

Social Services User Survey Group – Response to the Recommendations and Suggestions in the ONS Review of the Methodology for the Adult Social Care Survey

Introduction

This paper lists the recommendations and suggestions from the ONS report which can be seen on the NHS IC website at:

<http://www.ic.nhs.uk/webfiles/Services/Social%20care/SSUG/16-02-11/Paper%204%20-%20ONS%20Review%20of%20Methodology%20for%20Adult%20Social%20Care%20Survey.pdf>

The section and paragraph numbers listed in this paper refer to the ONS report.

The SSUSG responses which say “*This is agreed in principle for further investigation ...*” will be taken forward but whether they are eventually adopted will depend on the outcome of the further investigations.

Data Collection Methodology

2.1.1 Efforts to maximise response, enhance data quality and reduce non-response bias:

Recommendations

1. Encourage councils to maximise use of interviews, proactively, particularly face-to-face for users with learning disabilities, given councils’ constraints (3.7 ; 4.2).

SSUSG Response

The current survey methodology recommends that the survey should be primarily postal but does not rule out the use of interviews for service users who may otherwise find it difficult to take part. The recommendation from ONS goes further than this in that it actively encourages councils to carry out more interviews and to formalise this within the guidance. Whilst this will improve data quality and response amongst hard to reach groups, there is concern that it will increase the burden for councils at a time when they are suffering funding cuts.

Therefore this recommendation will be taken forward as an optional change for those councils who wish to use resources to improve data quality but the minimum requirement upon councils will remain to be a primarily postal survey. The guidance will be amended to reflect this.

It will be implemented via an optional line for councils to use in the initial mailing and reminder letter asking service users if they would rather have the survey administered as a face-to-face or telephone interview.

2. Formalise the use of a mixed mode design combining concurrent and sequential mixed mode data collection (4.2).

SSUSG Response

This is linked with recommendation 1. Again the minimum requirement will remain to be a primarily postal survey but councils will be made aware of how a mixed-mode design which offers interviews in the reminder mailing may improve response and data quality if they wish to assign resources in this way.

3. Add a bullet point in the Guidance regarding assessment of suitable mode and/or questionnaire format for each sampled person, at the same time as their capacity to consent to take part (3.1 ; 3.6).

SSUSG Response

This recommendation has been overtaken by a change to the method for checking capacity to consent to take part in the survey which is to only check for capacity for those service users in care homes or supported living. Therefore it is more likely that service users in other settings may lack capacity and as a result, it has been decided that no service users should receive a face-to-face or telephone interview unless they request one. This removes the risk of offering an in interview to a service user who lacks capacity to consent to take part without any previous contact.

4. Actively contact users with learning disabilities to check whether someone can assist with self-completion and to offer an interview otherwise (3.6).

SSUSG Response

Same as 3 above.

5. Brief interviewers on the degree of flexibility allowed in rephrasing or explaining questions, and provide alternative simple question wording (3.13.3 ; 4.2)

SSUSG Response

This will be implemented.

6. All councils to use two reminders in all necessary cases (3.11).

SSUSG Response

As part of the change to the check for capacity to consent to take part outlined in the response to (3) above, it has been recommended by the chair of the Social Care Research Ethics Committee (SC-REC) to only offer one reminder. This avoids the risk of sending two reminders to a service user who lacks capacity which may be cause distress.

7. Include reference to the availability of translated versions in cover letters (3.4).

SSUSG Response

This will be implemented.

8. Include reference to the availability of alternative formats for sensory impairments in cover letters (3.5).

SSUSG Response

This will be implemented.

9. In the letter to care home managers, mention that numbers in each care home are too small to be robust, to allay fears of consequences and likelihood of inflated results (3.7).

SSUSG Response

This will be implemented.

10. Redesign questionnaires to look more appealing (3.13.1 ; 5.1.1).

SSUSG Response

This was considered and a draft front page prepared using photographs. However SSUSG members thought this resembled an information booklet rather than a questionnaire and there was therefore a risk that service users may not open and complete it. There was also concern that councils would want to alter the format to add their own approved images and logos which would affect comparability of results. There was also further concern that a questionnaire which had the appearance of an expensively produced document would receive criticism from service users at a time when many councils are reducing the level of services provided. In conclusion therefore this recommendation was rejected.

Suggestions:

1. Use a multiple contact approach, varying the form and appeal of content (3.1.1).

SSUSG Response

See response to recommendation 1

2. Use face-to-face over telephone interviews for older users who are often hard of hearing (3.5).

SSUSG Response

This is covered under the changes made to take forward recommendation 1 as service users who are hard of hearing are unlikely to request a telephone interview.

3. NHS-IC to provide model alternative formats for sensory impairments centrally (3.5).

SSUSG Response

This was rejected as SSUSG members thought that most service users with visual impairment had an on-set condition and that Braille was no longer taught. They felt that blind service users would have someone who helped them to the open the post and deal with paperwork and therefore this person could also offer assistance to complete the questionnaire.

4. Encourage councils to conduct interviews with care home residents where the resident has no one to assist them other than care home staff (3.7).

SSUSG Response

This proposal is rejected. The development project carried out by PSSRU showed that the use of care home staff to assist residents who had no other help worked well, and was a factor in eliciting a response from service users who would not be able to respond otherwise. The NHS IC will carry out analysis of the 2010-11 data to look at the relationship between service user responses and care home quality ratings.

5. Consider in the medium to long term whether to develop the questions for use in mixed mode surveys, guided by literature on mixed mode question design, adapting for properties of modes as necessary (4.3).

SSUSG Response

This proposal is rejected. A lot of the questions have been taken from face-to-face surveys although there is recognition that some may not work as well in a telephone interview. However, there are concerns around comparability between modes if different questions were used and there are no resources available to develop and test alternative questions for each mode.

6. Do not use internet data collection on the ASCS, for a number of reasons (4.4).

SSUSG Response

This is accepted. Internet data collections will not be considered further at the moment.

7. Use paradata on the characteristics of early, late and non responders, the effectiveness on reminders, and the mode required to obtain response for different user groups, to develop future data collection strategy and weighting for non-response (3.11).

SSUSG Response

This is agreed in principle for further investigation by the NHS IC and PSSRU. A voluntary data item will be added to the data return to capture whether service users have responded to the initial mailing or a reminder.

8. Encourage councils to use headed paper for letters (3.12).

SSUSG Response

This will be implemented.

9. Change the heading of 'Tailoring the design of questionnaires' (3.13.1).

SSUSG Response

This will be implemented.

10. Analyse the effectiveness of incentives where used, e.g. on users with different characteristics, to inform future strategy (3.13.4).

SSUSG Response

This is agreed in principle and will inform part of the work on non-response analysis which is being considered.

11. Refer in guidance to greater effectiveness of prepaid unconditional incentives than those conditional on completion (3.13.4).

SSUSG Response

This proposal is rejected. Councils are unlikely to want to do this at a time when resources are under pressure.

2.1.2 Sample guidance and assessing capacity to consent to take part:

Suggestions:

1. Remove people no longer receiving services/moved away (3.2).

SSUSG Response

The suggestion to remove those people who have moved away will be implemented.

The suggestion to remove those people who have stopped receiving services is rejected as it is important to capture people's experience of services which have ended. Removing those whose service has ended would bias the survey against those who received short term services such as reablement or rehabilitation and it is important to capture feedback on these services.

2. Augment the Guidance relating to assessing capacity to consent to take part (3.8).

SSUSG Response

Some of the suggested changes have been added to the guidance.

3. Clarify the Guidance regarding the need to talking to the user when assessing capacity to consent (3.8).

SSUSG Response

This has been clarified in the guidance to say that the care home manager (who will now be making the assessment of capacity under the change outlined in recommendation 3) may choose to talk to the service user but there is no requirement to do so.

4. Ensure the Guidance criteria are known to all staff involved in the survey and others involved in assessing capacity to consent (3.8).

SSUSG Response

This is no longer relevant as only the care home manager is involved in the requirement to check capacity.

5. Develop a common method for flagging people who (may) lack capacity to consent, on council databases (3.8).

SSUSG Response

This will be partially implemented. Instead of having a common method, advice will be given to label any flag clearly so future users can see that it

relates to lacking capacity to consent to take part in a survey and that it should be reviewed regularly as capacity can fluctuate.

2.1.3 Timetable

Suggestions:

1. Clarify the timetable in section 6, to make consistent with the model at section 27. (3.2 ; 3.10).

SSUSG Response

This will be implemented.

2. Consider the optimal timing of the survey within the year (3.2).

SSUSG Response

This has already been discussed and the current timing is optimal.

3. Send reminders one week earlier than model timetable (3.10).

SSUSG Response

This will be implemented.

4. Specify why the date of receipt of questionnaires is required in the data submission (3.10).

SSUSG Response

This will be changed to be a voluntary data item. An additional voluntary data item is to record whether the service user responded to the original mailing or a reminder (see suggestion 7 in section 2.1.1).

2.1.4 Consent to interview

Suggestion:

1. Build the process of obtaining consent to interview into interview scripts (3.3 ; 5.2.1) .

SSUSG Response

This will be implemented.

2.1.5 Confidentiality

Recommendation:

1. Remove the requirement for people agreeing to further research to provide name and contact details/link using unique serial number (3.9.1).

SSUSG Response

This is rejected as this provides a way for councils to update their records and in particular to capture email addresses and telephone numbers. The proposal to capture these via an additional sheet was rejected on cost grounds.

Suggestions:

1. Develop a protocol for the retention and destruction of survey records (3.9) ..

SSUSG Response

This will be implemented and a best practice example from Essex County Council will be made available.

2. Consider less burdensome methods for unique labelling of each questionnaire (3.9).

SSUSG Response

This will be implemented. Councils will be able to use their own methods for labelling questionnaires so they can be mapped back to the system generated data.

2.1.6 Revisions to the Guidance document

Suggestions:

1. Move forward the summary of steps relating to assessing appropriate mode and/or questionnaire format (3.13.5).

SSUSG Response

This will be implemented.

2. Consolidate various sections/paragraphs to bring together content on related topics and reduce repetition (3.14 ; 3.16 ; 3.18).

SSUSG Response

The changes suggested in 3.14 and 3.16 will be implemented as will the majority of those mentioned in 3.18. The suggestion however to remove one of the references to not reformatting the questionnaire will remain as it is important councils see this and this is less likely if it is only mentioned once and then cross-referenced.

3. Provide guidance for dealing with conflict of interest between councils/NHS-IC regarding use of a sexual identity question (3.15)

SSUSG Response

This will be implemented by adding further explanation as to why these questions can not be added to the questionnaire.

4. If required, draw councils' attention to ONS's recommended sexual identity questions (3.15).

SSUSG Response

This will be implemented by drawing council's attention to the ONS questions if they wish to use them in another survey.

2.1.7 Comments on field documents (letters, questionnaires, interview scripts)

Suggestion:

1. Various changes to the cover and reminder letters, consent form, questionnaires and interview scripts are suggested, for NHS-IC to consider (5).

SSUSG Response

See response to each recommendation in section 5.

3.18 Consolidation of content to reduce duplication and overlap in Guidance

Some sections which could be consolidated follow.

1. Sections 10, 11 and 32 ('Maximising response from frail and disabled users' and paragraph 32.4) could be merged to bring together content relating to the various alternative methods of administering the service (translations/interpreters; formats for sensory impairments; maximising response by use of interviews; assessing the appropriate mode of communication).

SSUSG Response

All these will be implemented apart from the suggestion to remove one of the references to not reformatting the questionnaire. This will remain as it is important councils see this and this is less likely if it is only mentioned once and then cross-referenced.

2. Paragraphs 21.6 and 22.6 are identical (bar the final sentence of the former which is omitted from the latter). One of the paragraphs could be abbreviated and cross reference the other.

SSUSG Response

This will be implemented.

3. Sections 28 and 32 cover similar ground relating to following up non-respondents and maximising response and could be merged.

SSUSG Response

These will be reordered so they follow each other rather than merged.

4. Section 30 could be moved to follow the various sections on administering/monitoring fieldwork and maximising response, rather than interrupt their flow.

SSUSG Response

This will be implemented.

5. Section 31 on 'How to get the questionnaires to service users' could be merged with, or moved to follow, section 27 'Sending out and booking questionnaires'.

SSUSG Response

This will be implemented.

6. Paragraph 35.2 largely repeats some of the content at 32.3. It could be revised to a single sentence cross referencing back, for example 'For the reasons mentioned at

section 32, 'Tailoring the questionnaire', any reformatting of the questionnaire is discouraged'.

SSUSG Response

This is rejected as this is an important point to mitigate against the possibility of councils reformatting the questionnaire so it can be repeated.

5 Model questionnaires – Appendix C-1 to C-8

5.1.1 Front cover

1. Remove introduction at front of questionnaire as it is a copy of the cover letter and use this space to make the questionnaire more appealing using for example a picture background (e.g. a photograph or montage of services being provided/used), with the survey name in large type at the top, a brief description of it (one sentence), a brief reminder of confidentiality, and council contact/help information. It should mention the return date and the envelope provided.

SSUSG Response

This was considered and a draft front page prepared using photographs. However SSUSG members thought this resembled an information booklet rather than a questionnaire and there was therefore a risk that service users may not open and complete it. There was also concern that councils would want to alter the format to add their own approved images and logos which would affect comparability of results. There was also further concern that a questionnaire which had the appearance of an expensively produced document would receive criticism from service users at a time when many councils are reducing the level of services provided. In conclusion therefore this recommendation was rejected.

5.1.2 General layout/visual design

1. The instructions/definitions under Q1 and Q12 should be in italic, non-bolded font, as at other questions.

SSUSG Response

This will be implemented.

2. The instructions/definitions at Q7, Q9, Q12, and Q20 should be indented.

SSUSG Response

This will be implemented.

3. The instruction/definition at Q13 should be a separate paragraph.

SSUSG Response

This will be implemented.

4. The 'Please tick...' instructions are in the same font size and style as the question wording, and should be different (e.g. bold italics).

SSUSG Response

This will be implemented.

5. Use more vertical spacing as necessary where there is more than one question on a page (for example in Appendix C-1, between Qs 15 and 16).

SSUSG Response

This will be implemented.

6. Left align response categories

SSUSG Response

This will be implemented.

7. Use tab leaders (i.e.) across from the category description to its or move answer boxes to the left of the response category descriptions. Keep response category/answer box area left-indented compared with the question text.

SSUSG Response

This will be implemented.

5.1.3 Comments on the questions

SSUSG Response

SSUSG has considered the points below and is responding on the principles that:

- *Proposed improvements that do not require in depth cognitive testing, are likely to improve response rates, and are unlikely to have a major impact on comparability should be made to the 2011/12 survey and retained if analysis of the results of the survey confirm that this is the case.*
- *No changes should be made to response options to questions for which we now have estimates for a preference weighted measure (ASCOT). These questions have been cognitively tested extensively and have good item response rates.*
- *More major suggestions that are likely to affect response rates and/or comparability and require testing should either be subject to testing in the future or not adopted at all.*

Q1.

- *To be balanced and less leading the question should ask 'how satisfied or dissatisfied...'*

SSUSG Response

This will be implemented

Q2.

- *The question could be reworded to shorten it and remove some repetition, for example "Thinking about both good and bad things, how would you rate the quality of your life as a whole?"*
- *The middle category 'Alright' could be interpreted as more positive than negative, so unbalances the scale. A more neutral wording is recommended, such as 'neither good nor bad'.*

SSUSG Response

This is rejected. This is a standard question taken from the Older People's Quality of Life Questionnaire (OPQOL-35) developed by Professor Ann Bowling and we feel it should be kept the same to provide comparability with other populations

Q4.

- The inclusion of 'personal care' seems superfluous given that it is not used in the response categories, and unnecessarily lengthens and complicates the question. It could be reworded to 'Which of the following statements best describes how clean and presentable in appearance you feel?'

SSUSG Response

This is agreed in principle although we are concerned that suggested wording focuses too much on the immediate situation. Instead the wording will be changed to: "Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?"

- Strictly this is a double question, covering both cleanliness and presentability; it might be that a respondent feels differently about the concepts. This is tacit in the switch from the positive categories which use 'and' (meaning a respondent must feel both clean and presentable to choose it), and the negative categories which use 'or' which implies only one or the other needs to be felt, not both. In terms of the intended purpose of the question this may be a correct distinction. The third and fourth categories actually cover more permutations of cleanliness and presentability than the first two, but this may be too subtle for respondents. The second and third categories may not be interpreted in mutually exclusive ways. A possible solution would be to replace the third category with two: 'I feel clean but less than adequately presentable' and 'I feel presentable but less than adequately clean.'

SSUSG Response

This is rejected because it would affect ASCOT indicator

Q5.

- Similarly to Q4, this question conflates two concepts – adequacy and timeliness of food and drink (it could be considered to be four concepts: someone may have adequate drink but not food, but potential single term replacements, such as 'nutrition', might be too technical or abstract for this population). This again requires the response categories to be complex and subtle. Thus again there could be a greater number of response categories.
- The fourth response category abruptly introduces a new concept of risk to health to differentiate it from category three. Could this be reworded to remove the new concept but convey a greater degree of inadequacy in timeliness and/or quality of nutrition?

SSUSG Response

This is rejected because it would affect ASCOT indicator

Q6.

- Similar comments apply regarding the conflation of cleanliness and comfort.

SSUSG Response

This is rejected because it would affect ASCOT indicator

Q7.

- The instruction/definition could have some repetition cut, for example 'We mean how safe you feel both inside and outside the home. This includes...'

SSUSG Response

This is agreed but taking into account concerns around the impact councils can have of fear of being "attacked or robbed", this will be changed to "We mean how safe you feel both inside and outside the home. This includes fear of abuse, falling or other physical harm."

- The distinction between categories two and three is unclear: to be less safe than desired is to be inadequately safe. The categories could be better graded by adequacy (e.g. completely safe; mostly safe; not always safe; not at all safe).

SSUSG Response

This is rejected because it would affect ASCOT indicator

Q8.

- Compared with the preceding few questions, this question changes from the continuous present tense to the past tense ('you've had'); it could be changed to 'you have'.
- Categories two to four omit 'I like' but should include them to be conceptually equivalent to category one.
- The fourth category conflates two concepts, amount of contact and feelings. Someone could have little or no social contact, yet be happy about that. The category could therefore be reworded to, for example, 'I feel socially isolated'.

SSUSG Response

This is rejected because it would affect ASCOT indicator

Q9.

- The distinction between the first two categories is not a clear one. The second could be reworded to, for example, 'I'm able to do most of the things I value or enjoy with my time'.
- The third category would need revising as a consequence, for example to 'I can only do some of the things I value or enjoy with my time'.

SSUSG Response

This is rejected because it would affect ASCOT indicator

Q10 and Q11.

- At both questions, the use of both 'think' and 'feel' seems unnecessary, since feeling in this sense relates to thought. Could 'think and feel' be replaced by 'feel', at both questions including in the response categories? This would simplify the questions.

SSUSG Response

This is rejected because it would affect ASCOT indicator.

- Similarly at Q11, could 'helped and treated' be replaced by just 'helped', since help could encompass treatment. Furthermore, might treatment imply medical treatment rather than social services, a different subject?

SSUSG Response

This is rejected because it would affect ASCOT indicator.

- The purpose, development and design of these questions are explained at Appendix D of the Guidance. It is not clear that Q10 will capture the issue of coming to terms with consequences of disability – *having* help could still be interpreted as being about the nature of help (its presence rather than absence). It's acknowledging the *need to have* help which seems important to do prior to the question about the quality of help itself. Might Q10 be better worded as '... best describes how needing to have help to do things make you feel about yourself?'. The response categories could then be changed to 'needing help...'

SSUSG response

Agree in principle that there is some room for confusion, although this was not picked up in cognitive testing. We feel that any changes would need testing, as the first response option would not make sense with the suggested wording, and this may be an area we consider for future development. It was agreed to revisit Q10 when 2010/11 data is available to reflect on whether it is working in combination with Q11 to allow service users to express their disappointment with needing help (Q10) so these feelings do not filter through to their answers on how they are helped (Q11)

- The categories are unbalanced – one positive, one neutral, two negative. An additional positive category would address this, mirroring the 'sometimes'/'completely' pairing. For example, at Q10, 'needing to have help makes me think better about my self all the time' and 'needing to have help makes me think better about my self some of the time' (and the same for Q11)

SSUSG Response

This is rejected because it would affect ASCOT indicator.

- Q11 could be simplified to: 'Which of these statements best describes how the way you are helped and treated makes you feel about yourself?'

SSUSG Response

This will be changed to "Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself"

Q12.

Research literature recommends avoiding the use of 'code all that apply' questions such as these. Rather, forced choice questions should be used, in all modes (see reference in Betts and Lound, 2010). Better quality data is obtained; greater consideration is given to each item in the list and more

responses are selected. Therefore it is recommended that this be replaced with a series of questions with yes/no alternatives. For example, '12a. Do care and support services help you to have control over your daily life? Yes/No'; '12b. Do care and support services help you with personal care? Yes/No'; etc. An introduction would state 'the following questions are about the ways care and support services help you. By care and support...'

SSUSG Response

This was agreed although they would be made optional apart from the new questions on safety and control. However, the new questions will be linked to the ASCOT questions 2-9, as a part b to make the link between the questions clearer.

- 'Meals' needs expanding for example to 'by providing meals' or whatever is appropriate.
- Other categories also need expanding, such as 'enabling social contact...'; 'to do things...'; 'in feeling safe...'; 'in keeping my home...'

SSUSG Response

This was agreed but with the following changes: "To keep myself clean and presentable", "To get food and drink", "To have social contact with people I like", "To spend time doing things I value and enjoy", "To feel safe", "To keep my home clean and comfortable". However, this change will not be made as the question will be removed as it is being split into sub questions (see previous comment).

Q13.

- This question covers too many concepts; the ease or difficulty could vary by type (information, advice); source; medium (written, verbal); and topic (support, services, benefits). If a single global impression is required, accounting for such variation, a term such as 'on the whole' or 'in general' needs to be added. Alternatively, the question could be broken into parts, with the same scale for each element.

SSUSG Response

The term "generally" will be added after "In the past year, have you"

Q14.

- Similar comments as at Q12 regarding 'code all that apply' apply here. Each question would ask '...would you talk to [name]? Yes/no'.
- This is a hypothetical question – there is no guarantee that respondents would do as they say – and answers should be treated with caution.
- Furthermore, there is no way of knowing the underlying reason for an answer; for example, if they would not talk to a keyworker, is that because they would not trust them to deal with the issue properly, or not think them responsible for dealing with the issue, or because they were the cause of the worry, or what?

SSUSG Response

This question will be dropped as feedback from councils was that they didn't find it useful.

Q16.

- This may be better asked as two separate questions, retaining the format of other questions rather than introducing the potential complication of ticking one box in each group.

SSUSG Response

This was rejected– this question was designed to be as close to the EQ5D as possible.

Q17.

- Similarly, these might be better split into four distinct questions – matrix style questions are difficult for some respondents to cope with, particularly those with some cognitive difficulty.

SSUSG Response

This was rejected although it was agreed to remove the words “labelled from a to d” from the question. This question will also be reviewed when the 10/11 data becomes available.

- There is a mismatch between the concept of ‘usually’ in the question stem and ‘ease/difficulty’ in the response categories – they should be consistent. Frequency is somewhat implied in the response categories – ‘easily’ implying usually/always; ‘difficulty’ implying sometimes; ‘can’t’ implying never. The questions could be rephrased to ‘How easy or difficult is it for you to get around indoors by yourself’ etc. However, the fluctuation in their conditions for some people mean either way it might be difficult to capture both frequency and difficulty for an activity in a single question.

SSUSG response

This was rejected – these questions are often asked in this way and we feel it does make sense to talk of usually having difficulty with a task, as this picks up the fluctuation in people’s conditions that is identified by ONS.

Q18.

- Similar comments to Q17 apply here.

SSUSG Response

This was rejected although it was agreed to remove the words “labelled from a to d” from the question. This question will also be reviewed when the 10/11 data becomes available.

Q19.

- The meaning of ‘your needs’ might need explanation; for example, is it intended to mean needs specifically relating to their health/disability, or generally? Different answers might apply.
- Does ‘is designed’ imply any or all of provision of adaptations, or the original building design, or facilities and furnishings? Again, answers might vary.

SSUSG Response

This was rejected as the question has been extensively tested and works well.

Q20.

- A definition of 'local area' seems necessary as interpretation will vary.
- The use of 'unable to get to all the places' in the third category may be confused with the final category (that is, a respondent may read down to the third one, think it means the same as I don't leave home, and not see the fourth category which would be more appropriate). We suggest it is reworded, to, for example, 'I can only get to a few places...

SSUSG Response

This was rejected as what is important is what feels local to the person, although we acknowledge this could vary. The final option was not tested in the cognitive interviews, but was suggested by SSUSG who felt that the third category did not capture a situation in which the person who could not leave the home, although we did not find people had this problem in the cognitive interviews. Therefore the addition of this option will be reviewed when the 2010/11 data are available as it may make sense to stick with the four-level version if the distribution of responses and response rates does not point to problems with the question.

Q21 and 22.

- These questions would be better as individual, forced choice questions.

SSUSG Response

This was rejected for question 21 as to make this suggestion work it would require three questions and routing, which would need testing before implementing in a self-completion questionnaire. If two questions were to be used then it would have to be assumed that someone who had neither help from someone inside or someone outside did not receive any help and it is not good practice to make such assumptions.

Question 22 will be reviewed when 2010/11 data becomes available and considered whether it could be split into two questions: "Do you buy care and support..." and "Does your family buy care and support..." with yes/no answers.

Q22.

- If a user has a personal budget, it is not clear whether they should answer with category 1 or 3 – is it the user's own money?

SSUSG Response

This was accepted in principle and an addition could be an instruction as follows "Please exclude any money you receive from social services, such as a Personal Budget". However, it was agreed to review this question when 2010/11 data are available.

Q23.

- This question should ask 'Did you have any help answering this questionnaire?' This then encompasses both physically writing the answers and the other types of help covered by Q24
- The category wordings don't require 'yes' and 'no'

SSUSG Response

This will be changed to “ Did you fill in this questionnaire by yourself or did you have help from someone else”. The first response category will change to “I filled it in myself” and the other responses will have “No” removed from them.

Q24

- Regarding the first category (which is implicitly a category which can not be recorded with another), a respondent may have written the answers but had some form of help. It could be revised to ‘I had no help’.

SSUSG Response

The first response category will change to “I didn’t have any help”.

Q25.

- It would be worth adding something to the effect that even if they answer yes here, there is no obligation to take part in future.
- Comments on this question were made above with regard to the Guidance section 24/25.

SSUSG Response

The text “Note that even if you say “yes” there will be no obligation to take part in the future” will be added.

Asking the service user to give their personal details will remain as councils found it a useful way to collect telephone numbers and email addresses.

5.1.4 Questionnaires for users with learning disabilities

1. Among the councils consulted the view was expressed that the images used in the questionnaires for people with learning disabilities could be improved.

SSUSG Response

The images used in the questionnaire which was reviewed by ONS had already been subject to improvement compared to those used for the pilot survey. The main improvement was to reduce the number of image styles used.

Large scale improvements such as using photographic images are rejected as there are no resources available to make these improvements. However the suggestion will be partially implemented by replacing a small selection of images which have received negative feedback from service users and council staff.

2. It was also said that the questionnaire was too long for this user group, though views on length were mixed, and that matrix-format questions were unsuitable.

SSUSG Response

This proposal was rejected as the questionnaire has been cognitively tested and piloted with this user group and was found to be suitable given the cost constraints.

3. We recommend that the question stem text be moved underneath the images used; as it stands they are separated from the response categories and the stem risks not being read.

SSUSG Response

This will be implemented by the NHS IC.

4. The use of smiley faces, differently sized ticks/crosses and thumbs up/down is generally good in conveying answer scales. However, the use of a thumbs down symbol and a cross for middle/neutral points is misleading and should be reviewed.

SSUSG Response

This will be implemented by the NHS IC.

5.2 Face to face and telephone interview scripts - Appendix E-1 to E-5

5.2.1 Introductions and informed consent

1. Tailor introduction to the interview situation rather than be a copy of cover letter.

SSUSG Response

This will be implemented by the NHS IC.

2. Include process of gaining consent into scripts.

SSUSG Response

This will be implemented by the NHS IC.

3. Reconsider bullet point relating to being able 'to see or have read to me what is recorded before it is used' on consent form

SSUSG Response

This will be implemented by the NHS IC.

5.2.2 Face to face and telephone interview question administration

1. Interviewer administration scripts are not always consistent For example, in appendix E-1 and E-4 'Could you tell me' is added before Q3, but is not in E-2 or E-5.

SSUSG Response

This will be implemented by the NHS IC.

2, 3 and 4. Consider rewording long questions or long response categories to make them more suitable for face-to-face and telephone interviews.

SSUSG Response

This proposal is rejected. A lot of the questions have been taken from face-to-face surveys although there is recognition that some may not work as well in a telephone interview. However, there are concerns around comparability between modes if different questions were used and there are no resources available to develop and test alternative questions for each mode (see response to suggestion 5 in section 2.1.1).

5. Refer to showcards in interview questions.

SSUSG Response

This will be implemented by the NHS IC.

6. Provide model show cards.

SSUSG Response

This will be implemented by the NHS IC.

7. Make clear in telephone interviews that interviewer should read out all categories before allowing the respondent to answer.

SSUSG Response

This will be implemented by the NHS IC.

8. Make clear to interviews that they should say 'please choose as many as apply' for the 'tick all that apply' questions and to probe 'anything else' until the respondent has selected all that apply. On the telephone, forced choice format is required.

SSUSG Response

This will be implemented by the NHS IC.

9. Make it clear to interviewers to read out the preambles to each section and make the transitions between sections clear to the interviewee; for example "The next questions are about your quality of life. When answering....etc"

SSUSG Response

This will be implemented by the NHS IC.

10. Make it clear to interviewers to read out the italicised definitions, to ensure consistency across modes.

SSUSG Response

This will be implemented by the NHS IC.

11. Add section on interviewer administration in the guidance to cover all these points.

SSUSG Response

This will be implemented by the NHS IC by referring to the instructions in the scripts.

5.3 Covering letters and forms – Appendix F-1 to F-8

5.3.1 Appendix F-1 and F-2: letters to users in the community and care homes

1. Make the letter more personalised by replacing references to 'we' to 'I'.

SSUSG Response

This will be implemented in part. It was felt not necessary for all instances.

2. Add director's signature as a highlighted field to the model letters

SSUSG Response

This will be implemented.

3. Add 'in the enclosed questionnaire' to the penultimate sentence of the first paragraph to make it clear to users at an earlier stage that they are being asked to take part in a survey.

SSUSG Response

This will be implemented.

4. Use phrases such as 'we would greatly appreciate...'; 'we greatly value your views...' instead of 'we want...' and 'we would like'.

SSUSG Response

This will be implemented in part. It was felt not necessary for all instances.

5. Delete 'answer' in the sentence 'If you choose not to answer take part...'

SSUSG Response

This will be implemented.

6. Refer to the availability of versions in languages other than English and in alternative formats (e.g. large print, Braille, easy read) after the section on 'what to do if you need help...'

SSUSG Response

This will be implemented.

This is agreed in principle for further investigation by the NHS IC, but not for a Braille version as the suggestion to develop a Braille version was rejected (see response to suggestion 3 in section 2.1.1).

7. Remove reference to returning an uncompleted questionnaire as there is already a reference to the voluntary nature of the survey and lack of negative consequences.

SSUSG Response

This was rejected as this was added as a requirement to meet approval of the Social Care Research Ethics Committee (SC-REC).

8. Remove reference to what to do if you 'would like to know how to obtain information on the results' as respondents can indicate on the questionnaire if they would like a copy of the report.

SSUSG Response

This will be implemented.

9. Move the section on confidentiality up beneath that on 'What we would like you to do'.

SSUSG Response

This will be implemented.

10. Remove extraneous words should be taken, to keep the letter as brief as possible, while keeping the language simple. For example, with reference to needing help, the phrase 'if you would like' could be removed without affecting the sense as could the words 'used for administration purposes'. The sentence 'please remember it is your views and experiences ...' could be shortened to 'But it is your views that are important to us, rather than the views of anyone that helps you.'

SSUSG Response

This will be implemented in part. It was felt not necessary in all instances.

11. Have optional section on use of incentives for those councils who use them.

SSUSG Response

This is rejected as current analysis of incentives has not been conclusive and therefore the councils are not encouraged to use incentives.

5.3.2 Appendix F-3 and F-4: letters to users with learning disabilities

1. As per the comments above, there may be scope to simplify the language and remove extraneous words.

SSUSG Response

This is rejected by SSUSG as the wording has already been developed by Tizard who specialise in developing questionnaires for service users with learning difficulties.

2. The words 'lots of' could be deleted from 'lots of questions'.

SSUSG Response

This will be implemented.

3. Replace reference to asking 'lots and lots of people' to 'you and some other people were chosen by chance to take part'.

SSUSG Response

This is rejected as there is concern that the change would make the service user feel they have been singled out.

4. Under 'If you need help', it would be more reassuring to say that 'someone there will help you'.

SSUSG Response

This will be implemented.

5. Replace 'The envelope does not need a stamp' with 'you do not need to put a stamp on the envelope' or 'there is already a stamp on the envelope'.

SSUSG Response

This is rejected as the current wording is felt to be adequate.

5.3.3 Appendix F-5: letter to care home managers

1. Amend guidance to send letter in advance of questionnaires and change first sentence of letter accordingly.

SSUSG Response

This will be implemented by the NHS IC.

2. The letter could recommend more explicitly to the manager that they inform their staff of the survey, should they be asked to help by a resident, to reinforce the existing content about the procedures to be followed by anyone assisting.

SSUSG Response

This will be implemented by the NHS IC.

3. Add text to say that the number of residents selected in each home will be too small to deliver robust results at that level, which may lessen managers' concerns.

SSUSG Response

This will be implemented by the NHS IC.

4. Add reference to the fact that care home manager may already be aware of the survey as they may have been asked to assist with checking capacity.

SSUSG Response

This is not relevant now as the care home manager will actually be doing the capacity check for care home residents. Therefore this suggestion is covered by the introduction of a new letter asking the care home manager to check capacity.

5.3.4 Appendix F-6: letter giving advance warning of interview

1. If this letter is to confirm an appointment previously made by telephone or in person, the letter should refer to that contact. An optional field could be added to this effect.

SSUSG Response

This is no longer applicable as service users will only be interviewed if they have requested to be so. Therefore they should not need a letter.

5.3.5 Appendix F-7: reminder letter

1. The letter could be even more personalised by changing 'We recently sent you...' to 'I recently sent you...'

SSUSG Response

This will be implemented by the NHS IC.

2. For a similar reason 'As we have not heard from you yet,' could be inserted before 'I would like to invite you again to help us...'

SSUSG Response

This will be implemented by the NHS IC.

3. Replace the '/' in the third paragraph with 'or'.

SSUSG Response

This will be implemented by the NHS IC.

Sample design

Recommendations

1. If a better overall estimate is required at council level and no increase in sample size is desired (over the current) then a proportionate stratified design is preferable over a disproportionate design.

SSUSG Response

This will be implemented following a successful pilot survey. Councils will not have to survey any more service users than under the current design but instead will need to use a proportionate stratified design to ensure that the sample is representative across all strata. However, councils who wish to improve the survey estimates amongst particular strata have the option to increase the sample size in these strata thus creating a disproportionate stratified sample. Weights will be calculated within the data return so councils can ensure they produce the same results as those which will be calculated centrally.

2. Aside from any decision to change the sampling design with regards to stratification, England level estimates should be weighted to adjust for the different sampling rates in councils.

SSUSG Response

This will be implemented and will occur for the 2010-11 survey.

3. NHS IC to conduct analysis of the 2010-2011 ASCS for non-response rates across client groups, age, sex and ethnicity as standard. This should be extended into an assessment of the possible bias in overall results if non-response weighting is not to be applied.

SSUSG Response

This will be implemented.