69.2 per cent of respondents reported feeling as safe as they would like;
- 25.3 per cent reported feeling 'adequately safe, but not as safe as they'd like';
- 3.9 per cent felt 'less than adequately safe'; whilst
- 1.6 per cent reported feeling 'not at all safe'

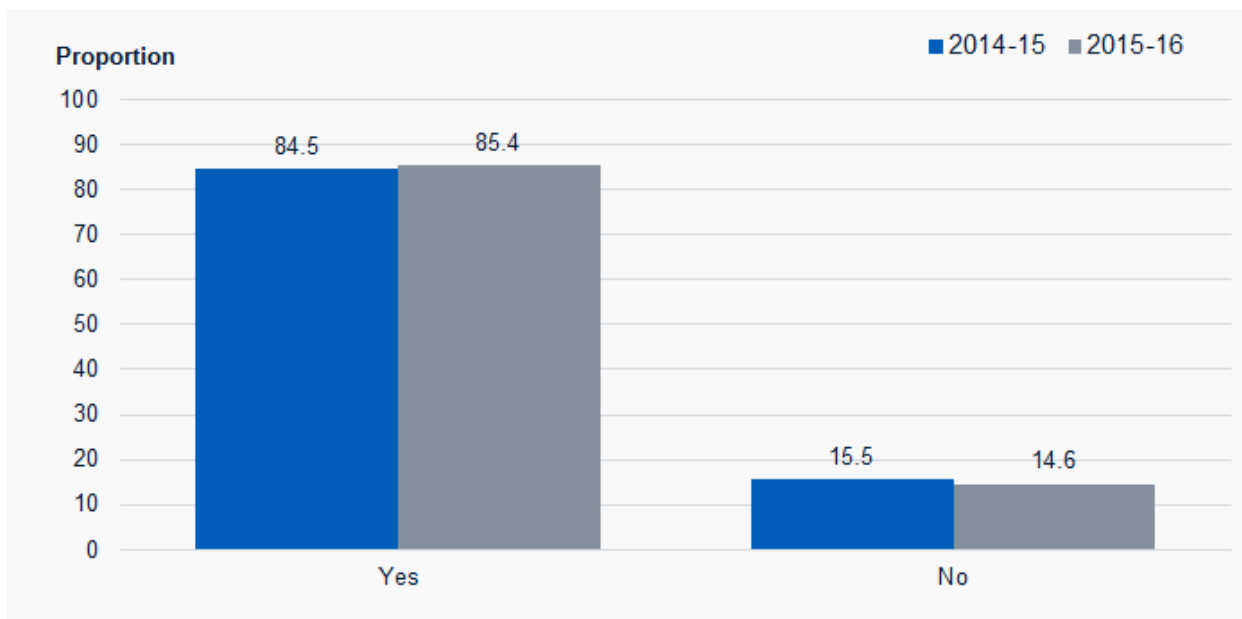
1. Figures may not add up to 100 per cent due to rounding.
2. Based on 71,205 respondents
Source: NHS Digital, Adult Social Care Survey, 2015-16

Please note that question 7a is also used in the construction of ASCOF indicator 4A. Analysis of this indicator will be included as part of the ASCOF 2015-16 publication.

Question 7b: Do care and support services help you feel safe?

The proportions reported for each response option for question 7b are shown in Figure 3 below.

Figure 3: Proportions of respondents who report care and support services help them feel safe, by year



1. Figures may not add up to 100 per cent due to rounding.
 2. Based on 66,440 respondents in 2014-15 and 69,195 in 2015-16
- Source: NHS Digital, Adult Social Care Survey, 2015-16

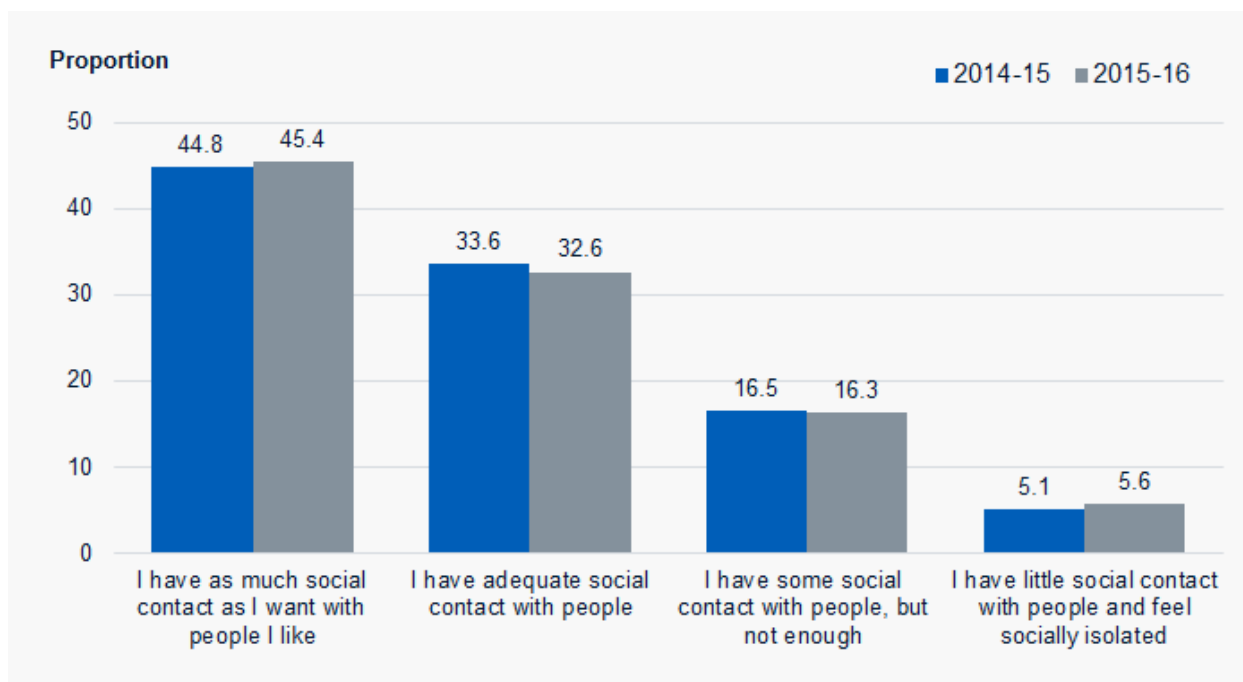
The proportion of respondents who reported that **care and support services helped them in feeling safe** has increased from 84.5 per cent in 2014-15, to 85.4 per cent in 2015-16. **This is a statistically significant change.**

Please note that question 7b is also used in the construction of ASCOF indicator 4B. Analysis of this indicator will be included as part of the ASCOF 2015-16 publication in due course.

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

The proportions reported for each response option for question 8a are shown in Figure 4 below.

Figure 4: Reported levels of social contact, by year



1. Figures may not add up to 100 per cent due to rounding.
 2. Based on 67,615 respondents in 2014-15 and 70,740 in 2015-16
- Source: NHS Digital, Adult Social Care Survey, 2015-16

The proportion of respondents reporting they had **adequate social contact** in 2015-16 (32.6 per cent) **represents a statistically significant reduction** of 1.0 percentage points compared to the 33.6 per cent who responded similarly in 2014-15.

Furthermore, the proportion of respondents reporting that they have **little social contact with people and feel socially isolated** has **increased** from 5.1 per cent in 2014-15, to 5.6 per cent in 2015-16. This change **is also statistically significant**.

Please note that question 8a is also used in the construction of ASCOF indicator 11(1). Analysis of this indicator will be included as part of the ASCOF 2015-16 publication.

Question 9a: Which of the following statements best describes how you spend your time?

The proportions reported for each response option for question 9a are similar to those reported for 2014-15 with no statistically significant changes.

Table 2: How respondents are able to spend their time, by year

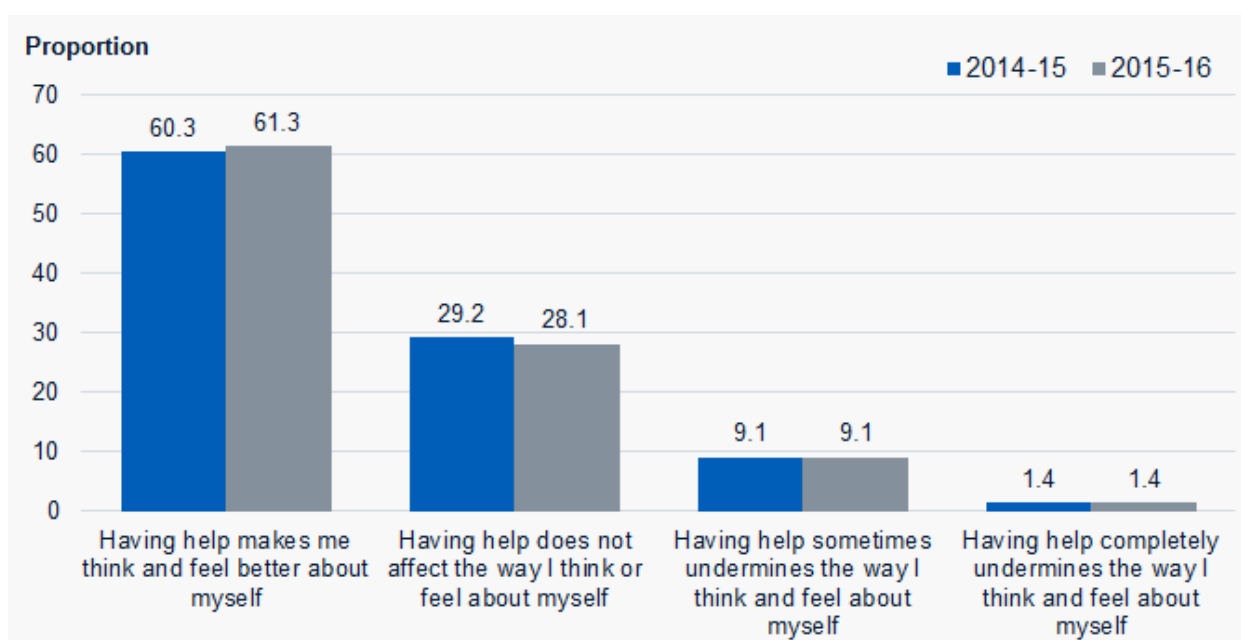
England	Percentages and Numbers				
	I'm able to spend my time as I want, doing things I value or enjoy	I'm able to do enough of the things I value or enjoy with my time	I do some of the things I value or enjoy with my time but not enough	I don't do anything I value or enjoy with my time	Respondents
2014-15	35.5	32.8	24.6	7.2	67,420
2015-16	36.3	32.3	24.1	7.3	69,980

1. Figures may not add up to 100 per cent due to rounding.
Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 10: Which of these statements best describes how having help to do things makes you think and feel about yourself?

Questions 10 and 11 seem similar, but they are designed to complement each other. For many disabled people, coming to terms with the consequences of their disability is an important issue and question 10 has been introduced to capture this. Including question 10 prior to question 11 ensures that question 11 is interpreted as intended.

Figure 5: How having help to do things makes service users think and feel about themselves, by year



1. Figures may not add up to 100 per cent due to rounding.
2. Based on 66,760 respondents in 2014-15 and 69,230 in 2015-16
Source: NHS Digital, Adult Social Care Survey, 2015-16

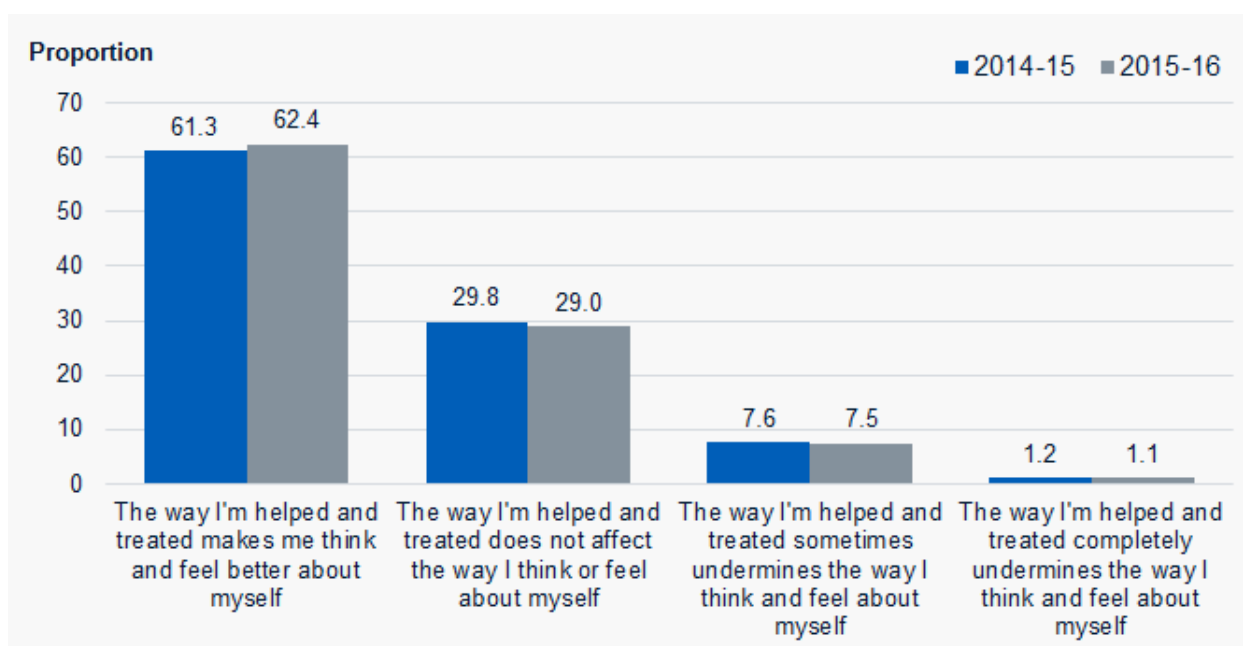
At 61.3 per cent, there has been a percentage point **increase** in 2015-16 in the proportion of service users who reported that **having help makes them think and feel better about themselves**; this change **is statistically significant**.

Similarly, 28.1 per cent of respondents reported that **having help did not affect the way they think and feel about themselves**. This is a **statistically significant reduction** compared to the 29.2 per cent who responded similarly in 2014-15.

Question 11: Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?

Most social care services are ongoing, so the services become an integral part of the user's life. Aspects associated with the way the services are delivered are therefore very important and this question is designed to capture the effect of this on a person's psychological wellbeing.

Figure 6: How the way service users are helped and treated makes them think and feel about themselves, by year



1. Figures may not add up to 100 per cent due to rounding.
 2. Based on 66,560 respondents in 2014-15 and 69,020 in 2015-16
 Source: NHS Digital, Adult Social Care Survey, 2015-16

In 2015-16, 62.4 per cent of respondents reported that **the way they were helped and treated made them think and feel better about themselves**; this represents **an increase** from 61.3 per cent in 2014-15 and **is a statistically significant change**. No other response option has changed significantly.

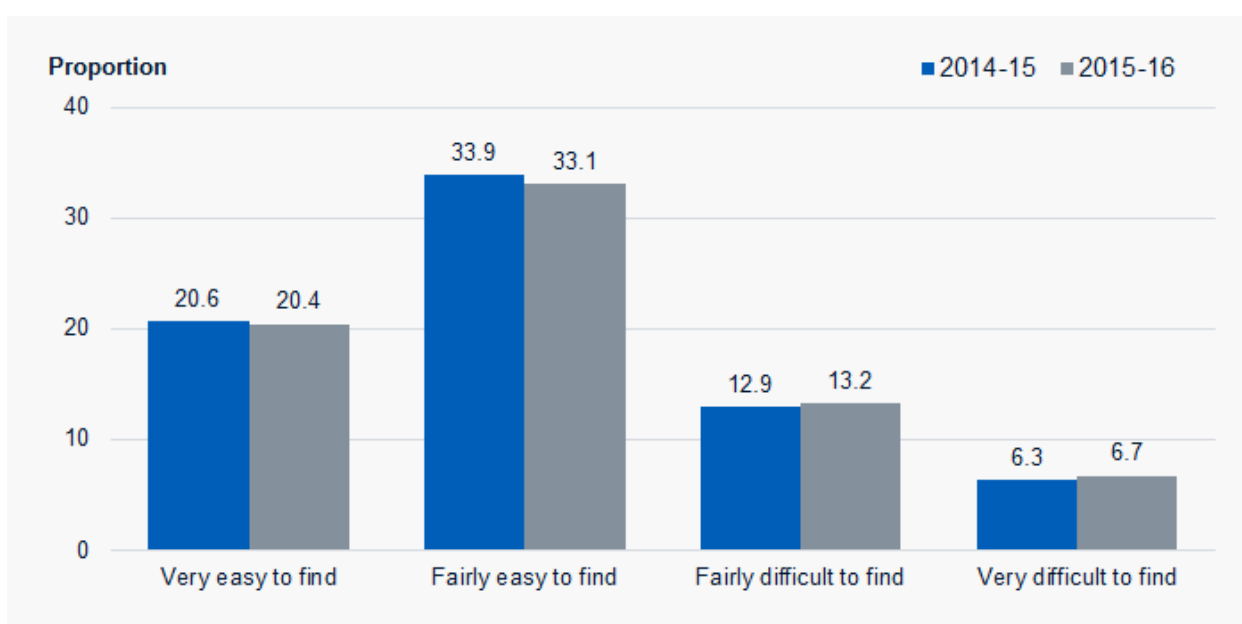
Chapter 3: Knowledge and Information

Social care services have an important role in signposting service users to organisations that could help them and provide advice. This question seeks to understand how well social care services are able to fulfil this role.

Question 12: In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?

The proportions reported for each response option, excluding those who have not tried to find information and advice, at national level in 2015-16 are similar to those reported for 2014-15 and include no changes that are statistically significant. The overall distribution of responses provided however is provided in Figure 7 below:

Figure 7: How easy or difficult has it been for service users to find information and advice about support, services or benefits, by year⁶



1. Figures may not add up to 100 per cent due to rounding.

2. Based on 66,555 respondents in 2014-15 and 68,765 in 2015-16

Source: NHS Digital, Adult Social Care Survey, 2015-16

Please note that question 12 is also used in the construction of ASCOF indicator 3D(1). Analysis of this indicator will be included as part of the ASCOF 2015-16 publication.

⁶ Excluding those who reported that they had never tried to find information or advice in response to question 12

Chapter 4: Health and Wellbeing

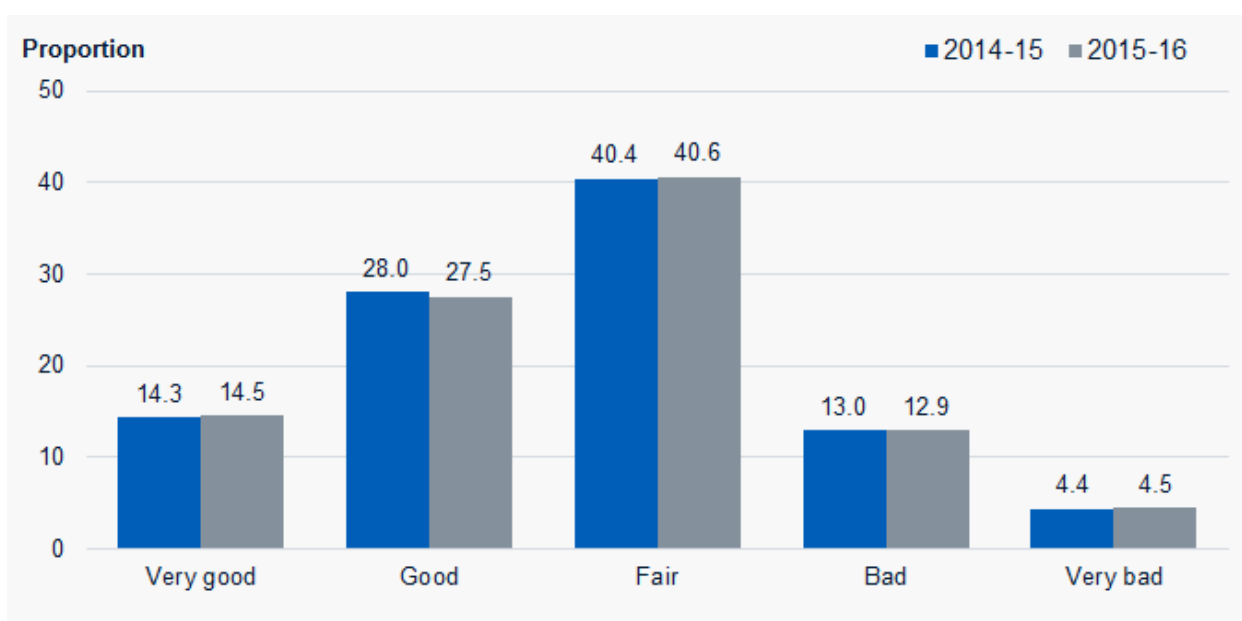
This section seeks to explore and understand service users’:

- overall self-perceived health (as being and staying healthy is an important goal of social care services who can contribute to a person’s health by maximising their quality of life);
- specifically, pain and anxiety/depression (as it is felt that social care services can’t directly act on these aspect of health); and
- the extent to which service users are dependent on help from another person to undertake activities of daily living

Question 13: How is your health in general?

The proportions reported for each response option, at national level in 2015-16 are similar to those reported for 2014-15 and include no changes that are statistically significant:

Figure 8: Overall self-perceived health of service users, by year



1. Figures may not add up to 100 per cent due to rounding.
 2. Based on 67,885 respondents in 2014-15 and 71,110 in 2015-16
- Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 14a: Which statement best describes your own health today in relation to pain or discomfort?

The proportions reported for each response option are similar to those reported for 2014-15, with no statistically significant changes. In 2015-16:

- 35.4 per cent of respondents reported having no pain or discomfort; and
- 51.5 per cent reported having moderate pain or discomfort; whilst
- 13.2 per cent of respondents reported being in extreme pain or discomfort

1. Figures may not add up to 100 per cent due to rounding.
 2. Based on 70,440 respondents
- Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 14b: Which statement best describes your own health today in relation to anxiety or depression

The proportions reported for each response option are similar to those reported for 2014-15, with no statistically significant changes. In 2015-16:

- 46.8 per cent of respondents reported they were not anxious or depressed;
- 45.1 per cent reported feeling moderately anxious or depressed; and
- 8.1 per cent of respondents reported feeling extremely anxious or depressed

1. Figures may not add up to 100 per cent due to rounding.

2. Based on 69,700 respondents

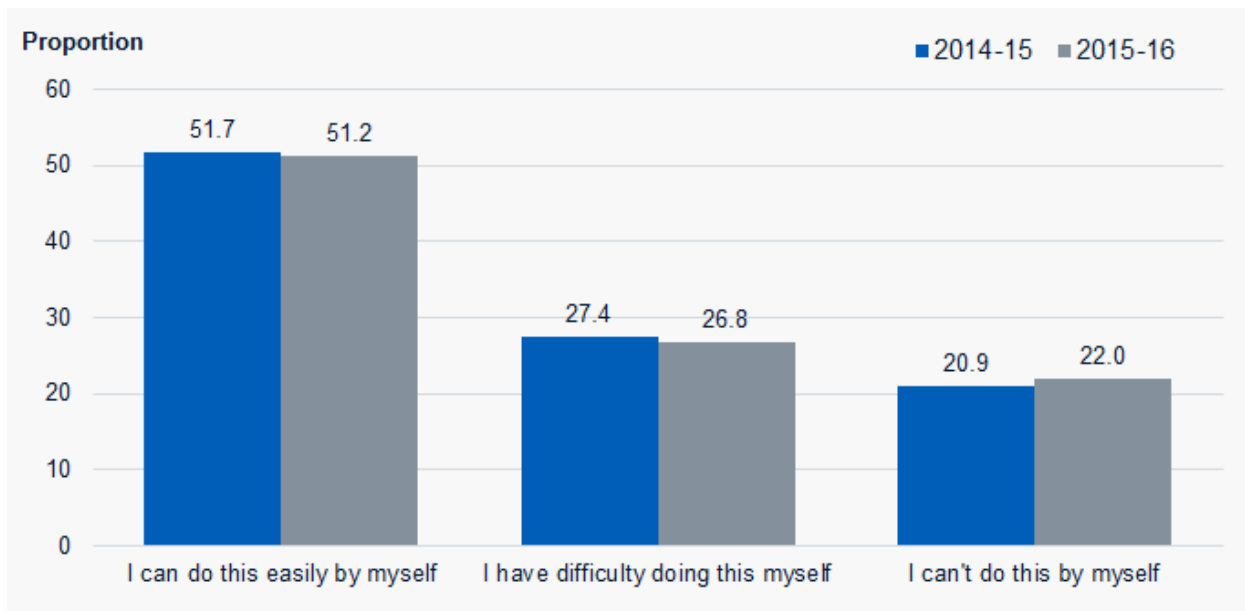
Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 15a: Do you usually manage to get around indoors (except steps) by yourself?

As illustrated in Figure 9 below, in 2015-16, 22.0 per cent of service users reported they **can't usually manage to get around indoors (except steps) by themselves**.

This is a **statistically significant increase** compared to the 20.9 per cent reported in 2014-15.

Figure 9: Dependence of service users on others in relation to getting around indoors (except stairs), by year



1. Figures may not add up to 100 per cent due to rounding.

2. Based on 67,530 respondents in 2014-15 and 70,695 in 2015-16

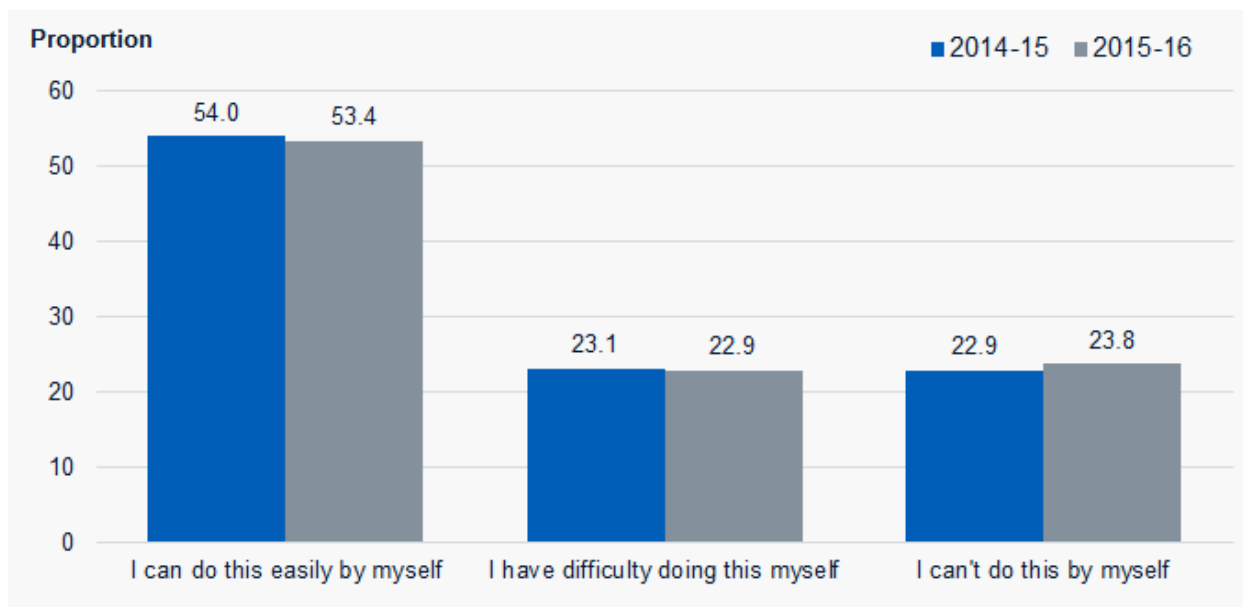
Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 15b: Do you usually manage to get in and out of a bed (or chair) by yourself?

As illustrated in Figure 10 below, in 2015-16, 23.8 per cent of service users reported they **can't usually manage to get in and out of a bed (or chair) by themselves**.

This is a **statistically significant increase** compared to the 22.9 per cent reported in 2014-15.

Figure 10: Dependence of service users on others in relation to getting in and out of a bed (or chair), by year



1. Figures may not add up to 100 per cent due to rounding.
 2. Based on 67,620 respondents in 2014-15 and 70,860 in 2015-16
- Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 15c: Do you usually manage to feed yourself?

The proportions reported for each response option are similar to those reported for 2014-15, with no statistically significant changes. In 2015-16:

- 76.7 per cent of respondents reported being able to feed themselves;
- 15.7 per cent reported having difficulty with this task; and
- 7.6 per cent of respondents reported not being able to feed themselves

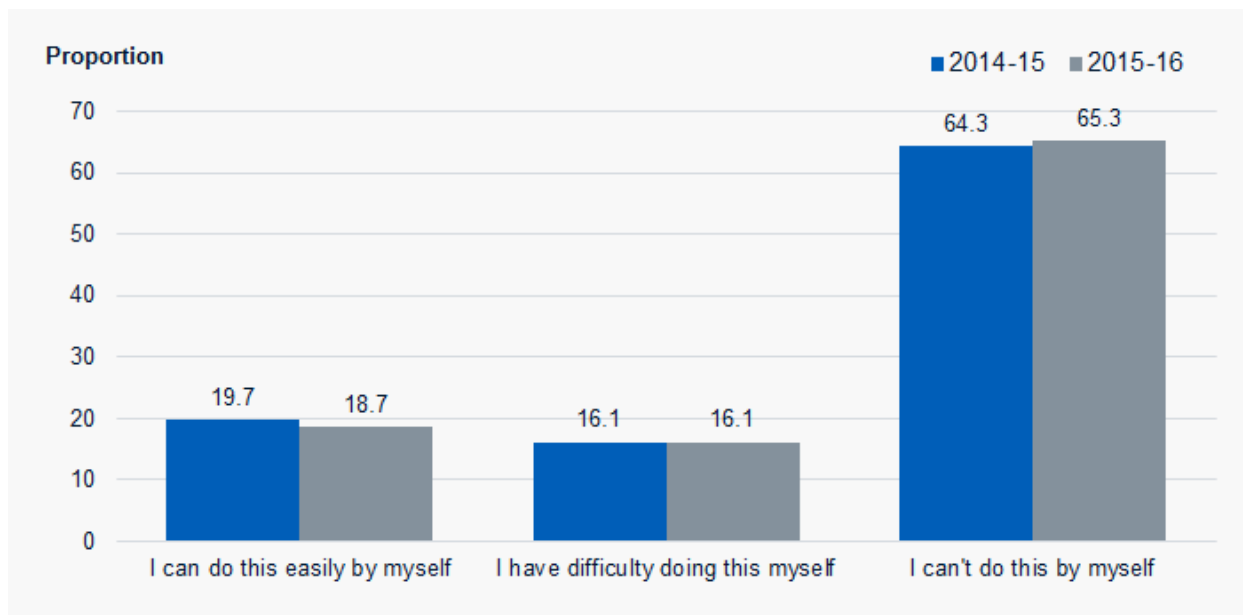
1. Figures may not add up to 100 per cent due to rounding.
 2. Based on 70,860 respondents
- Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 15d: Do you usually deal with finances and paperwork - for example, paying bills, writing letters – by yourself?

As illustrated in Figure 11 below, in 2015-16, 65.3 per cent of respondents reported they **can't usually deal with finances and paperwork** (such as paying bills and writing letters) for themselves. This compares to 64.3 per cent in 2014-15 and is a **statistically significant increase**.

Additionally, 18.7 per cent of respondents reported that they **are able to deal with their finances and paperwork** for themselves; this is a **statistically significant reduction** compared to 2014-15.

Figure 11: Respondent reported ease of dealing with finances and paperwork, by year



1. Figures may not add up to 100 per cent due to rounding.
 2. Based on 67,315 respondents in 2014-15 and 70,395 in 2015-16
- Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 16a: Do you usually manage to wash all over by yourself, using either a bath or shower?

The proportions reported for each response option for question 16a are similar to those reported for 2014-15, with no statistically significant changes.

Table 3: Respondent reported ability to wash all over for themselves, using either a bath or shower, by year

England		Percentages and Numbers		
	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself	Respondents
2014-15	29.3	26.6	44.1	67685
2015-16	28.7	26.5	44.9	70885

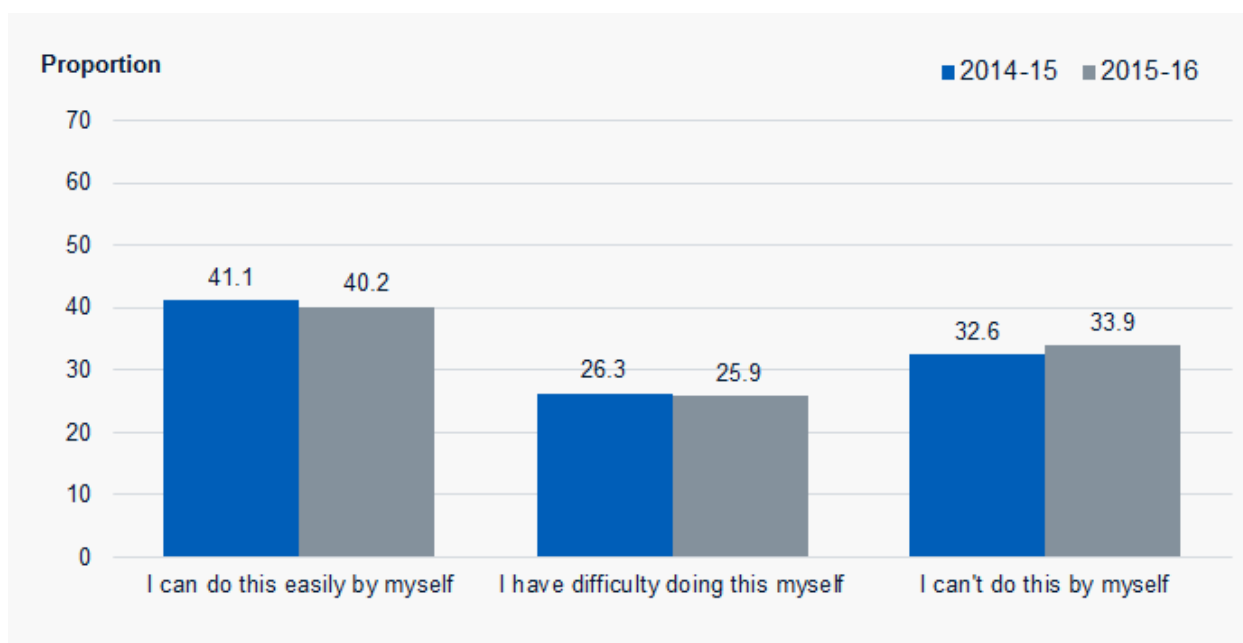
1. Figures may not add up to 100 per cent due to rounding.
- Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 16b: Do you usually manage to get dressed and undressed by yourself?

In 2015-16, 33.9 per cent of service users reported **not being able to dress and un-dress themselves**.

This is a **statistically significant increase** compared to the 32.6 per cent reported in 2014-15 however neither of the other year-on-year changes is statistically significant.

Figure 12: Respondent reported ability to get dressed and undressed themselves, by year



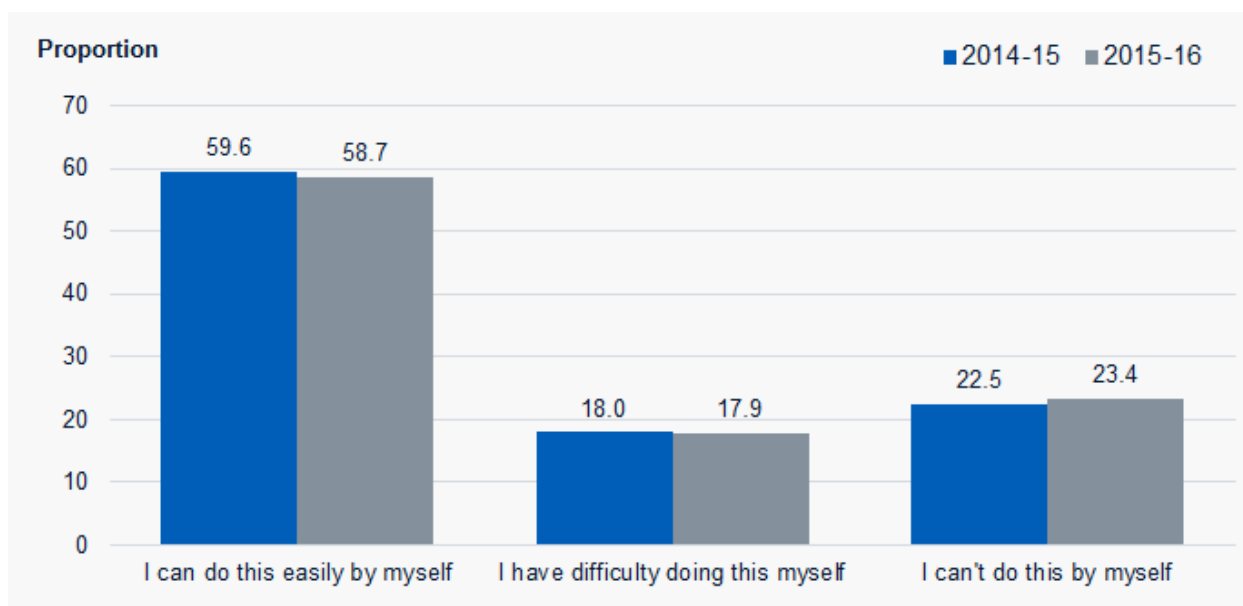
1. Figures may not add up to 100 per cent due to rounding.
 2. Based on 67,615 respondents in 2014-15 and 70,800 in 2015-16
- Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 16c: Do you usually manage to use the WC/toilet by yourself?

In 2015-16, 23.4 per cent of service users reported **not being able to use the WC/toilet themselves**.

This represents a **statistically significant increase** from the 22.5 per cent reported in 2014-15 though neither of the other changes is statistically significant.

Figure 13: Respondent reported ability to use the WC/toilet themselves, by year



1. Figures may not add up to 100 per cent due to rounding.

2. Based on 67,550 respondents in 2014-15 and 70,725 in 2015-16

Source: NHS Digital, Adult Social Care Survey, 2015-16

Question 16d: Do you usually manage to wash your face and hands by yourself?

The proportions reported for each response option for question 16d are similar to those reported for 2014-15, with no statistically significant changes.

Table 4: Respondent reported ability to wash their face and hands, by year

England	Percentages and Numbers			Respondents
	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself	
2014-15	69.4	16.0	14.6	67795
2015-16	68.7	16.1	15.2	71050

1. Figures may not add up to 100 per cent due to rounding.

Source: NHS Digital, Adult Social Care Survey, 2015-16

Chapter 5: Layout of Home and Surrounding Area

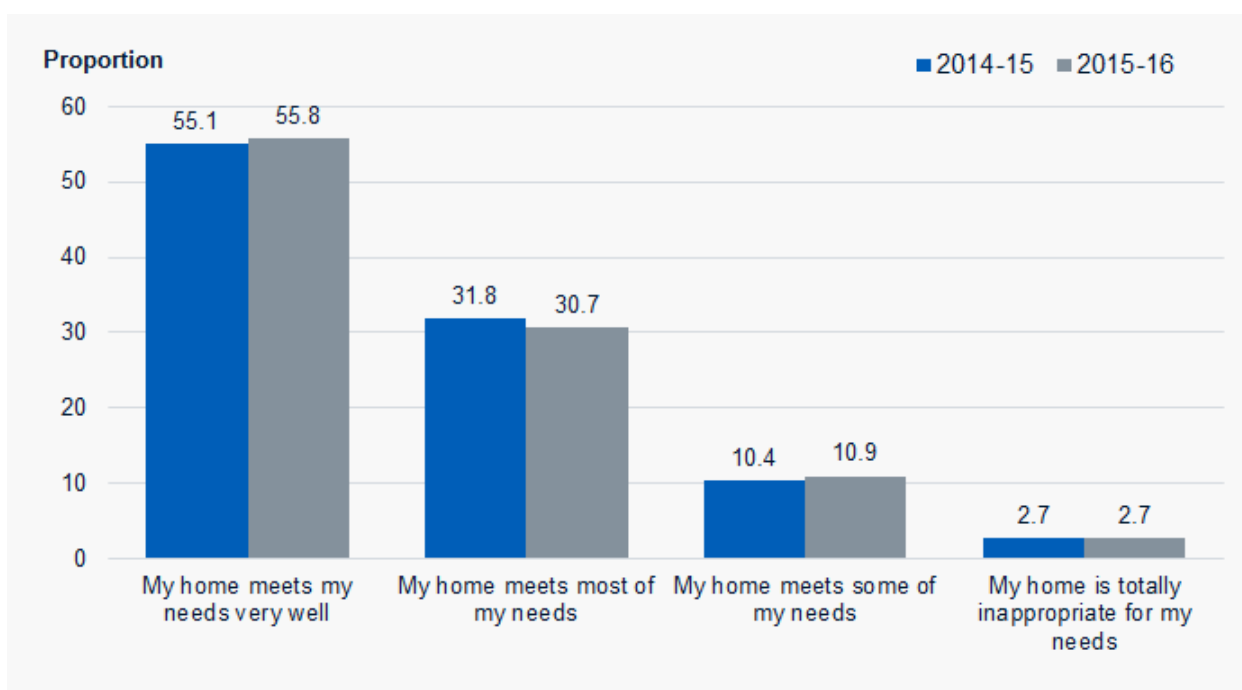
This section considers:

- the layout of the person's home; and
- the layout of the local area, transport links and proximity of amenities to a person's home

Question 17: How well do you think your home is designed to meet your needs?

This question covers the layout of the person's home, as this can greatly influence the type and amount of help they need. This question provides information about the extent to which housing stock may need to be improved and is also an indicator of need and therefore critical in helping to explain variations in questions 3 to 11.

Figure 14: How well are service user's homes designed to meet their needs, by year



1. Figures may not add up to 100 per cent due to rounding.
 2. Based on 67,450 respondents in 2014-15 and 70,230 in 2015-16
- Source: NHS Digital, Adult Social Care Survey, 2015-16

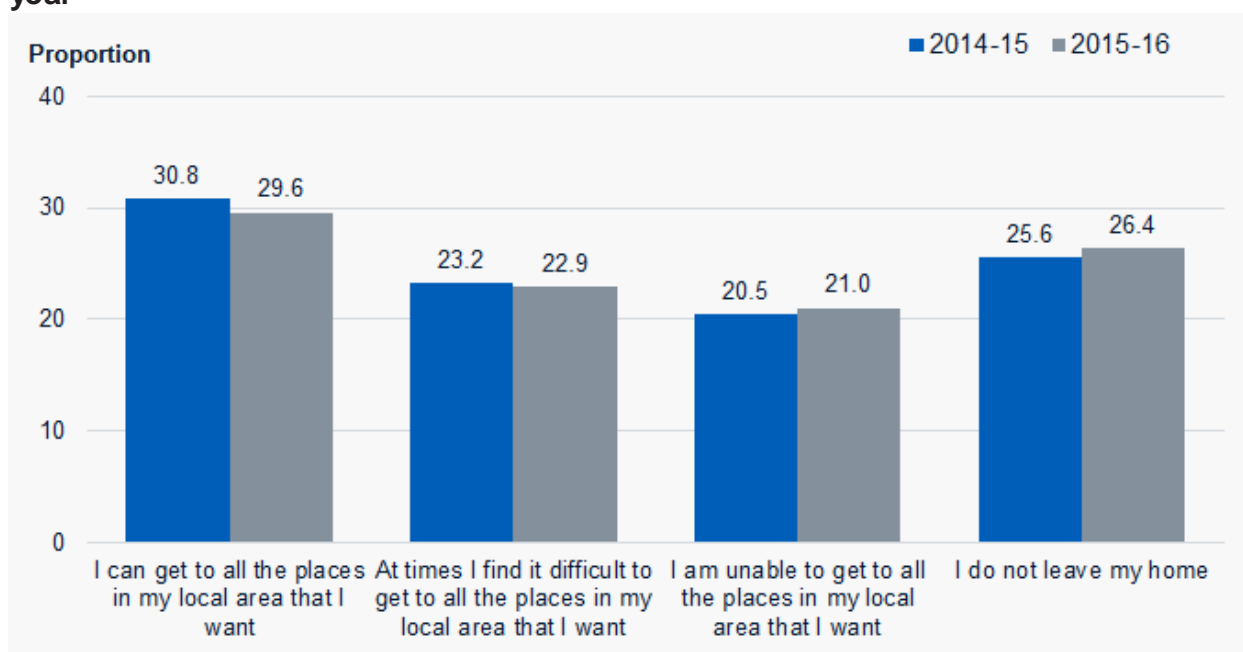
The proportion of respondents who reported that **their home meets most of their needs** in 2015-16 was 30.7 per cent. This is a reduction of 1.1 percentage points from the 31.8 per cent reported in 2014-15 and is a **statistically significant reduction**.

As outlined in Figure 14 above, the remaining response options are largely in line with those reported in 2014-15 and do not represent statistically significant changes.

Question 18: Thinking about getting around outside of your home, which of the following statements best describes your present situation?

The layout of the local area, transport links and proximity of amenities can greatly influence the type and amount of help a person needs when they venture out of their home. This question provides information about the extent to which the built environment and local transport may need to be improved and as with question 17, this question is also an indicator of need and critical in helping to explain variations in questions 3 to 11.

Figure 15: Accessibility of local area, transport links and amenities for service users, by year



1. Figures may not add up to 100 per cent due to rounding.

2. Based on 66,770 respondents in 2014-15 and 69,390 in 2015-16

Source: NHS Digital, Adult Social Care Survey, 2015-16

In 2015-16, 29.6 per cent of service users reported that they **could get to all the places in their local area that they wanted**. This is a **statistically significant reduction** from the 30.8 per cent reported in 2014-15.

Additionally, 26.4 per cent of respondents indicated that they **did not leave their homes**; this represents a **statistically significant increase** compared to the 25.6 per cent reported in 2014-15.

The proportions of respondents reporting in 2015-16 that they have difficulty at times (22.9 per cent) and those who are unable to get to all the places in their local area that they want (21.0 per cent) have remained largely in line with the proportions reported in 2014-15.

Chapter 6: Help from Others

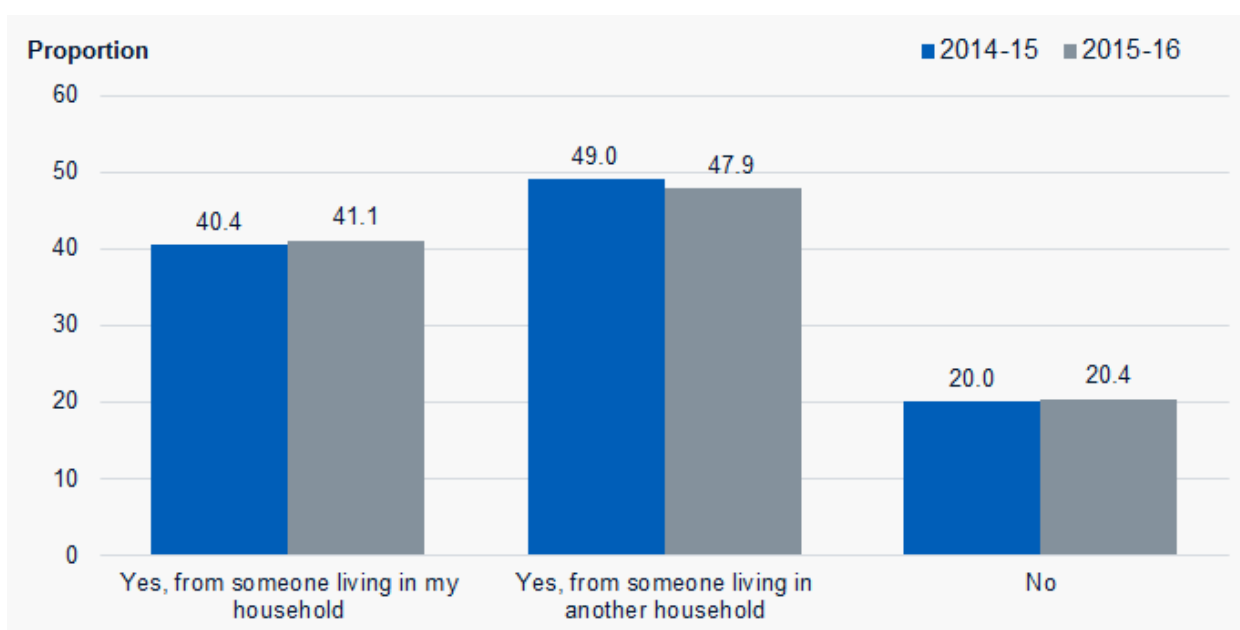
This section considers:

- the extent to which friends and family are involved in the care of social care users (this is also seen as an indicator of need and is therefore critical in enabling councils to interpret variations in questions 3 to 11); and
- the extent to which service users draw upon other resources to achieve their desired level of quality of life (as it is not always councils who help service users to achieve good quality of life scores - again this question is critical in helping councils to interpret variations in questions 3 to 11)

Question 19: Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

Respondents were able to select more than one response option for question 19.

Figure 16: Practical help provided to service users, by year



1. Figures may not add up to 100 per cent due to respondents being able to select more than one option.

2. Based on 66,690 respondents in 2014-15 and 69,565 in 2015-16

Source: NHS Digital, Adult Social Care Survey, 2015-16

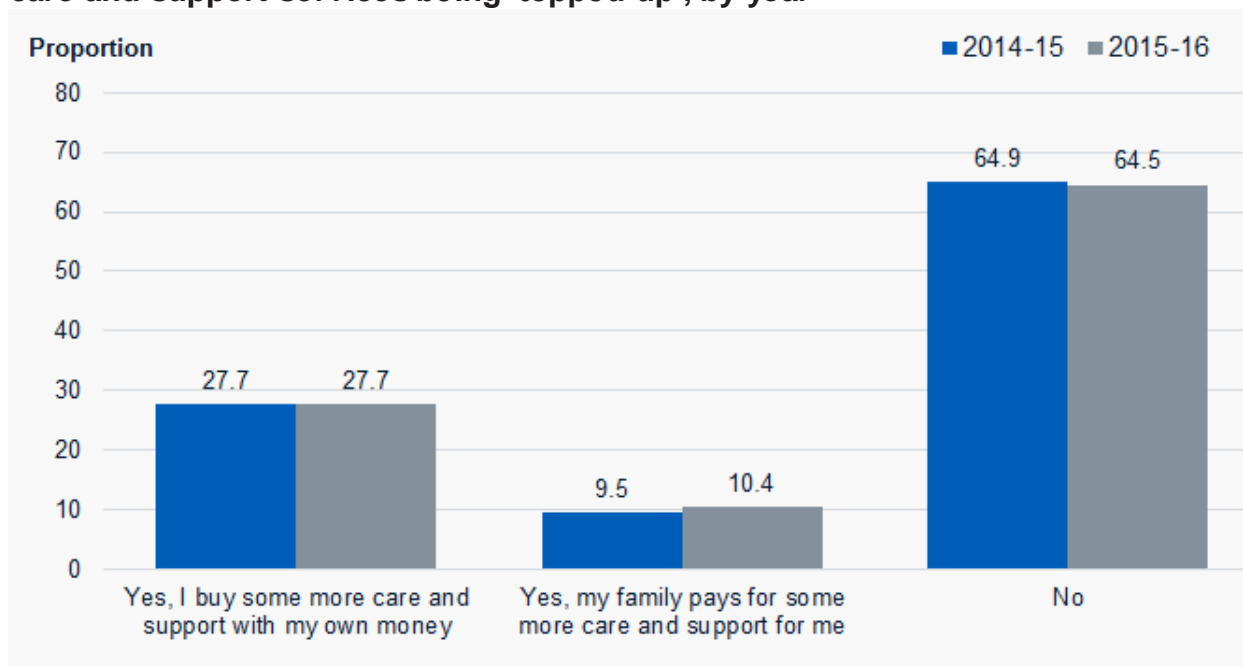
As outlined in Figure 16 above, in 2015-16, 41.1 per cent of respondents reported receiving practical help on a regular basis from someone in their own household and 20.4 per cent reported receiving no help on a regular basis. Neither of these proportions represents statistically significant changes compared to 2014-15.

47.9 per cent of respondents however, reported **receiving help on a regular basis from someone living in another household** in 2015-16; this represents a **statistically significant reduction** from the 49.0 per cent reported in 2014-15.

Question 20: Do you buy any additional care or support privately or pay more to 'top up' your care and support?

As with question 19, respondents were able to select more than one response option for question 20.

Figure 17: Extent of additional care or support being purchased, or of council-provided care and support services being 'topped up', by year



1. Figures may not add up to 100 per cent due to respondents being able to select more than one option.

2. Based on 65,815 respondents in 2014-15 and 68,095 in 2015-16

Source: NHS Digital, Adult Social Care Survey, 2015-16

As illustrated in Figure 17 above, in 2015-16, 64.5 per cent reported not buying any additional care or support privately, or paying more to 'top up' their care and support. This proportion has not changed to a degree that is statistically significant compared to 2014-15.

The proportion of respondents who report that their **families are paying for additional care and support for them** has increased however, from 9.5 per cent in 2014-15, to 10.4 per cent in 2015-16. This is a **statistically significant increase**.

Appendix A: Data Quality

Please note that throughout Appendix A, council level percentages and numbers are rounded to zero decimal places and to the nearest five respectively.

Missing 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.

Response Rates

The overall response rate for 2015-16 was 35.7 per cent. This compares to the 36.0 per cent response rate achieved for the 2014-15 Adult Social Care Survey.

Variation was apparent in the response rates achieved for different questions and between councils. This data can be found in the council-level annex tables (described in 'Appendix B: 2015-16 Annex Tables') at: <http://www.digital.nhs.uk/pubs/adusoccaresurv1516>

Accuracy

The proximity between an estimate and the unknown true value

Random Sources of Bias

Surveys produce estimates of 'true' values for a population of interest. These 'true' values could only be known if an entire population were to be surveyed. Estimates calculated from surveys are therefore always surrounded by a confidence interval which expresses the level of uncertainty caused by only surveying a sample of service users. A 95 per cent confidence interval for example, gives the range within which it would be expected that the true indicator value would fall 95 times if 100 samples were selected.

The adult social care survey is designed so the 95 per cent confidence interval around an estimate of 50 per cent can be no more than ± 5 percentage points. However, nine councils did not achieve this minimum requirement and they are listed below:

Darlington	Reading	Southampton
Lincolnshire	Rutland	Thurrock
Liverpool	South Tyneside	Trafford

These nine councils have a margin of error of between five and six percentage points.

It should be noted that for councils with very small populations of service users who are eligible for the survey, it is particularly difficult to achieve the margin of error requirement.

It should also be noted that at national level margins of error are much smaller than at Local Authority level, as they are based on more respondents. For example, 64.4 per cent of 71,355 respondents to question 1 combined said that they were extremely or very satisfied; this statistic has a margin of error of 0.4 percentage points.

Margins of errors for individual questions

The information provided above highlights the nine councils which did not meet the minimum requirement for the survey overall. However, it should also be noted for individual questions

particularly at a council level there is greater variation and margin of errors can be considerably higher. Users of the report are advised to refer to the Annex Table –T5 (‘Margins of Error’).

Timescales of Fieldwork

The recommended fieldwork period for the users’ survey is during January to March 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. Six 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. These councils are listed below:

Barnsley	Darlington	Reading
Camden	Newcastle	Worcestershire

Questionnaire Inconsistencies

There are two main versions of the survey questionnaire: one for service users in residential or nursing care, and one for service users in receipt of community-based services. There are also a number of accessible versions of the questionnaires, including easy-read versions designed for service users with a learning disability. The following councils have reported inconsistencies with this part of the survey process, or errors in their distribution of these questionnaires.

Islington initially distributed the standard residential survey to community service users as well as residential service users. To mitigate this error, the council sent reminders with the correct version of the questionnaire out earlier to community service users. 42 per cent (150) of the community service users who completed the survey however, did so using the residential survey template. The impact of this has meant some service users did not respond to some of the questions; this can be seen in the lower response rates⁷ to, question 6a (87 per cent), question 17 (82 per cent) and question 18 (86 per cent) compared to a 96 per cent average response rate to the remaining questions in the survey.

Wigan Council initially distributed questionnaires to stratum 4 (65 and over in the community, excluding learning disability support) with a formatting error, which meant that part of the wording for question 12 was obscured. This error was corrected in the reminder letters which were sent out to the service users in this stratum. However, the impact for those completing the original questionnaire can be seen in the lower response rate⁸ for question 12 at 83 per cent, compared to a 96 per cent average response rate to the other questions in the survey.

Warwickshire council informed NHS Digital that easy read questionnaires were not distributed to clients, unless they were specifically requested; the guidance states easy read questionnaires should be distributed for all clients with a learning disability unless otherwise requested. The council’s data for this year indicate that no easy read versions of the questionnaire were distributed to the 375 service users in the sample with a learning disability (although these service users were sent a standard version of the questionnaire). Therefore, no response percentages are available in the Annex Table -T1, ‘Answers by Councils’ for easy read questions one and two.

Oxfordshire council reported a distribution error which meant 33 per cent (475) of their stratum two and four surveys were sent to clients without the postage being paid, this meant some service users had to collect, and in the first instance pay for their survey. As a result of this, the council sent out the questionnaire to a further 600 additional service users in stratum 2 and 4.

⁷ These data are presented in annex T4 and represent all service users who completed the questionnaire.

⁸ Response rates provided are for all service users who completed the survey regardless of stratum.

However, it should still be noted that the aggregate responses reported from those service users in the original distribution, may have been influenced by this distribution error.

To help maximise response to the survey, councils are asked to send out reminders to service users who have not returned a questionnaire (either completed or blank) by the return date given by the local authority. Even where local authorities have already met the ± 5 per cent margin of error requirement, a reminder should still be sent. This is because potential respondents that don't reply to the initial mailing may have different views and experiences compared to those who do. Having a consistent approach to a survey's process helps to reduce non-response bias, as well as ensuring that the methodology is consistent across local authorities, and thus produces comparable data. The following councils have made NHS Digital aware that they did not distribute reminder letters to one or more of their strata:

Derbyshire	South Tyneside	Wandsworth
Norfolk	Oxfordshire	Gloucestershire

Please note that although these councils didn't send out reminders, with the exception of South Tyneside, all of them met the overall minimum sample size requirement.

Completeness of Service User Data

As part of the survey process councils are required to populate 'Service User Data' fields in the data return relating to: running the survey, questionnaire recipients and administrative data (which can include services received and demographic data). A number of these data items are presented at a national level in the 'Answers by Demographic' file and at a council and regional level in the 'CSV data' file. It is important to note that NHS Digital do not use estimates in place of missing data.

The following councils have reported higher quantities of missing, mandatory 'service user data' or inconsistencies relating to one or more of these published fields. These issues are outlined below and caution is advised when using these data fields for these councils or for subsets of the overall data that include these councils:

Bolton council have reported missing data in their 'Mechanism of Delivery Field' for service users in the community. This affects 27 per cent (480) of their sample records for 'community' service users.

Essex council have reported missing data in their 'Mechanism of Delivery Field' for service users in the community. This affects 25 per cent (765) of their sample records for 'community' service users. The council has also reported that conflicts between 'support setting' and 'which questionnaire used' (which affects 175 records) are due to the support setting being recorded at the end of the process, rather than at the point of the eligible population extraction.

Surrey council have reported missing demographic data for up to 350 mental health service users who were included in their sample. These data were not provided by the external Mental Health provider to the council and included missing data on age, gender and mechanism of delivery. The council did however manage to populate the missing data for gender and stratum, based on locally held information.

Accuracy of Eligible Population

During processing of the data returns, NHS Digital identified anomalies with the eligible population data reported by some CASSRs, and contacted those identified as outliers. A number of organisations resubmitted data and this was used in final datasets. In addition to those councils where revisions were made, Dorset council also confirmed that their eligible

population data were incorrect. Due to production timelines however, NHS Digital was not able to process their revised data for inclusion within the final publication outputs. Any inaccuracies in the eligible population data may affect the weights used in analysis to calculate question responses, confidence intervals, and to assess response rates.

As a result of these findings, further work will be undertaken to improve validation of the eligible population data at council and stratum level for future iterations of the survey.

Additionally, during analysis of the final dataset, it became apparent that in a number of councils, the identification of accurate mental health service user numbers for inclusion within eligible populations, and therefore within samples, has been challenging. Detailed circumstances varied between councils but generally this was due to data not being shared between organisations; those individuals are managed by mental health trusts, rather than being on the councils' primary system of record, and mental health trusts could not or would not supply information regarding these individuals' records during the year. In addition, some CASSRs also reported difficulties in carrying out the required mental capacity checks.

Following the survey in 2013-14, NHS Digital made amendments to the ASCS guidance documentation in an attempt to address this, however given data validation for 2015-16 this issue appears to remain. As the guidance specifies that these individuals should be included in the eligible population, users should be aware of this when considering the data. This may impact on the weights applied and any subsequent calculations.

NHS Digital will continue to explore and improve understanding of this issue for future iterations of the survey.

Survey Design Sources of Bias

79 per cent of respondents reported having help to complete the questionnaire; the type of help provided and who provided it varied (as reported by responses to question 21). 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 service users as possible. The service users who did complete the survey unaided are a small subset of state funded social care users and therefore, restricting the survey to this small group would provide a biased impression of the view of social care users.

Whilst there were instructions on the covering sheet to say that the service user should be involved in completing the questionnaire, some questionnaires (nine per cent, as reported by responses to question 22) were returned saying that the service user had not been involved at all in completing the questionnaire.

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), with the lowest percentage at a council level 95 per cent. Therefore, at a national, regional and council basis, there is minimal bias caused by the different methods of data collection.

64 councils (based on those who provided complete information to NHS Digital) added or modified questions to gain specific information from their service users. The survey guidance makes it clear that if councils wish to add questions to the questionnaire then they must seek approval from NHS Digital, and local research governance processes should be followed when exploring and testing these questions for local implementation and analysis. 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 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:

- Asking the service user about their care and support services in more detail, e.g. about individual aspects, and asking them how informed and involved they are
- Asking the service user if they had been offered the option of arranging and controlling your care and support themselves through a direct payment, and about personal budgets.
- What makes the service user feel safe or less safe
- How well the service user's care and support services work together
- Unpaid support provided by family, friends or a charity/voluntary organisation
- Complaint procedures, methods of reporting abuse and methods of providing positive or negative feedback
- Preferred methods of finding information about care and support services and benefits, and asking the service user about their experience of contacting the council

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

Geography

The council-level annex tables (detailed in 'Appendix B: 2015-16 Annex Tables') contain disaggregations by council, council type and region, in alignment with the Department for Communities and Local Government (DCLG) definitions. The council and region names and codes are also in alignment with those set out in the ONS Guidance for Administrative Geographies⁹. 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 2015-16 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 2016¹⁰. The survey data were submitted to NHS Digital by 11 May 2016. Publication of the final data for the 2014-15 survey was in October 2015; the final data for 2015-16 are being made available in September 2016.

⁹ For full guidance on ONS Administrative Geographies, visit the ONS Open Geography Portal at <https://geportal.statistics.gov.uk>

¹⁰ Six councils made NHS Digital aware that they had conducted their fieldwork beyond this period; please refer to the 'Timescales of Fieldwork' section for further details.

Appendix B: Annex Tables

2015-16 Annex Tables

These tables contain the final data from the 2015-16 ASCS.

Table	Description
T1 – Answers by council	Profile of answers for all questions by council
T2 – Answers by demographic	Profile of answers for all questions by demographics
T3 – Answers by response	Cross tabulation of responses to each question, at national level
T4 – Response rates by council	Response rates for each question and for the whole survey, by council
T5 – Margins of error	Margin of error for all estimates in Table 1
T6 – Met required sample size	Councils that achieved margins of error of less than five per cent around an estimate of 50 per cent

Time Series, 2014-15 to 2015-16

This contains the final, national-level data for the ASCS for 2014-15 to 2015-16.

Table	Description
Time Series	Annual time series - profile of answers to all questions at national level and upper and lower confidence interval limits.

Feedback and Queries

We are always interested in knowing if the Adult Social Care Survey report is meeting your needs, and if not what improvements we could make for the future. If you have any comments or queries regarding the publication, they would be welcomed.

Email the Adult Social Care User Survey mailbox: socialcaresurveys@nhs.net

Telephone Enquiries: 0300 303 5678

Acknowledgement

Thank you to all the local authorities that have supplied data and supporting information for this year's return and for their continued dialogue to enable us to maintain a collection that meets user needs. Thank you also to those local authorities who have helped us during the course of the year with additional programmes of work.

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