

Personal Social Services Adult Social Care Survey (ASCS)

England 2016-17

Published 05 October 2017

This report contains findings from the Adult Social Care Survey 2016-17 (ASCS). This national survey takes place every year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs).

The survey seeks the opinions of service users aged 18 and over in receipt of long-term support services funded or managed by social services and is designed to help the adult social care sector understand more about how services are affecting lives to enable choice and for informing service development.

Key findings



Overall satisfaction - 64.7 per cent of service users are extremely or very satisfied with the care and support services they received (Q1).



Feeling Safe - The percentage of service users in receipt of social services care who feel “as safe as they want” has increased to 70.1 per cent in 2016-17, up 0.9 percentage points from 2015-16 (69.2 per cent). (Q7a).

86.4 per cent of service users reported that the care and support services they receive has helped them in feeling safe, up 1.0 percentage point from 2015-16 (85.4 per cent). (Q7b).



Activities of Daily Living - In 2016-17 the proportion of service users who needed assistance with activities of daily living increased. These activities include dealing with finances and paperwork, getting dressed and bathing. (Q15b-d, 16a-c).



Choice - 67.6 per cent of service users in the community reported that they have enough choice over the care and support services they receive and a further 6.3 per cent reported they don't want or need choice. (Q2c).



Social contact - 45.4 per cent of service users reported they had as much social contact as they like. One fifth of service users reported not enough or little social contact, with 15.9 per cent reporting they had some social contact but not enough and 5.7 per cent reporting they had little social contact with people and feel socially isolated.

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These statistics provide useful insights into the lives, experiences and perceptions of adults who receive long term social care and support services. They will be of use not just to people who plan, provide or use services, but also more widely to all those who take an interest in the support provided by social services.

Introduction

This report contains England level findings from the Personal Social Services Adult Social Care Survey (ASCS). User experience information is critical for understanding the impact of services, for enabling choice and for informing service development.

The eligible population for this survey covers all service users aged 18 and over in receipt, at the point that data are extracted, of long-term support services provided or commissioned by the local authority or an NHS health partner under Section 75 Agreements and part of a care/support plan following an assessment of need.

The survey asks service users questions about quality of life and what impact care and support services have on their quality of life. It also collects information about self-reported general health and well-being and these themes are covered in the six sections of the questionnaire:

- Overall Satisfaction with Care and Support
- Quality of Life
- Knowledge and Information
- Your Health
- Layout of Home and Surrounding Area
- Help from Others

This report focuses on some of the mandatory questions from the survey and includes: an overarching question on satisfaction, a new question on choice for 2016-17, a view on social contact and analysis on questions which have notable changes¹ to the previous year or years including feeling safe and activities of daily living².

Details of all mandatory questions and the optional questions (which councils can choose to use) are included as part of the associated data files.

The survey took place for the seventh year in 2016-17, although due to changes in 2014-15 to the eligible population definition (as documented in the 2014-15 publication³), it is not possible to make direct comparisons between data from 2014-15 onwards, and previous years. Therefore, only comparisons to 2014-15 and 2015-16 are included in this report.

Percentages are 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 service users or people,

¹ Changes which are statistically different to the previous year.

² The references within this report to Activities of Daily Living are similar (but not an exact match) to the Care Act (2014) definitions:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

³ <http://www.digital.nhs.uk/pubs/adusoccaresurv1415>

these have been calculated by weighting the response data, with eligible population figures, to estimate the proportion of the population who hold these views. As these questionnaire responses are estimates the figures quoted in relation to the number of 'service users' or 'people' are rounded to the nearest 50.

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 and where this is the case for question responses compared to previous years, statistical significance will be stated within the report.

Details on the number of respondents, estimates for the eligible population and the percentage distribution of the responses can be found in the accompanying annex table. Users of this report are encouraged to also consult and utilise the additional information published as part of this statistical release, these accompanying documents are available at

<http://digital.nhs.uk/pubs/adusoccaresurv1617> and include:

Methodological and Further Information which includes information about the survey including understanding the eligible population, sample sizes and the demographic profile of those that responded, together with calculating standard errors, weightings and analysis

Data Quality Report and the Data Quality Annex which contains information on the quality of the data and validation methods.

Annex Tables which provides England level demographic data. Regional and CASSR level question responses, response rates and margin of errors.

CSV Data and Dictionary which contains record level information together with a guidance document.

Interactive Report (Power BI) presents the 'Key Findings' of this report alongside regional and council data, together with charts based on the data from the 'Annex Tables' file which provides comparisons at England, Regional, CASSR and Peer Group level.

Responses collected for the Adult Social Care Survey are also used to populate five of the measures within the Adult Social Care Outcomes Framework (ASCOF), these are:

- 1A: Social care-related quality of life (Q3a, 4a, 5a, 6a, 7a, 8a, 9a, 11).
- 1B: The proportion of people who use services who have control over their daily life (Q3a).
- 111: The proportion of people who use services who reported that they had as much social contact as they would like (Q8a).
- 1J (1J) Adjusted Social care-related quality of life – impact of Adult Social Care services (Q3a, 4a, 5a, 6a, 7a, 8a, 9a, 11, 15a-d, 16a-c, 13, 17, 18 and age)
- 3A: Overall satisfaction of people who use services with their care and support (Q1).
- 3D1: The proportion of people who use services who find it easy to find information about support (Q12).
- 4A: The proportion of people who use services who feel safe (Q7a).
- 4B: The proportion of people who use services who say that those services have made them feel safe and secure (Q7b).

The Handbook of Definitions and further information about the 2016-17 ASCOF can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629812/ASCOF_handbook_definitions.pdf

As stated above this report contains information on some of the questions used to populate the ASCOF measures. The analysis and findings of this report focus on the survey's eligible population and the questions service users responded to about their perceptions and experiences; any measures calculated from this data source will form part of the ASCOF publication.

Findings

This report uses data collected from a sample of 72,580 service users who participated in the survey and these are weighted to make inferences (or estimates) about the questionnaire responses for the whole eligible population (653,350 service users).

This report contains information about the service users themselves and some of their responses to questions included in the survey. The reported analysis covers the following sections:

1) Information about the eligible population

- *Age and Gender*
- *Primary Support Reasons*
- *Support Settings*

2) Self-reported health and support

- *Self-reported health*
- *Help and support*

3) Question Analysis

- *Overall satisfaction with the social care and support services received (Q1)*
- *How much choice service users in the community have over the care and support services they receive (Q2c).*
- *How much social contact service users have (Q8a).*

4) Notable changes compared to the previous year

- *How safe service users feel and whether care and support services help them in feeling safe (Q7a and 7b).*
- *Proportions of service users needing assistance to carry out activities of daily living (Q15 and 16)*
- *How much control service users have over their daily life (3a)*

Information about the Service User

The information within this chapter provides some context and understanding about the people (service users) who receive long term social care support.

All the information presented within this section of the report, including the data tables used from the annex file, are provided as part of this statistical release which can be found at:

<http://digital.nhs.uk/pubs/adusoccaresurv1617>

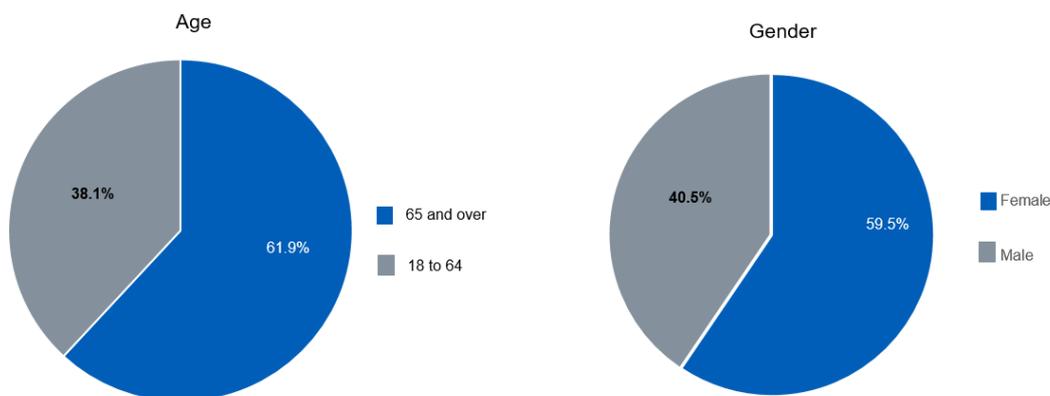
The following Charts 1.1 to 1.4 and their accompanying commentary reflect data recorded by CASSRs⁴ for the entire eligible population (653,350 service users) in 2016-17. The demographic proportions presented in charts 1.1 to 1.3 below are all within one percentage point of the proportions recorded in both 2015-16 and 2014-15⁵.

Age band and gender of service users

Charts 1.1 and 1.2 show the breakdowns of service users in the eligible population (653,350 service users) by age band and gender as reported in the ASCS.

- The majority of service users within the eligible population are aged 65 and over at 61.9 per cent (404,320 people), service users aged 18-64 accounted for 40.3 per cent (249,030 people).
- By gender the largest proportion of service users are female at 59.5 per cent (388,420 people) compared to 40.5 per cent (264,930 people) for males.

Chart 1.1 & 1.2: Age band and gender of ASCS eligible population service users



Source: ASCS 2016-17, NHS Digital

⁴ Data used to produce Charts 1.1 to 1.4 are recorded by councils as part of the data submitted to NHS Digital, so no weighting of the data is required, figures are therefore rounded to the nearest five.

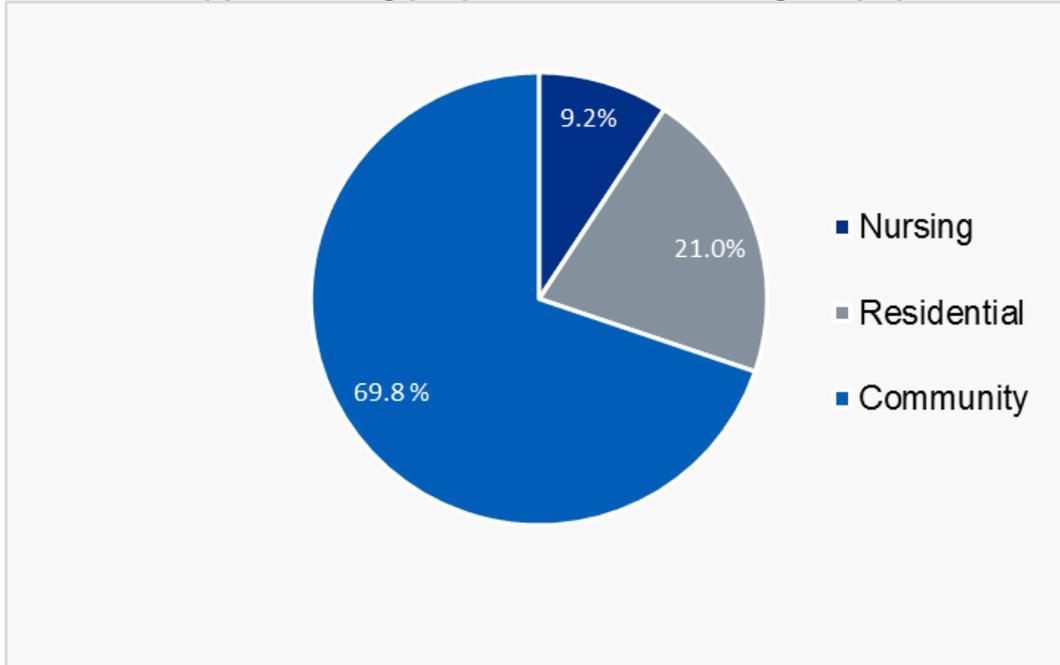
⁵ In 2014-15, nursing and residential support settings were one category; their sum in 2015-16 and 2016-17 is within one percentage point.

Support settings of service users

These are the primary setting of services received by clients and for the survey are recorded under community, residential and nursing.

Chart 1.3 shows the majority of service users are in the community support setting at 69.8 per cent (456,000 people) as shown in Chart 1.4, with the remaining 30.2 per cent (197,350 people) in either residential or nursing care settings.

Chart 1.3: Support setting proportions of ASCS eligible population



Source: ASCS 2016-17, NHS Digital

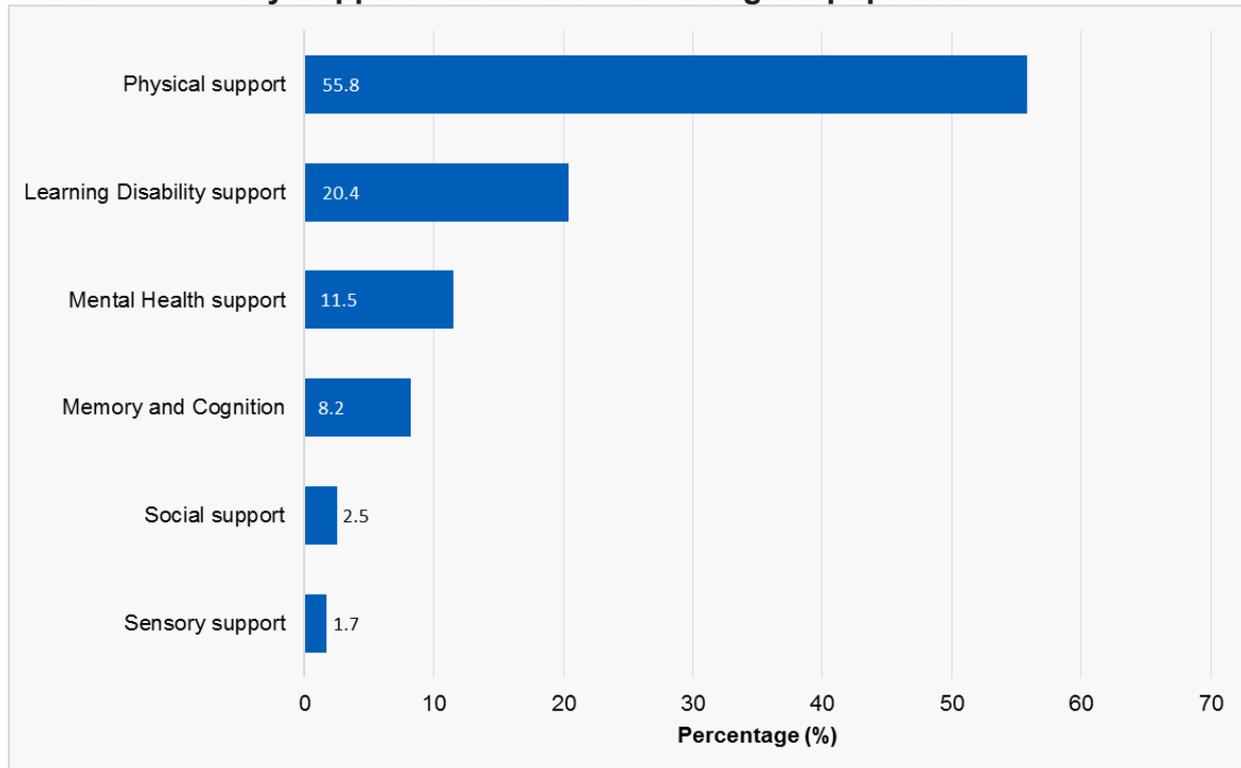
Primary support reasons (PSR) of service users

The Primary Support Reason⁶ describes why the individual requires social care support; the primary disability / impairment impacting on the individual's quality of life and creating a need for support and assistive care.

Over half of service users have the primary support reason of physical support at 55.8 per cent (364,435 people); learning disability support accounts for the second highest proportion at 20.4 per cent (133,565 people), as illustrated in Chart 1.4.

⁶ An individual may have more than one support reason; for example a service user may have a learning disability but is not recorded under Primary Support Reason 'Learning Disability support' if the primary reason for support identified at their assessment falls under one of the other PSR classifications.

Chart 1.4: Primary Support Reasons of ASCS eligible population



Source: ASCS 2016-17, NHS Digital

When compared to the two previous years, the proportion of service users with a physical support reason has seen an increase from 2015-16 (54.5 per cent) and 2014-15 (54.6 per cent). In contrast the proportions of service users with a primary support reason of mental health support has decreased from 2015-16 (12.6 per cent) and 2014-15 (13.4 per cent).

Self-reported health and support

The following information reports on the responses to the questions within the survey's Section 4 and Section 6, these responses have been weighted to represent the eligible population of 653,350 service users.

Within these sections of the survey service users are asked questions about their self- perceived health (health can mean many things to different people) and also about types of help and support they receive.

Service User's Health

The proportions of responses to the self-perceived health question options for 2016-17 are similar to both 2015-16 and 2014-15 and are as follows:

- 41.8 per cent of service users (273,200 people) reported their general health was very good or good, whilst 18.1 per cent (118,300 people) reported their health was bad or very bad (Q13).
- Just over half of service users, 51.1 per cent (333,700 people) reported having moderate pain or discomfort when responding to their health state on the day they completed the survey, a further 18.2 per cent (87,500 people) reported having extreme pain or discomfort (Q14a).
- Over a half of all service users (54.2 per cent, 353,800 people) reported they were anxious or depressed, of which 45.8 per cent (298,900 people) moderately and 8.4 per cent (54,900 people) extremely anxious or depressed (Q14b).

Help and support

The proportions of responses to the question options on help and support for 2016-17 and for question 19 and 20 have reported similar levels to 2015-16 and are as follows:

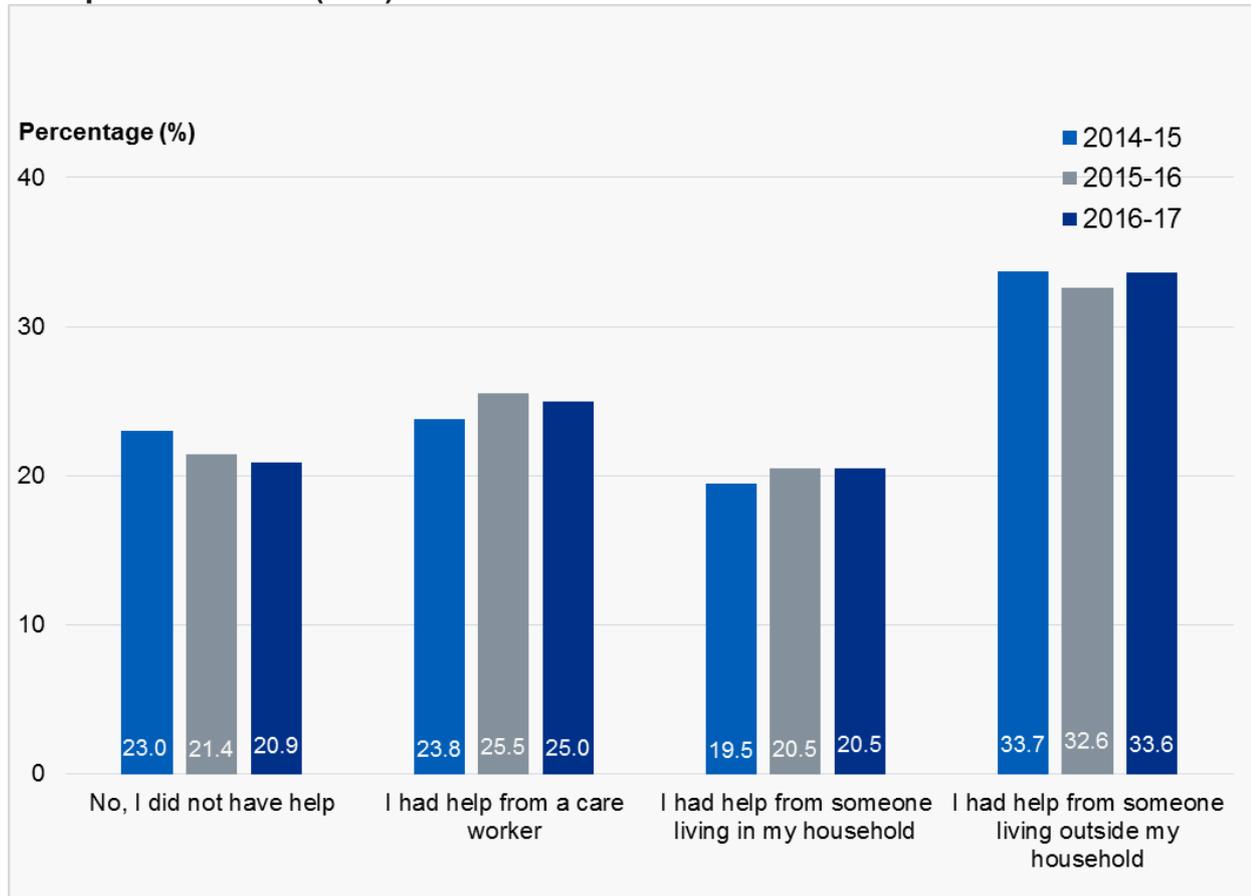
- 40.7 per cent (265,850 people) reported receiving on a regular basis from someone living in the same household and 48.5 per cent (316,750 people) reported receiving help from someone living in another household (Q19).
- 64.7 per cent of service users (422,400) do not buy additional care or support privately, or pay for top ups (Q20).

Most service users had help⁷ to complete the questionnaire (79.1 per cent) and **Chart 2.1** shows the highest proportion of service users had help from someone living outside their household as in previous years.

⁷ Further information on what type of help people had to complete the questionnaire (Q2) is available in the documents which accompany the publication.

The proportion of service users completing the survey without help was 20.9 per cent and this represents a statistically significant decrease to both 2015-16 and 2014-15.

Chart 2.1: Did you have any help from someone else to complete this questionnaire? (Q21)



Source: ASCS 2016-17, NHS Digital

Question Analysis

The following chapter provides analysis on some of the questions within the report. The response data within this section, as with all data sourced from survey has been weighted to represent the eligible population of 653,350 service users.

Overall satisfaction with the care and support services

Section 1 of survey includes a general measure of satisfaction asking service users “Overall, how satisfied or dissatisfied are you with the care and support or services you receive? (Q1)”.

64.7 per cent of service users (422,700 people) reported they were extremely or very satisfied with the care and support services they received. This compares to 25.4 per cent (165,850 people) who were quite satisfied, 2.1 per cent (13,700) who were quite dissatisfied and 1.7 per cent (11,450 people) who were extremely or very dissatisfied.

A further 6.1 per cent of services users (39,700 people) reported they were neither satisfied or dissatisfied with the care and support services they received.

Although the responses to this question have not seen a statistically significant change to the previous year (64.4 per cent of service users reported they were extremely or very satisfied in 2015-16); the responses to this question remain a key finding as they present an overview of satisfaction with the care and support services received.

Question 1 of the survey responses received are used as the underlying data to calculate ASCOF measure 3A, “Overall satisfaction of people who use services with their care and support”.

Quality of Life

Section 2 of the survey, asks questions about aspects of quality of life that social care services are expected to impact upon.

This section of the report highlights the responses to the new question for 2016-17 concerning service user choice (Q2c) and then focuses on some additional analysis relating to social contact (Q8a).

How much choice service users in the community have over the care and support services they receive.

For 2016-17 an additional question has been included in this section for the standard versions of the community questionnaire: “Which of the following statements best describes how much choice you have over the care and support services you receive? (Q2c).

To assist service users in their interpretation of this question a definition of choice is provided underneath the actual question and includes the following: “By ‘choice’ we mean being able to choose from a range of care providers and services and make changes as and when required.”

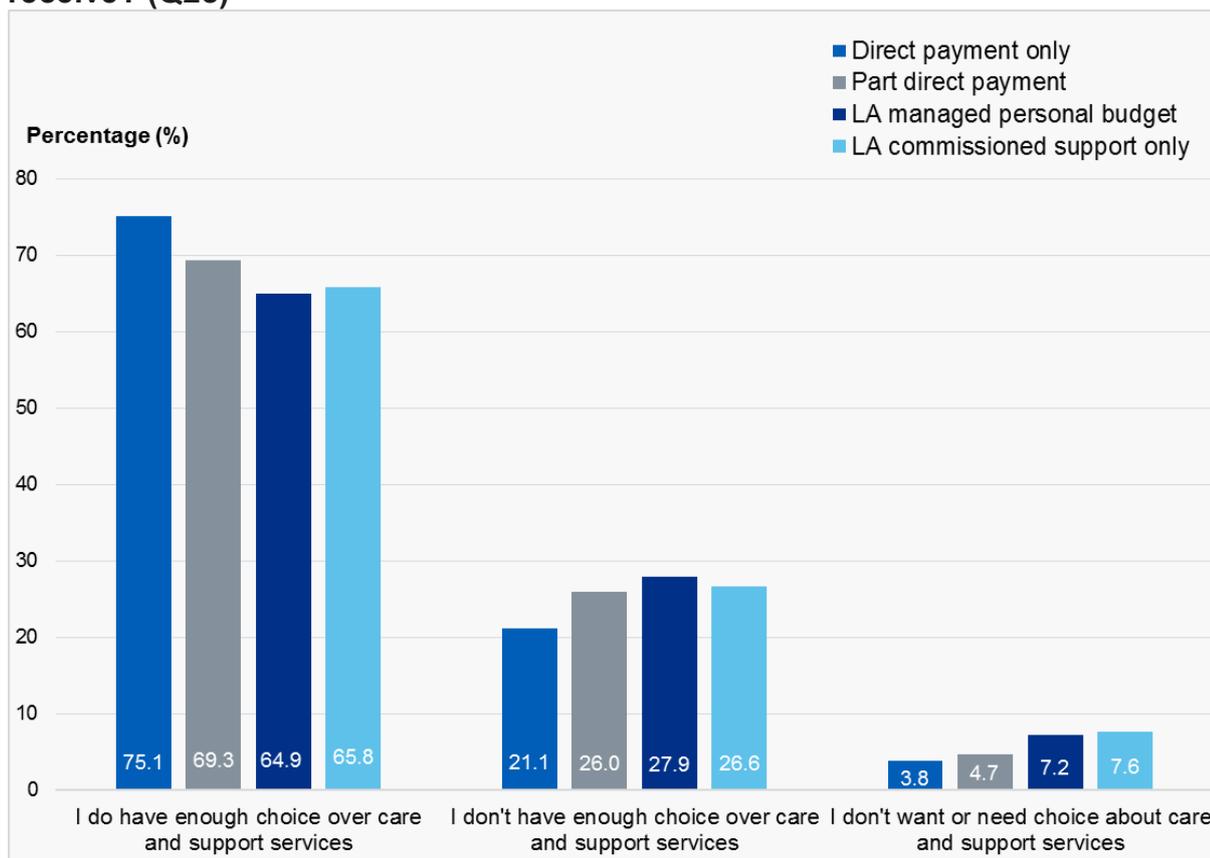
64.7%
of service users
were extremely
or very satisfied
with the care
and support
services they
received.

In 2016-17 over two thirds (67.6 per cent or 236,100) of service users in the community⁸ reported they have enough choice over the care and support services they receive. This was followed by 26.1 per cent of service users stating they don't have enough choice and a further 6.3 per cent reporting they don't want or need choice.

67.6%
of service users in the community reported that they have enough choice over the care and support services they receive and a further 6.3% reported they don't want or need choice.

Chart 3.1 shows the proportions of reported choice by the mechanism of delivery recorded and highlights three quarters (75.1 per cent) of service users who receive direct payments feel they have enough choice over the care and support services they receive.

Chart 3.1: Which of the following statements best describes how much choice you have over the care and support services you receive? (Q2c)



Source: ASCS 2016-17, NHS Digital

⁸ This question was only included in the standard version of the community questionnaire and does not represent service users with a PSR of Learning Disability who will have been expected to complete an easy read version of the survey.

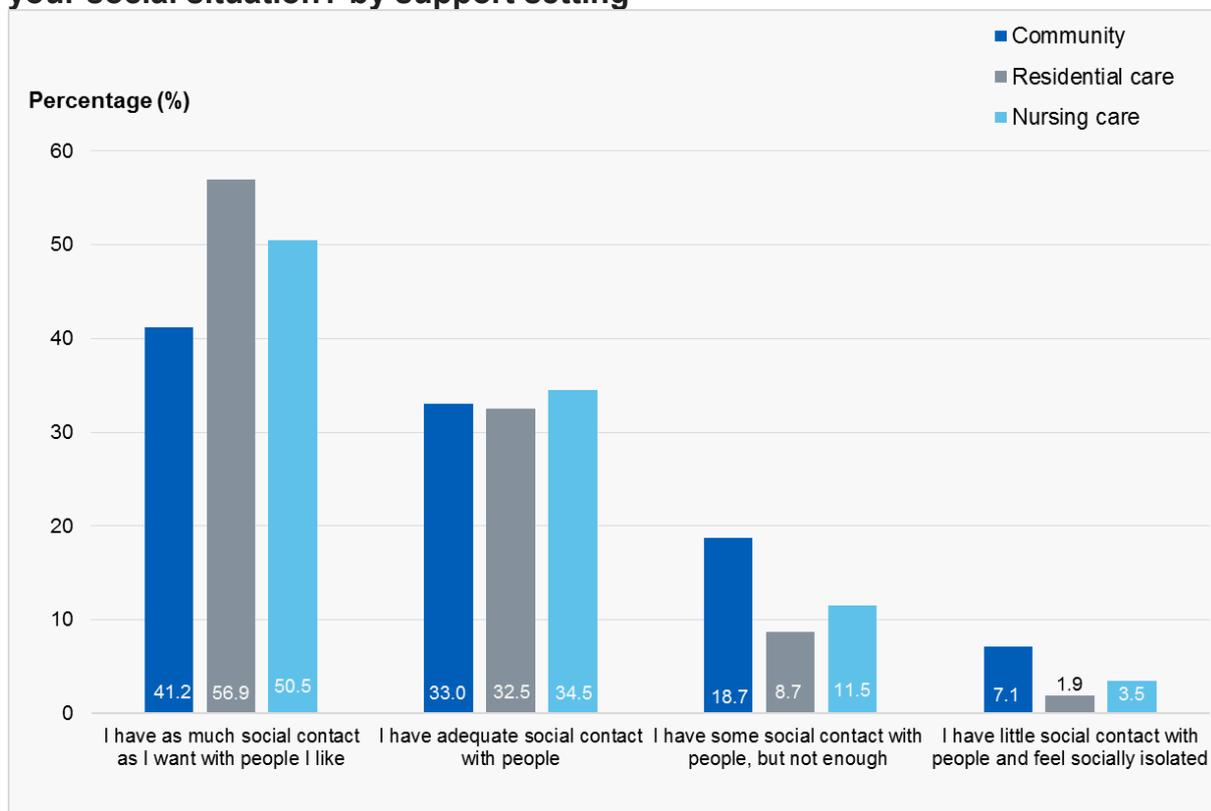
How much social contact service users have with the people they like

In 2016-17, 45.4 per cent of service users reported they had as much social contact as they want with the people they like (Q8a). One fifth of service users reported not enough or little social contact, with 15.9 per cent reporting they had some social contact but not enough and 5.7 per cent reporting they had little social contact with people and feel socially isolated.

45.4%
of service users reported they had as much social contact as they like.

When analysed by support setting proportions reporting 'not enough' or 'little social contact' increase to over a quarter (25.8 per cent) for service users in the community, as highlighted in **Chart 3.2**.

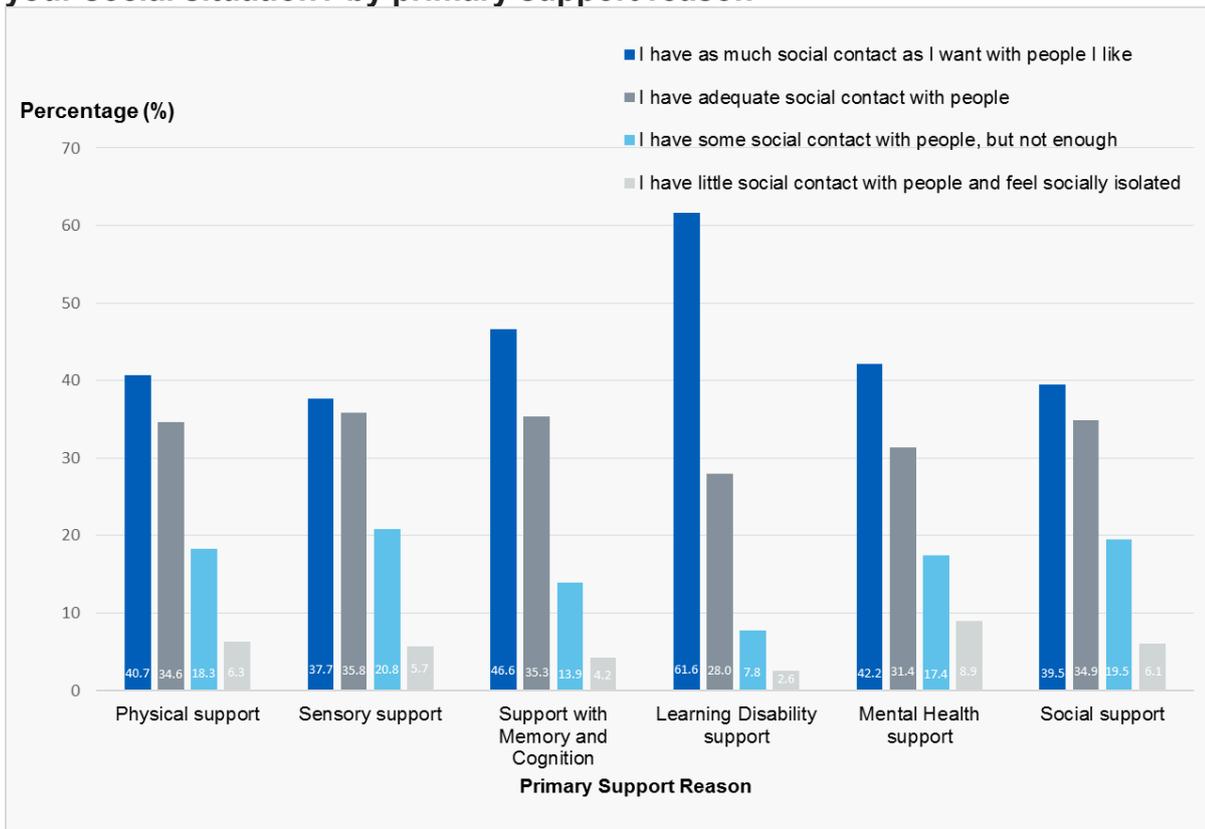
Chart 3.2: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? by support setting



Source: ASCS 2016-17, NHS Digital

Chart 3.3 shows how proportions to this question vary by primary support reason (PSR). Service users with a PSR of learning disability support reporting higher proportions of social contact (61.6 per cent reporting 'as much as they want') whilst Sensory support has recorded a higher proportion of service users reporting 'not enough' or 'little social contact' (26.5 per cent).

Chart 3.3: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? by primary support reason



Source: ASCS 2016-17, NHS Digital

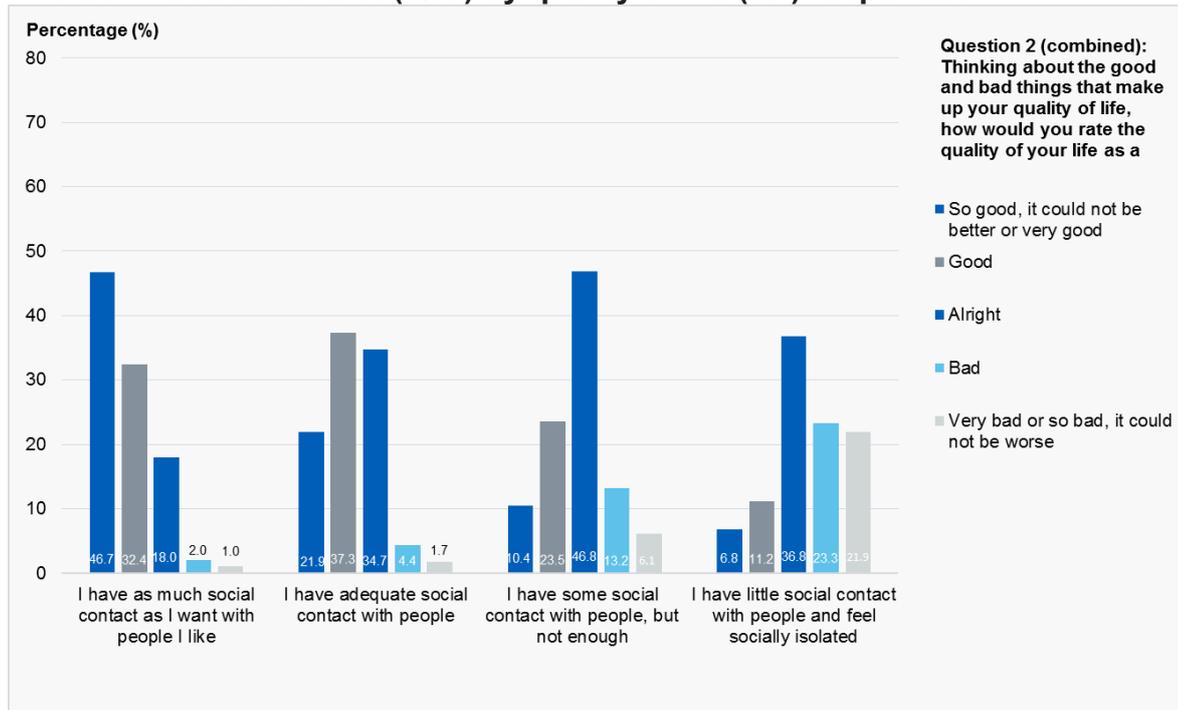
There are frequent correlations between the responses to question 8a (social contact) and responses to other questions in the survey⁹. The following analysis identifies one of a few themes arising from how a particular response to question 8a is related to how service users have responded to other questions.

Chart 3.4 shows how question 8a respondents answered the question about their quality of life as a whole (Q2) and indicates a correlation between perceived quality of life¹⁰ and social contact. In 2016-17 an estimated 37,050 service users reported little social contact and feeling socially isolated; this group of service users as illustrated in **Chart 3.5** reported notably higher levels of ‘bad’ or ‘very bad’ quality of life (approximately 16,400 service users).

⁹ Information for all questions is available within the annex file (T-3 answers by response and the Power BI report (Question response comparisons) which accompany this report.

¹⁰ The ‘quality of life’ measure described comes from the service users’ own perception of their quality of life and is different to the ASCOF QoL score.

Chart 3.4: Social contact (Q8a) by quality of life (Q2) responses



Source: ASCS 2016-17, NHS Digital

Notable changes to previous year

This section of the report focuses on all the questions within the survey (excluding question 21 and 22¹¹) which have seen statistically significant changes to 2015-16 (3a, 7a, 7b, 15 and 16), information also includes comparisons to 2014-15 to add further context.

Additional analysis has also been provided in relation to these questions including breakdowns by demographic data and responses to other questions.

Significance testing was carried out to evaluate the main findings from the 2016-17 survey. The term ‘significant’ refers to statistical significance at the 95 per cent confidence level. When comparing two estimates where confidence intervals do not overlap, the difference between the estimates can be considered as statistically significant; meaning these differences are unlikely to be due to chance.

Further information on significance testing is provided in the “Methodological and Further Information report”.

The response data within this section has been weighted to represent the eligible population of 653,350 service users.

How safe service users feel and whether care and support services help them in feeling safe

Section 2 of the survey, asks questions about aspects of quality of life that social care services are expected to impact upon.

As part of this section service users are asked to indicate which statements best describe how safe they feel (Q7a) and whether the care and support services they receive help them to feel safe (question 7b).

To assist service users in their interpretation of this question a definition of safety is provided underneath the actual question and includes the following: *‘By feeling safe we mean how safe you feel both inside and outside the home. This includes fear of abuse, falling or other physical harm.’*¹²

Question 7a of the survey responses received are used as part of the underlying data (together with questions 3a, 4a, 5a, 6a, 8a, 9a and 11) to calculate ASCOF measure 1A “Social care-related quality of life“. The responses are also specifically used for measure 4A: *The proportion of people who use services who feel safe.*

The survey responses received for 7b are used for the ASCOF measure 4B: *The proportion of people who use services who say that those services have made them feel safe and secure.*

¹¹ Questions 21 and 22 ask specifically about help with the completing the questionnaire.

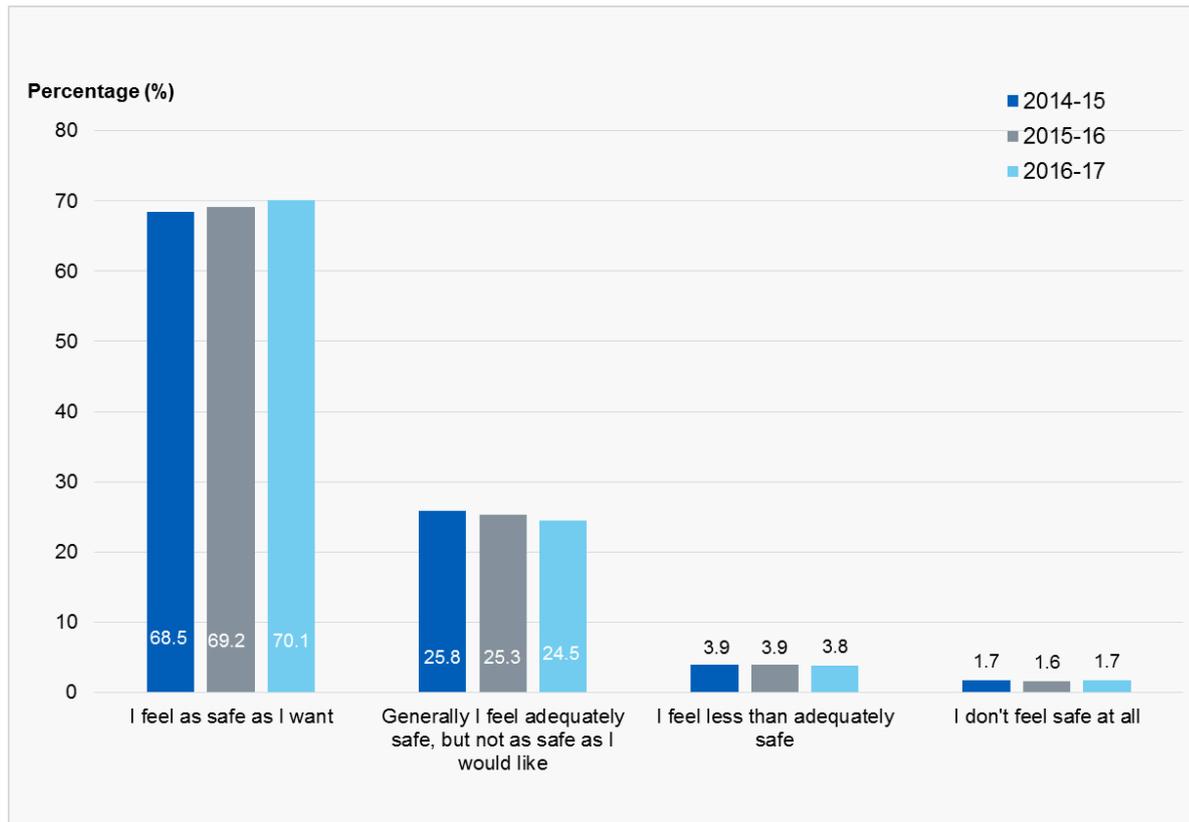
¹² This definition has been taken from the standard version of the questionnaires and this is slightly different to the easy read.

Chart 4.1 illustrates the proportions reported for each response option for question 7a compared to the two previous years.

For 2016-17, 70.1 per cent of service users, reported feeling as safe as they want, this represents a statistically significant increase to 2015-16 (69.2 per cent) and 2014-15 (68.5 per cent).

70.1%
of service users reported feeling safe as they want, up 0.9 percentage points from 2015-16 (69.2%)

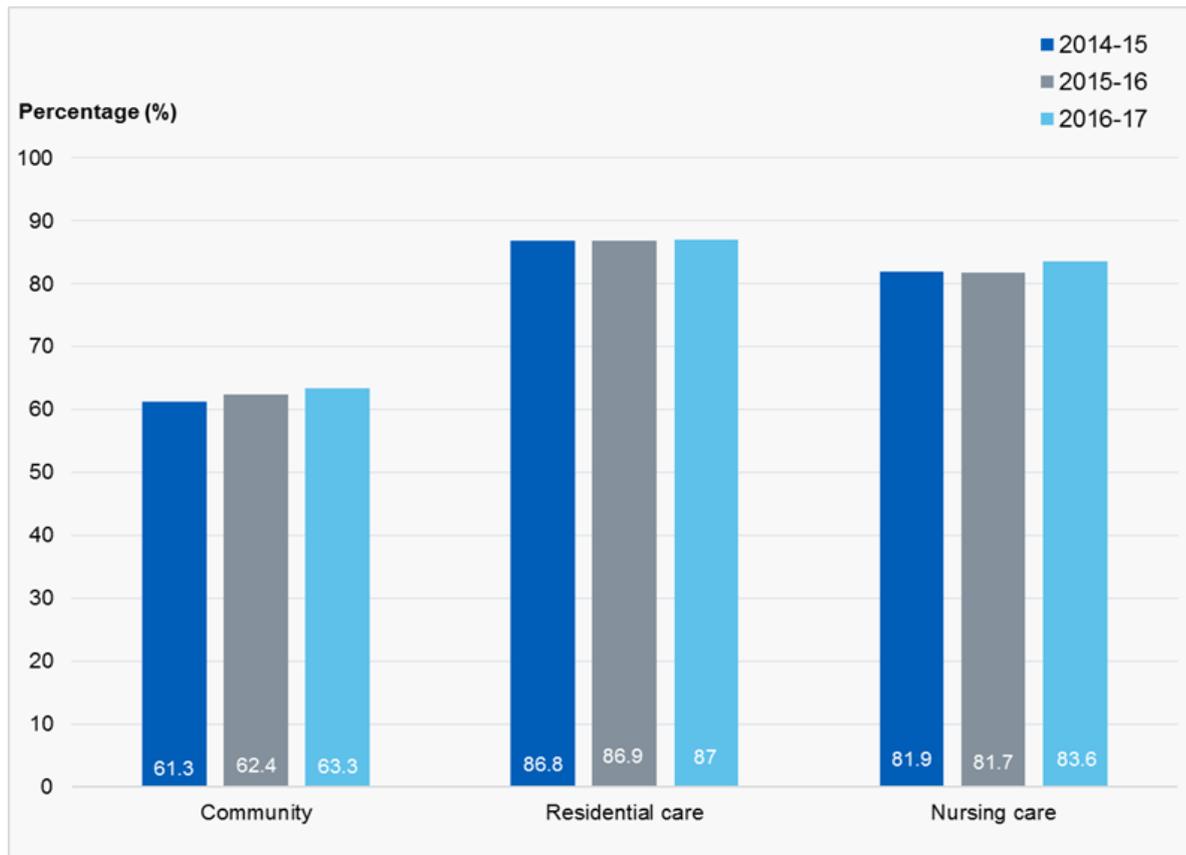
Chart 4.1: Which of the following best describes how safe you feel? (Q7a)



Source: ASCS 2016-17, NHS Digital

Chart 4.2 shows the higher proportions of service users in residential and nursing care reporting they feeling as safe as they want for the period 2014-15 to 2016-17. Community service users report a lower level in comparison, although at 63.3 per cent (291,450 people) in 2016-17, this proportion has increased each year.

Chart 4.2: Proportions for 'I feel as safe as I want' by support setting

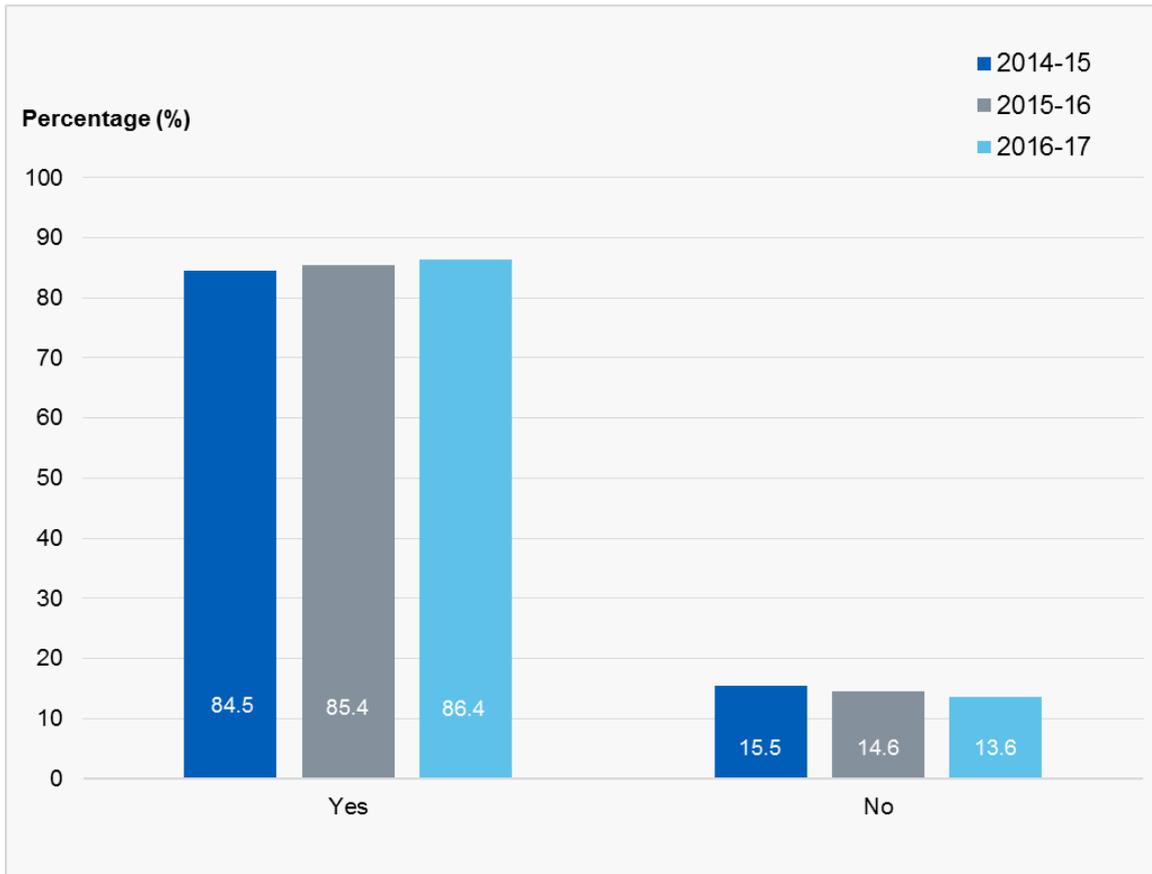


Source: ASCS 2016-17, NHS Digital

86.4 per cent of service users, reported care and support services help them in feeling safe as shown in **Chart 4.3**; this represents a statistically significant increase to 2015-16 (85.4 per cent) and 2014-15 (84.5 per cent).

86.4%
of service users reported that the care and support services they receive has helped them in feeling safe, up 1.0 percentage point from 2015-16 (85.4%)

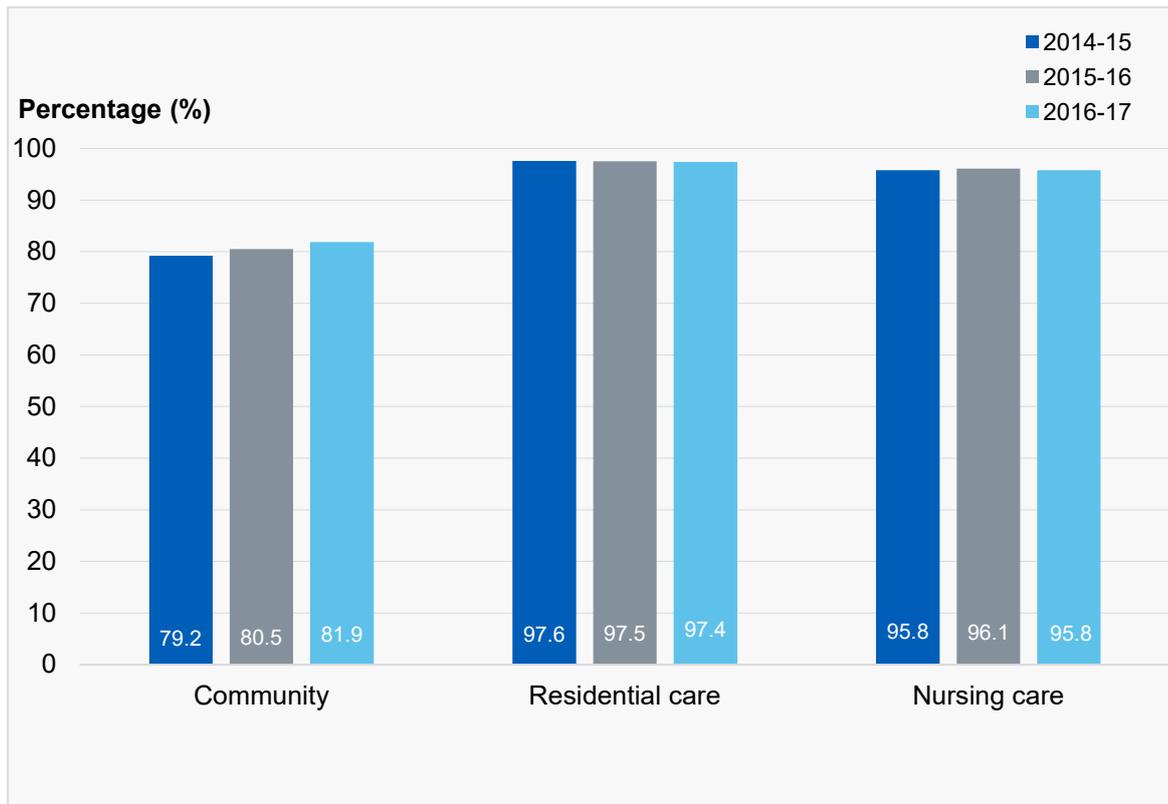
Chart 4.3: Do care and support services help you in feeling safe?



Source: ASCS 2016-17, NHS Digital

Chart 4.4 shows the higher proportions of service users in residential and nursing care reporting care and support services help them in feeling safe, for the period 2014-15 to 2016-17. Community service users report a lower level in comparison, although at 81.9 per cent (377,100 people) in 2016-17, this proportion has increased each year.

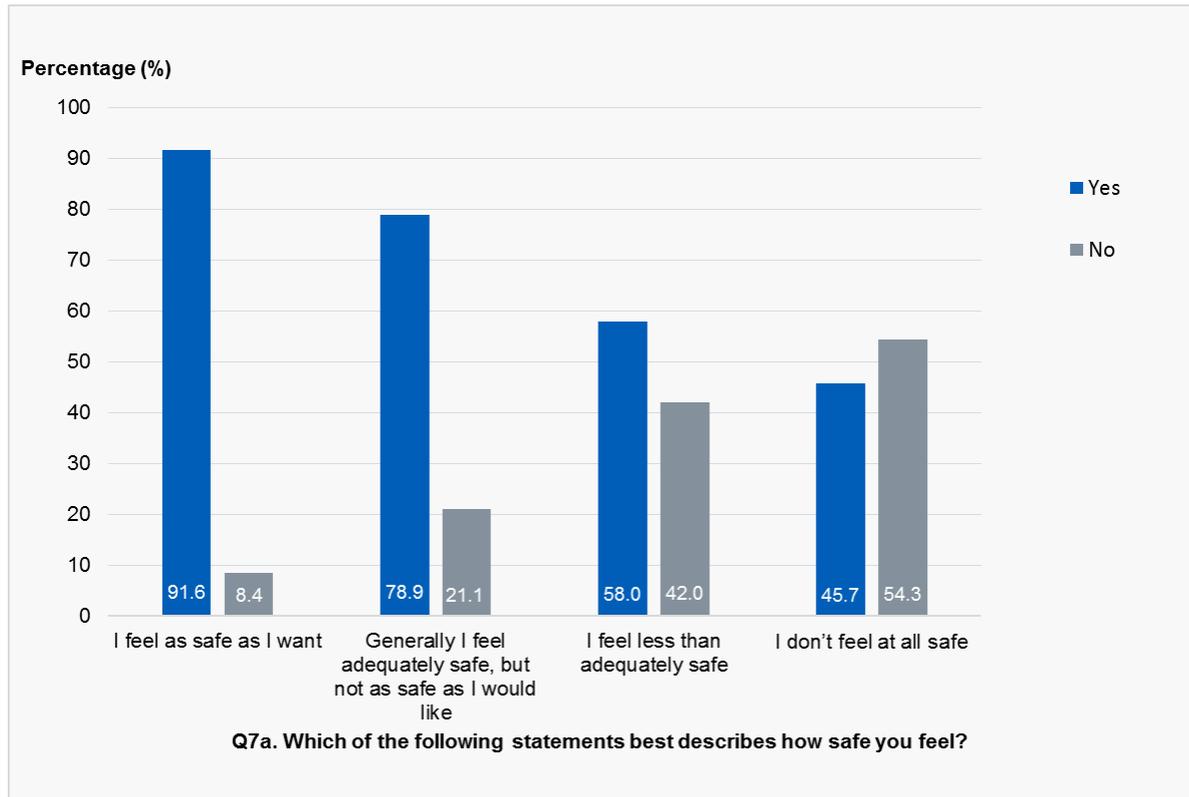
Chart 4.4: Proportions for ‘Do care and support services help you in feeling safe?’ Response ‘Yes’ by support setting



Source: ASCS 2016-17, NHS Digital

Chart 4.5 shows the correlation between proportions for how safe service users feel by their responses to whether care and support services help them in feeling safe. Of the 457,700 services users who reported they feel as safe as the want 91.6 per cent reported care and support services help them in feeling safe. For the 11,150 service users who reported they didn't feel safe over half (54.3 per cent) also reporting care and support services don't help them to feel safe.

Chart 4.5: How safe service users feel by whether care and support service help them in feeling safe (Q7a and 7b)



Source: ASCS 2016-17, NHS Digital

Activities of daily living¹³

Section 4 of the survey asks questions about the service users health and questions Q15a to d and Q16a to d capture the extent to which the service user is dependent on help from another person to undertake activities of daily living. They provide some information on the need level of the respondent across a variety of activities.

Questions 15b to d

For 2016-17, responses to questions 15b¹⁴ to d have recorded a statistically significant difference to both 2015-16 and 2014-15, with an increase in the proportions of service users reporting 'I can't do this by myself' for getting or out of a bed or chair, feeding themselves or dealing with finances and paperwork. **Chart 4.6** illustrates these responses for the period 2014-15 to 2016-17.

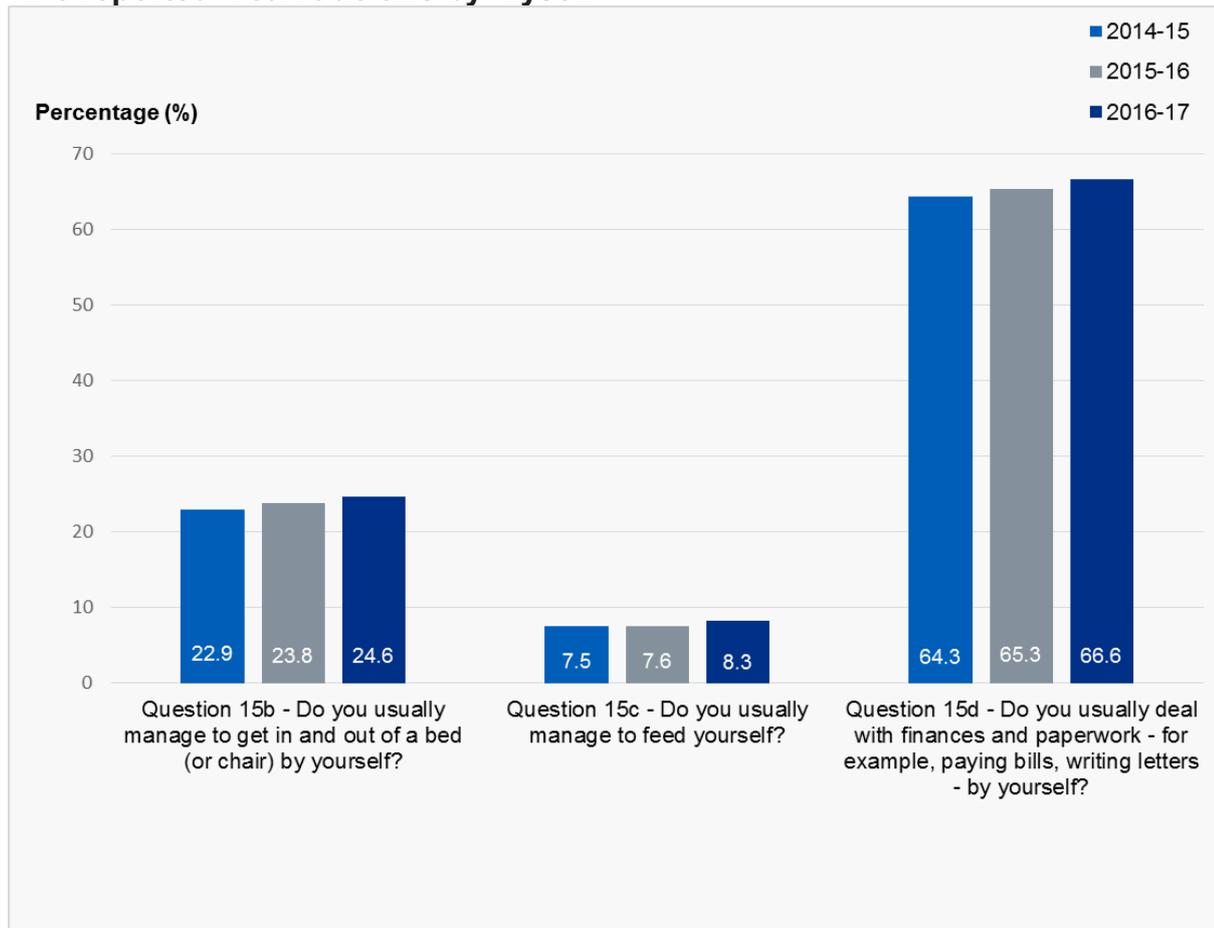
Activities of Daily Living In 2016-17 the proportion of service users who needed assistance with activities of daily living increased. These activities include dealing with finances and paperwork, getting dressed and bathing (Q15b-d, 16a-c)

¹³ The references within this report to Activities of Daily Living are similar (but not an exact match) to the Care Act (2014) definitions:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

¹⁴ 15a has not been included in the analysis of these questions as it has not seen a statistically significant change to the previous year.

Chart 4.6: Question 15b to d and the proportion of service users who reported 'I can't do this by myself'



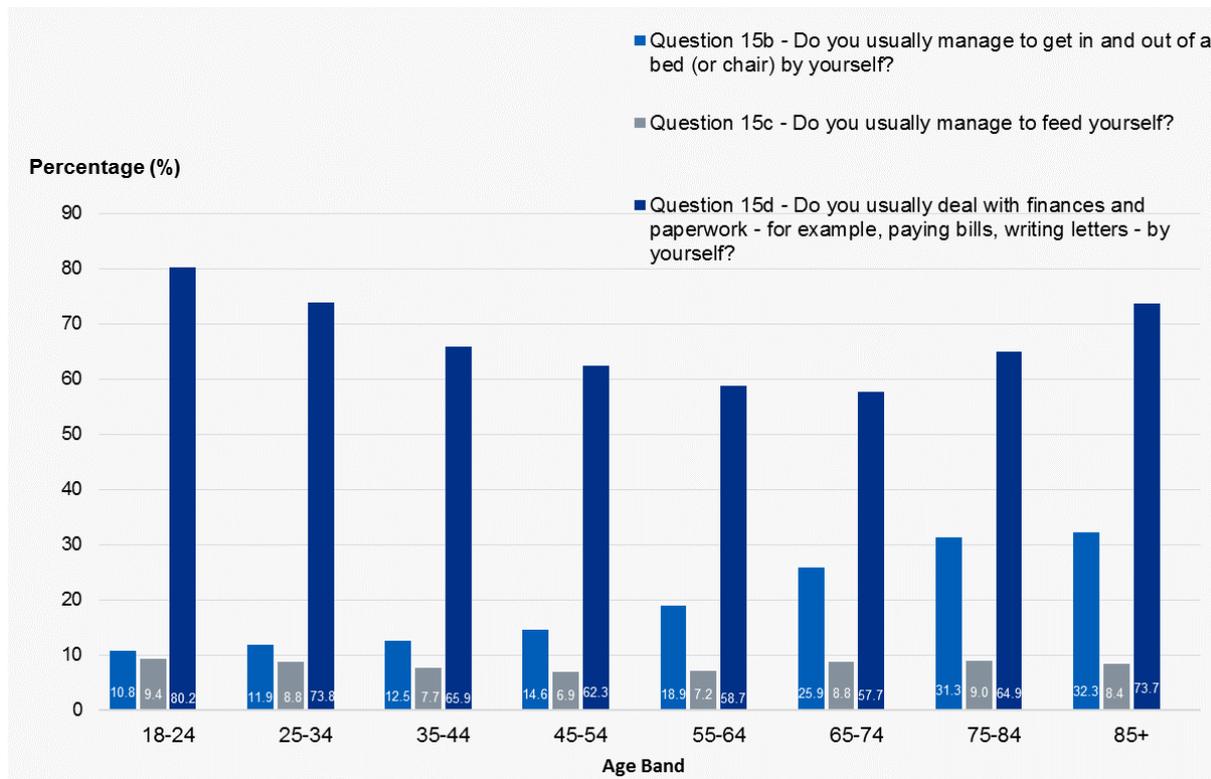
Source: ASCS 2016-17, NHS Digital

For 2016-17 Chart 4.6 indicates nearly a quarter of all service users (160,500 people) reported they cannot get in and out of bed, 8.3 per cent of service users (54,150 people) reported they cannot feed themselves and two thirds of service users (435,500 people) reported they cannot deal with finance or paperwork by themselves.

Chart 4.7 illustrates how the proportions who report (I can't do this by myself) varies according to the age band of the service users and highlights the following:

- The proportion of people who do not usually manage to get in or out of a bed (or chair) gradually rises as age increases, from 10.8 per cent for 18-24 year olds to up to 32.3 per cent for service users aged 85 and over.
- The profile for service users who usually cannot manage dealing with finance or paperwork is at its highest for those aged 18-24 (80.2 per cent). Proportions then reduce with each age band to 57.7 per cent for 65 to 74 year olds and then increase for service users aged 75 and over.

Chart 4.7: Question 15b to d and the proportion of service users who reported 'I can't do this by myself' by age band



Source: ASCS 2016-17, NHS Digital

Further breakdowns for question responses by demographics for England, are available in the Annex files 'Answers by Demographic' which accompanies each year's publication.

Of the three questions, not being able to usually deal with finances and paperwork' (Q15d) has seen a higher volume of increases across a number of demographic areas in comparisons to the two previous years.

The following analysis reports on these differences by demographics question 15d for the period 2014-15 to 2016-17.

Table 4.1 presents data for respondents 'who cannot deal with finance or paperwork by themselves' by support setting, primary support reason and age. A number of differences have been observed and include an increase in the proportion of community service users who need cannot do this activity, together with mental health service users and increases across all age bands particularly 25 to 34 year olds.

Table 4.1 - Proportions for 'I can't deal with finances and paperwork by myself' by demographics

Demographic Data		2016-17	2015-16	2014-15	2016-17 difference to 2015-16*	2016-17 difference to 2014-15*
Primary Support Reason	Physical Support	62.4	61.6	60.3	0.8	2.1
	Sensory Support	70.2	71.2	69.0	-1.0	1.2
	Support with Memory and Cognition	82.5	80.5	81.7	2.0	0.8
	Learning Disability Support	84.2	83.2	83.3	1.0	0.9
	Mental Health Support	49.7	45.1	45.2	4.6	4.5
	Social Support	55.3	55.6	57.4	-0.3	-2.1
Gender	Male	66.1	64.9	64.2	1.2	1.9
	Female	67.0	65.5	64.3	1.5	2.7
Support Setting	Community	62.0	60.7	58.6	1.3	3.4
	Residential Care	76.3	74.8	76.3	1.5	0
	Nursing Care	82.0	81.7	81.8	0.3	0.2
Age band	18-24	80.2	78.3	78.2	1.9	2
	25-34	73.8	70.8	69.6	3.0	4.2
	35-44	65.9	64.7	62.7	1.2	3.2
	45-54	62.3	60.6	57.6	1.7	4.7
	55-64	58.7	56	55.9	2.7	2.8
	65-74	57.7	56.7	56.5	1.0	1.2
	75-84	64.9	64.4	63.1	0.5	1.8
85+	73.7	72.7	72.1	1.0	1.6	

* Percentage points difference

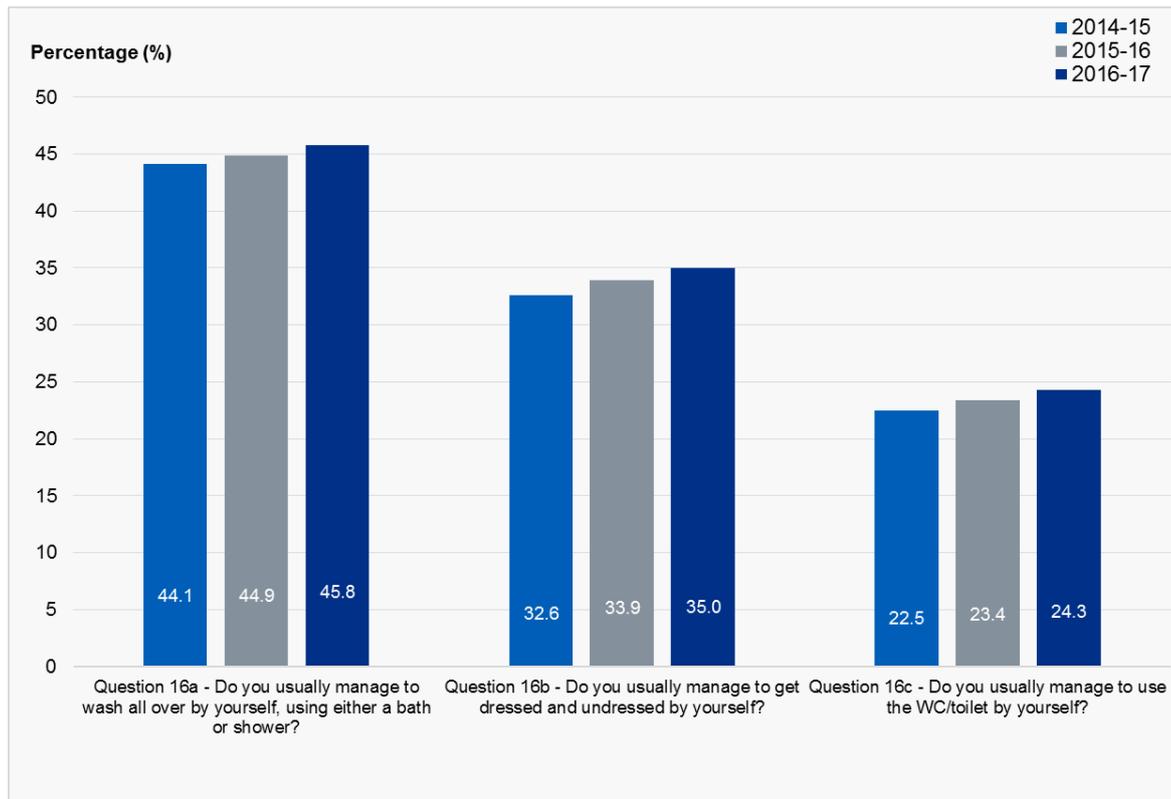
Sources: ASCS 2014-15 to 2016-17, NHS Digital

Questions 16a to c

Responses to questions 16a to c¹⁵ have also recorded a statistically significant change to both 2015-16 and 2014-15, with an increase in the proportions of service users reporting 'I can't do this by myself' for usually managing to wash themselves all over, getting dressed/undressed or using the toilet. **Chart 4.8** illustrates these responses for the period 2014-15 to 2016-17.

¹⁵ 16d has not been included in the analysis of these questions as it has not seen a statistically significant change to the previous year.

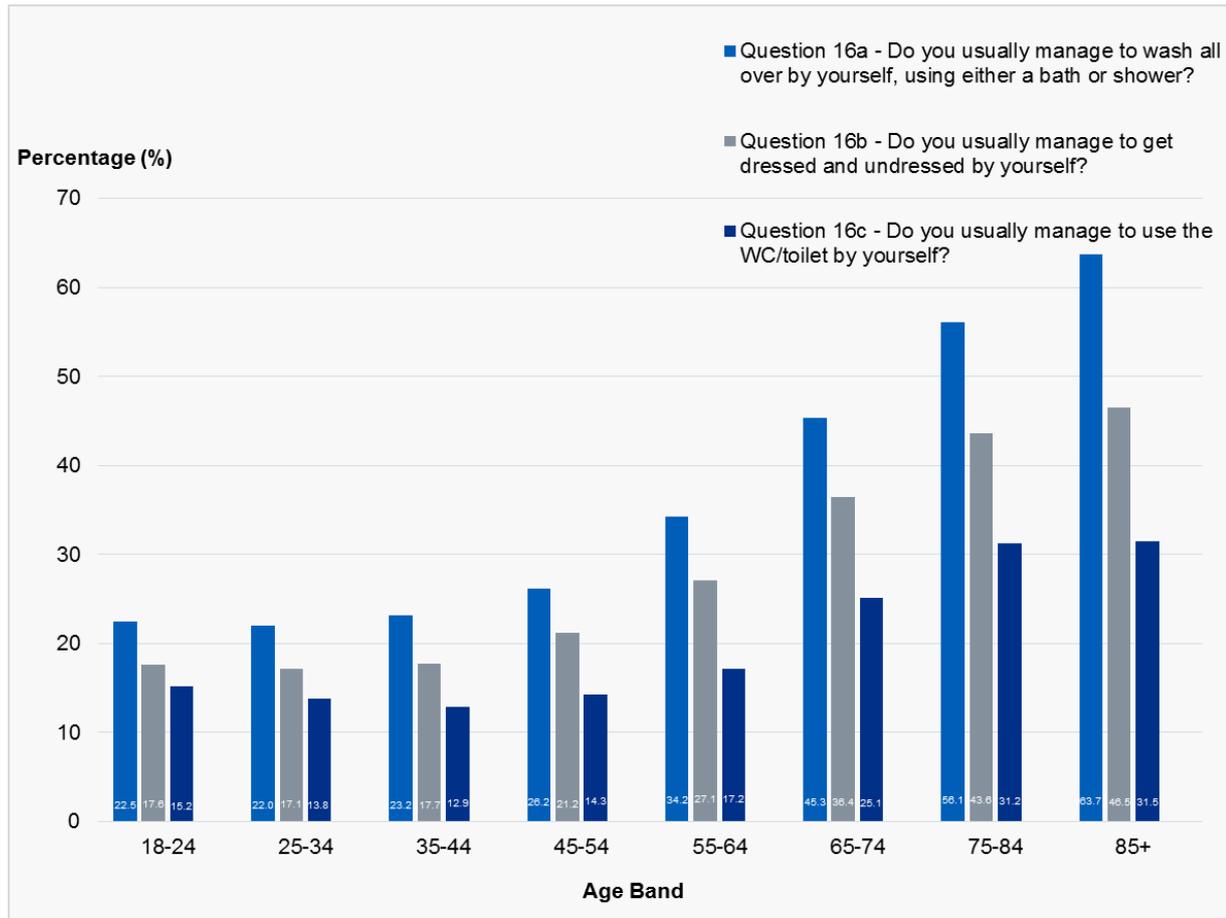
Chart 4.8: Question 16a to c and the proportion of service users who reported 'I can't do this by myself'



For 2016-17 **Chart 4.8** indicates 45.8 per cent of all service users (299,000 people) reported they cannot usually wash themselves all over, over a third of service users (228,700 people) reported they cannot get dressed or undressed and nearly a quarter of all service users (an estimated 158,500 people) reported they cannot use the toilet by themselves.

Chart 4.9 illustrates how the proportions for who report 'I can't do this by myself' for these three questions increase with the age bands of the service user from 45 years old and over.

Chart 4.9: Question 16a to c and the proportion of service users who reported 'I can't do this by myself'



Of the three questions, not being able to usually wash all over by themselves (Q16a) has seen a higher volume of increases across a number of demographic areas in comparisons to the two previous years.

The following analysis reports on these differences by demographics question 16a for the period 2014-15 to 2016-17.

Table 4.2 presents data for respondents who are not able to wash all over by themselves by support setting, primary support reason and age. A number of differences have been observed and include increases in the proportion of physical support and mental health support service users, together with females, people in nursing homes and increases for 35 to 44 years old and service users aged 75 and over.

Table 4.2 - Proportions for 'I can't wash all over by myself (using a bath or shower) by demographics

Demographic Data		2016-17	2015-16	2014-15	2016-17 difference to 2015-16*	2016-17 difference to 2014-15*
Primary Support Reason	Physical Support	59.4	58.6	56.4	0.8	3
	Sensory Support	39.5	45.2	43.0	-5.7	-3.5
	Support with Memory and Cognition	50.8	50.4	50.7	0.4	0.1
	Learning Disability Support	17.6	16.9	18.1	0.7	-0.5
	Mental Health Support	23	19.5	21.3	3.5	1.7
	Social Support	33.2	31.3	34.6	1.9	-1.4
Gender	Male	37.6	36.8	37	0.8	0.6
	Female	51.2	50.1	48.7	1.1	2.5
Support Setting	Community	42.5	42.2	41.1	0.3	1.4
	Residential Care	46.5	44.4	44.5	2.1	2
	Nursing Care	77.4	75.7	73.9	1.7	3.5
Age band	18-24	22.5	21.5	23.5	1.0	-1
	25-34	22	21.4	21.8	0.6	0.2
	35-44	23.2	21.2	20.7	2.0	2.5
	45-54	26.2	26.3	26.1	-0.1	0.1
	55-64	34.2	33.6	33.7	0.6	0.5
	65-74	45.3	45.7	43.2	-0.4	2.1
	75-84	56.1	54.9	53.3	1.2	2.8
85+	63.7	61.5	60.9	2.2	2.8	

* Percentage points difference

Sources: ASCS 2014-15 to 2016-17, NHS Digital

How much control service users have over their daily life.

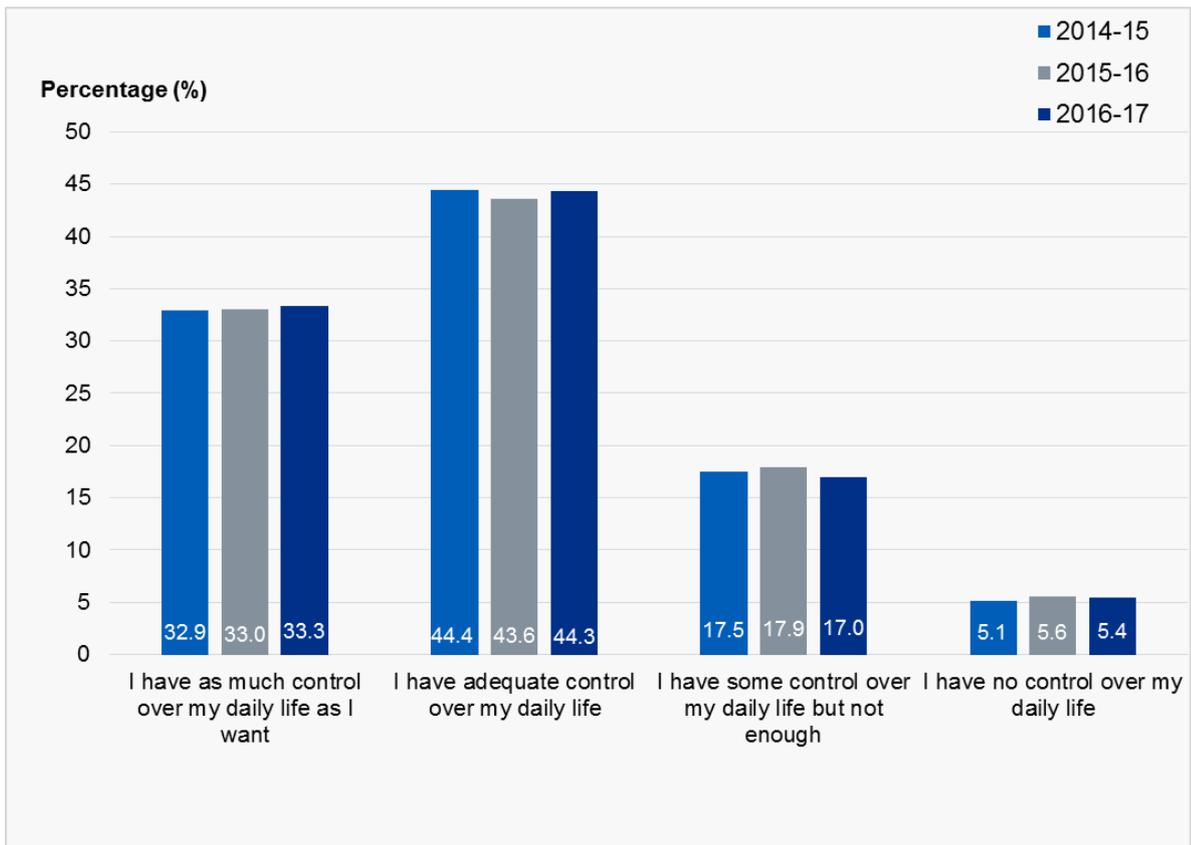
Section 2 of the survey, asks questions about aspects of quality of life that we can expect social care services to impact upon.

As part of this section service users are asked to indicate which statements best describe how much control they have over their daily lives (Q3a).

To assist service users in their interpretation of this question a definition of control is provided underneath the actual question and includes the following: *'By 'control over daily' we mean having the choice to do the things or have things done for you as you like and when you want.'*

Chart 4.10 illustrates the proportions reported for each response option for question 3a compared to the two previous years and highlights over three quarters of service users (507,350 people) report having 'as much' or 'adequate' control over their daily lives.

Chart 4.10: Which of the following statements best describes how much control you have over your daily life?



In 2016-17, 17.0 per cent of service users (111,000 people) reported they had some control over their daily life but not enough, and when compared to 2015-16 (which reported 17.9 per cent) this figure represents a statistically significant decrease.

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