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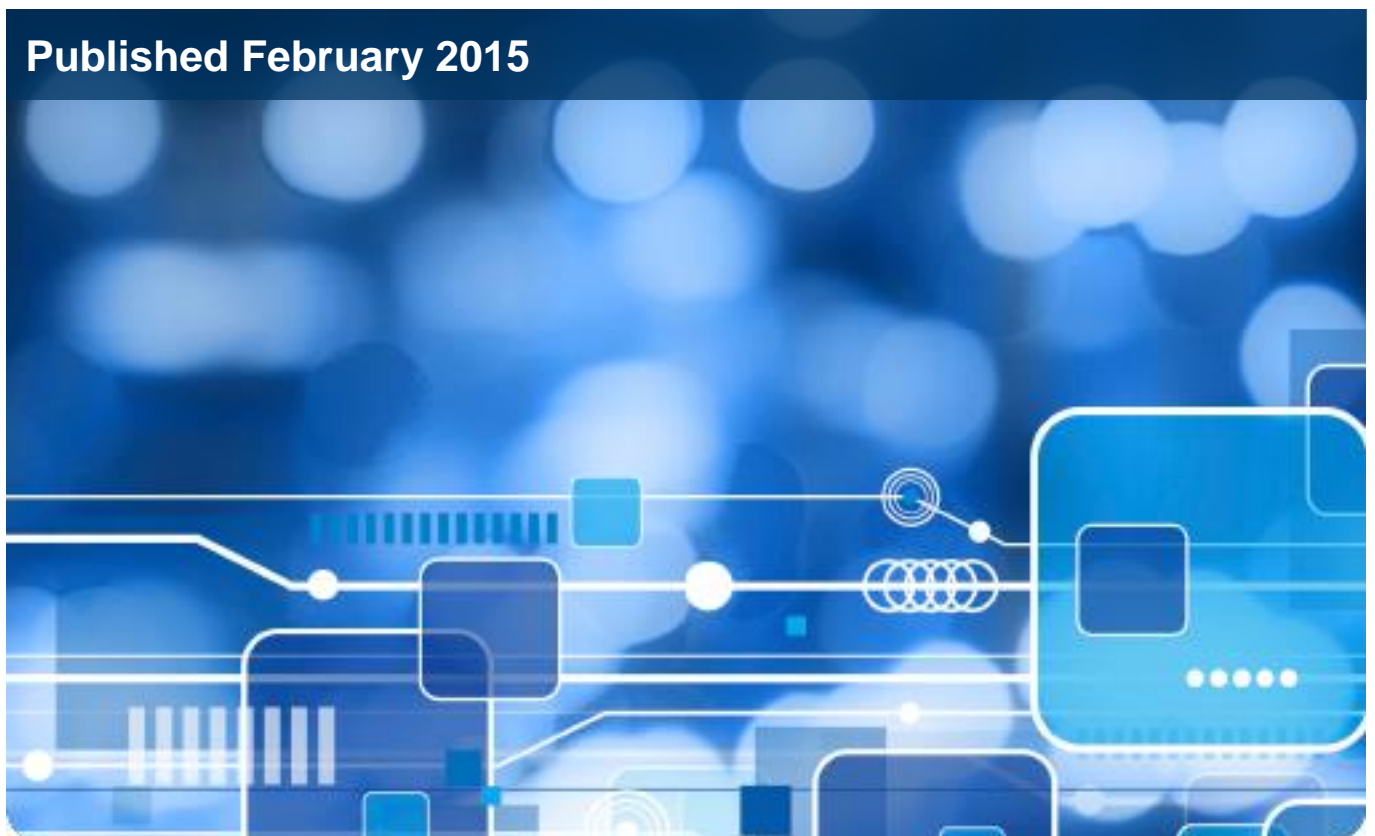Information Centre

Personal Social Services Adult Social Care Survey, England

2013-14, Survey feedback report

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Contents

Executive summary

This report provides feedback given by councils as part of their 2013-14 Personal Social Services Adult Social Care Survey (ASCS) data return. Councils were asked to comment on the guidance and a number of other aspects in relation to the way the survey was administered. It should be noted that there were no changes to the survey materials from the previous year.

The findings in this report are based on the information given in the Eligible Population and Your Feedback sections of the ASCS data return. Not every council completed every question.

Where data exist, historical comparisons are made.

Main findings

- In 2013-14, 14 per cent of councils reported that they surveyed all of their eligible population, compared to ten per cent in 2012-13 and 11 per cent in 2011-12.

- 16 per cent of councils found the guidance for stratified sampling very easy to follow compared to 18 per cent in 2012-13 and five per cent in 2011-12 (2011-12 was the first year in which the sample was stratified). 50 per cent found the guidance easy to follow, which is similar to 2012-13 and 2011-12. Two per cent found it difficult to follow, this being lower than in 2012-13 (six per cent) and 2011-12 (seven per cent).

- 24 per cent of councils found the sample size calculator very easy to use and 48 per cent found it easy to use. Three per cent found it difficult to use, compared to five per cent in 2012-13 and six per cent in 2011-12.

- 142 councils had a large enough sample size to give a 95 per cent confidence interval for an estimate of 50 per cent to within +/- five per cent, compared to 124 councils in 2012-13.

- 62 councils reported using methods to engage with ethnic minority groups. In 2013-14, of those who took extra steps to engage with minority groups 52 per cent did this by using the translated versions of the questionnaires provided by the HSCIC, up 15 percentage points from 2012-13. Eight per cent of councils indicated that they chose to have the questionnaire translated locally, 15 per cent provided an interpreter via the phone and 16 per cent provided an interpreter in a face-to-face interview. 29 per cent of councils who responded said that a friend or family member provided interpretations, which is five percentage points higher than in 2012-13 but the same as in 2011-12. 35 per cent of councils who responded stated that they used 'Other' methods to engage with minority groups.

- In 2013-14, 41 per cent of councils who responded added questions to their questionnaires, up from 32 per cent in 2012-13 and 26 per cent in 2011-12. Five per cent modified questions in the 2013-14 survey, up one percentage point from 2012-13 and up three percentage points from 2011-12. In 2013-14, four per cent of councils, out of 140 responses, reported to have deviated from the guidance (with regard to the survey process and methodology), compared to 13 per cent in the previous two years.

Changes and development issues

For the 2014-15 survey, the HSCIC has:

1. Made the ASCS guidance document clearer and restructured it; ensured that references to the changes from the previous survey are given prominence in the document.

2. Made the guidance in data return file clearer, such as who to exclude from/ include in the eligible population figures.

3. Added translated materials, for example a translation of the covering letter.

4. Made available a large-print version of the easy-read questionnaire.

5. Developed a pre-submission Excel macro (currently undergoing testing), to facilitate at-source validation.

Development issues are:

6. To clarify the guidance on capacity to consent.

7. To clarify the guidance on when it is permissible to contact respondents based on their responses, and to make the content of other survey materials (e.g. the covering letters) consistent with this.

8. To carry out a thorough review of survey materials.

9. To look at the easy-read survey and consider how to best update/utilise this. This is being done in conjunction with PSSRU.

Feedback survey results

Eligible population

In 2013-14, 14 per cent of councils reported that they surveyed all of their eligible population. This proportion was ten per cent in 2012-13 and was 11 per cent in 2011-12.

16 per cent of councils excluded some service users who had participated in other surveys recently, in order to reduce survey fatigue. This is unchanged from 2012-13 and is four percentage points lower than in 2011-12.

Table 2.1: Exclusion of service users and surveying entire eligible population

	Response	Percentage of respondents		
		2011-12[a]	2012-13[b]	2013-14[c]
Did you survey all your eligible population?	Yes	11	10	14
	No	89	90	86
Have you excluded any clients because they have participated in another survey recently?	Yes	12	16	16
	No	88	84	84

a. Based on 144 respondents.
b. Based on 145 respondents.
c. Based on 148 respondents.

It should be noted that none of the councils that failed to meet the requirement of having a large enough sample size to give a 95 per cent confidence interval for an estimate of 50 per cent to within +/- five per cent excluded users due to recent survey involvement, whereas in 2012-13 three such councils did so.

Removing those who lacked the capacity to consent

Removing those who lack capacity to consent to take part in the survey was introduced in response to a requirement of the Social Care Research Ethics Committee (SC-REC), and was subsequently altered to apply only to service users in residential and nursing care and those in supported living accommodation.

Councils were asked to provide comments about the process of removing those who lacked the capacity to consent to take part in the survey.

It was noted that some care homes did not respond to the initial mailing to establish capacity of service users, which might have resulted in service users who lack capacity *not* being excluded, and which, in some cases, resulted in complaints being received from relatives of individuals who had received a survey but lacked the capacity to respond. Other care homes responded late resulting in last minute substitutions of service users in the sample, and some homes did not respond until the actual questionnaires were sent. One council found that the most effective way of getting a response from the care homes was to ask the duty manager in person and to go through a list of names, and another council used the method of emailing (with a spread sheet for completion) and telephoning care home managers prior to the survey being distributed.

Some had the opinion that the initial letter to care home managers needs to be much stronger in order to get a response from them. Others expressed the opinion that the initial letter seems to only serve as an excuse for certain homes to opt out of the survey.

The initial letter to care home managers asks them to let councils know if the named residents do not have capacity and it states that it will be assumed they have capacity if the care home manager does not reply. It was felt by one council that it would be better to ask the manager to let councils know one way or the other whether or not the named residents have the ability to participate, meaning that the council could chase up non responses (it is possible that the letter might not have arrived at the care home, or that the manager may have forgotten to respond, or that an individual was surveyed despite lacking capacity). Another council chose not to assume that no response meant that the individuals have the capacity to respond, and it was felt that, although a time-consuming process, this did improve the information received.

Concerns were noted that care homes might be assuming those with dementia lack the capacity to consent despite the guidance on this specifying that this should not happen. A suggestion was made that this part of the guidance should be emphasised.

It was felt that as capacity can fluctuate, it may be unfair to exclude individuals who are deemed to lack capacity from the survey. Another council commented that it is always hard to identify service users who have capacity; some home managers initially said the sample of people did have capacity but later said they did not. A council said that some residents returned their completed questionnaires despite the care home manager later informing us that their residents would not have capacity. Concerns were also expressed that there would be considerable variations in the way capacity is assessed as different care home managers have had different views on whether their residents have capacity to consent.

It was noted that the capacity checking part of the survey process takes a lot of time and resources, and some councils found the guidance on checking capacity difficult to follow. It was felt that replacing those selected in the original sample who are ineligible to participate (e.g. lack capacity) is quite onerous to do 'manually' and that it would be beneficial if a tool could be developed to assist in this task. Some councils, particularly those with small populations, found it difficult to find replacements for those who have been removed.

Treating carer-completed questionnaires as valid responses was questioned as being potentially methodically inconsistent.

Some councils felt that the communication with care home managers was improved this year; therefore the process of removing those who lacked the capacity to consent was simplified.

Ideas were expressed that pre-publicity through existing networks of colleagues, about the survey and the need to respond promptly, would help this process.

Service users with a learning disability

As in previous years, an easy-read version of the questionnaire was provided to councils for service users with a learning disability (LD). For the 2013-14 survey, an easy-read version of the reminder letter was also provided.

Councils were asked to provide comments on how the survey ran with regard to people with a learning disability.

Some councils reported that the response rate from this service user group was low; yet others reported that they received a positive response, and the response rate was highest, from this client group. One council commented that the reminder phase of the survey yielded a proportionately higher response in this client group.

One council commented that an advocacy service was used to try and maximise their response rate from those with a learning disability; they wrote to the sample advising that the advocate would contact the individuals. Despite this approach, they still struggled to meet the sample requirement as many people chose not to participate.

Some councils provided a separate number for those with a learning disability to contact if they needed advice. Another commented that service users with a learning disability were supported by providers in receipt of their questionnaire and, in some cases, the questionnaires were filled in by care workers saying that the service users did not understand the questions.

Councils commented that some individuals with a learning disability were offended by the language and the pictures used in the easy-read questionnaires. It has been perceived as patronising and insulting, and that it does not address "dual discrimination (language/translation/easy-read)". This is an issue that has been raised in previous years also. Another council, however, reported that the easy-read questionnaires were well received.

One council expressed concerns that the survey is too long for individuals with learning disabilities (albeit accepting that there needs to be pictures included in the easy-read version).

One council felt that the easy-read questions are not appropriate for people with learning disabilities (especially more severe learning disabilities) and are more suited to older people or people with physical disabilities living in their own home; and that there is a need to ask people questions that relate to clients' daily lives.

Feedback about the guidance around stratified sampling

One of the biggest changes since the launch of the ASCS in 2010-11 was the introduction of stratification and weighting in 2011-12. Councils were issued with guidance about how to stratify their samples.

Table 2.2 shows how councils felt in regard to the ease of following this guidance, compared to the previous years. In 2013-14, 16 per cent of councils found this guidance very easy to follow compared with 18 per cent in 2012-13 and five per cent in 2011-12. 50 per cent found it easy to follow, which is similar to the figure for each of 2012-13 and 2011-12. 33 per cent found the guidance neither easy nor difficult to follow and two per cent found it difficult to follow, the latter percentage being lower than in 2011-12 and 2012-13.

Table 2.2: Ease of following the guidance around stratified sampling

How easy was it to follow the guidance around stratified sampling?	Percentage of respondents[1]		
	2011-12[a]	2012-13[b]	2013-14[c]
Very easy	5	18	16
Easy	50	53	50
Neither easy nor difficult	37	23	33
Difficult	7	6	2
Very difficult	1	0	0

1. Figures may not add up to 100 per cent due to rounding.
a. Based on 139 respondents.
b. Based on 142 respondents.
c. Based on 141 respondents.

In addition to the data resulting from the question above, councils were asked to provide comments about the stratified sampling process.

Some councils found this process relatively easy as the members of staff had completed the same process in the past. Others found the process very time consuming. Those who had not completed this piece of work before found this process more difficult.

It was noted that, for some, producing the initial sample was easy but there was a worry that there would not be enough people in specific strata to replace people who lacked capacity to complete the survey.

One council commented on a lack of guidance as to how to arrange the eligible population before selecting the sample, and that some local authorities may first arrange by surname, while others may arrange by social care ID. Another council noted that, for them, it was not clear at the start that they needed to split residential and nursing so some rework was necessary.

A number of councils chose to survey their entire population, thus stratified sampling was not applicable.

Feedback on using the sample size calculator

Table 2.3 shows that the majority of councils were able to use sample size calculator with relative ease. In 2013-14, 24 per cent of councils found the sample size calculator very easy to use and 48 per cent found it easy to use. Three per cent found it difficult to use, compared to five per cent in 2012-13 and six per cent in 2011-12.

Table 2.3: Ease of using the sample size calculator

How easy was it to use the sample size calculator?	Percentage of respondents[1]		
	2011-12[a]	2012-13[b]	2013-14[c]
Very easy	16	28	24
Easy	53	47	48
Neither easy nor difficult	24	20	26
Difficult	6	5	3
Very difficult	1	0	0

1. Figures may not add up to 100 per cent due to rounding.
a. Based on 139 respondents.
b. Based on 142 respondents.
c. Based on 141 respondents.

Where councils provided further comments regarding the sample size calculator, it was noticeable that those individuals who had completed the survey process before found it easier, while those who were unfamiliar with it found the sample size calculator more difficult and confusing.

One council commented that the file was very large and that their network struggled to cope. A number of councils noted that the file is too big for it to run quickly and that the file had a tendency to crash.

Another council noted that the sample size calculator was slow and updated after each amendment to each stratum in table 1 in the file; this gave an error while the other amendments were made. The council expressed the opinion that it would have been better if an 'update' button was available and it only re-calculated when all amendments have been made.

Other comments were more positive, with one council saying that the sample size calculator was very useful when calculating the sample size for each stratum based on the eligible population and that the additional oversampling tool was crucial in improving their response rate based on the initial wave of questionnaires sent based on the entire sample. However, another council stated that the guidance and tools for oversampling were not very helpful.

A suggestion was made that it would have been more useful to have some worked examples of the calculator based on a real sample, perhaps year on year, to see how things might be adjusted.

Response rates

Using the data in the council-level annex tables of the ASCS 2013-14 final publication[1], from tables 'U3 - Response rates by council' and 'U6 – Met sampling requirement', it can be seen that of the councils that conducted the survey, 142 councils had a large enough sample size to give a 95 per cent confidence interval for an estimate of 50 per cent to within +/- five per cent (compared to 124 councils in 2012-13). However, 66 of those had a response rate lower than the England average of 38 per cent, the lowest being 21 per cent. Amongst these 142 councils, the highest response rate was 58 per cent.

The remaining eight councils had a sample size that was not large enough to give a 95 per cent confidence interval yet all of those councils had a response rate higher than or equal to the England average of 38 per cent, the highest being 51 per cent and the lowest being 38 per cent.

One option to attempt to increase response rates is to offer incentives to those who have been sent the questionnaires. As shown in Table 2.4, eight per cent of the councils who responded indicated that they had done this, up two percentage points from 2012-13. When asked to provide more information about the incentives used, some commented that they had encouraged respondents (and their friends/family) by offering to speak to them on the telephone to help them to complete the questionnaire and some had entered those who returned the questionnaire into a prize draw to win shopping vouchers (the value of which varied between councils' responses).

Table 2.4: Offering incentives to encourage response

	Response	Percentage of respondents		
		2011-12[a]	2012-13[b]	2013-14[c]
Did you offer incentives to encourage response?	Yes	7	6	8
	No	93	94	92

a. Based on 139 respondents.
b. Based on 140 respondents.
c. Based on 141 respondents.

Again using 'U3 - Response rates by council', of the 11 councils (eight per cent) who reported to have offered incentives, three of them were above the average national response rate of 38 per cent, and one of them had a response rate higher than 50 per cent.

It should be noted that there is currently no evidence to suggest that offering incentives has a significant impact on the response rate to this survey.

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[1] www.hscic.gov.uk/pubs/adusoccaresurv1314.

Minority groups

Councils were asked how they encouraged engagement with minority groups in their area, a question in the Your Feedback section of the ASCS data return to which 62 councils responded. Figure 2.5 below shows the methods used by councils to do this. In 2013-14, of those who reported to have encouraged engagement with minority groups 52 per cent of councils did this by using the translated versions of the questionnaires provided by the HSCIC, up 15 percentage points from 2012-13. Eight per cent of councils indicated that they chose to have the questionnaire translated locally, 15 per cent provided an interpreter via the phone and 16 per cent provided an interpreter in a face-to-face interview. 29 per cent of councils who responded said that a friend or family member provided interpretations, which is five percentage points higher than in 2012-13 and the same as in 2011-12.

35 per cent of councils who responded stated that they used 'Other' methods to engage with minority groups, and some of these councils provided comments alongside this answer selection.

One council stated that they did a press release and notified equalities partners that the survey was going ahead and the provided the partners with some wording that they could translate/communicate to relevant groups as needed. Another stated that they ensured that their voluntary organisations were made aware of the survey and asked them to encourage people to return the survey. Some councils commented that the methods (shown in table 2.5) were available but were not used, and some advised service users that they could contact an advocate or their citizen involvement officer who could assist. Another council had arranged for an officer to undertake one-to-one visits for anyone struggling to complete the questionnaire.

Some councils noted that there are very few minority groups within their area. Others did not feel that encouragement was necessary; one council felt that their previous work suggests that the small number of minority groups that are present in their area are fully engaged in Social Care programmes so they did not feel it necessary to encourage special engagement, in order not to bias responses from any one group.

Table 2.5: Encouraging engagement with minority groups

How did you encourage engagement with minority groups in your area?	Percentage of respondents[1]		
	2011-12[a]	2012-13[b]	2013-14[c]
Used translated questionnaires as provided by the HSCIC	36	37	52
Used locally translated questionnaires	3	10	8
Provided an interpreter via the phone	19	15	15
Provided an interpreter via face to face interview	14	5	16
A friend or family member provided the interpretation (if known)	29	24	29
Other	47	42	35

1. Figures do not add up to 100 per cent. Those councils that used more than one method are counted more than once.
a. Based on 59 respondents. The denominator of these percentages excludes those who responded to this question choosing only the answer option 'None'.
b. Based on 59 respondents. The denominator of these percentages excludes those who responded to this question choosing only the answer option 'None'.
c. Based on 62 respondents. The denominator of these percentages excludes those who responded to this question choosing only the answer option 'None'. 75 (out of 135) councils responded to this question choosing the answer option 'None' (two of whom chose other answer options as well).

Councils were also asked if they were requested to provide any translations that are not currently provided on the HSCIC website. Of those who made further comments about the requested translations, the following was specified: a Swahili translation was requested and provided; a Tamil translation was requested but the council was unable to provide this; a Nepalese translation may be needed as the council's retired ex-Ghurkha population continues to rise in the area; and a British Sign Language version/translation was requested and provided. One council commented that they had a request from a supported living provider for a DVD where someone would read out the questionnaire for their clients who were being surveyed.

It was felt that a French translation should be available, and another said that it would be helpful if the covering letters could be translated as well as the questionnaires. The HSCIC has provided translated covering letters for 2014-15.

Adding and modifying questions

As with the survey in the previous years, the majority of councils neither added nor modified any questions. Table 2.6 shows that where making changes to the questionnaire was adopted by councils, more added questions rather than modifying existing ones. In 2013-14, 41 per cent of councils who responded added questions, compared to 32 per cent in 2012-13 and 26 per cent in 2011-12. Five per cent modified questions in the 2013-14 survey, up one percentage point from 2012-13 and up three percentage points from 2011-12.

Table 2.6: Adding and modifying questions

	Response	Percentage of respondents		
		2011-12[a]	2012-13[b]	2013-14[c]
Did you add any questions?	Yes	26	32	41
	No	74	68	59
Did you modify any questions?	Yes	2	4	5
	No	98	96	95

a. Based on 137 respondents (who answered both questions).
b. Based on 134 respondents (who answered both questions).
c. Based on 138 respondents to first question; based on 136 respondents to second question.

The types of questions added varied between councils.

A number of councils added comments boxes, some asking how improvements could be made if respondents had indicated that they were dissatisfied with any services, and some asking for anything that did not work well to be specified. Some councils added a free text box at the end of the survey asking for general comments, and others added comments boxes below specific questions (such as those about satisfaction, finding information, and dignity) to find out more information on those specific themes.

Councils also added questions to find out if service users were aware of specific support organisations in their area.

One council added a question directed at those service users who reported to have received help from a friend, relative or neighbour (i.e. those who selected either of the first two answer options to question 19), to ask if they knew whether that individual had been offered help from a Carers organisation including Social Services.

One council added a question asking respondents if they preferred their copy of the survey report by post or email.

Other questions added related to the following:

- whether services worked together and coordinated care effectively,
- access to the internet,
- whether individuals felt that any other services (to which they currently did not have access) would help them,
- feelings of safety and the process of reporting abuse or feeling unsafe,
- the ease and speed of setting up care arrangements, and changes in the individual's care needs,
- reablement services,

- equipment provision and minor adaptation to the home,

- attendance of any organised activities,

- holding information/ data sharing,

- complaints procedure,

- how likely the individual is to recommend the council's services and willingness to further discuss their views,

- effects of claiming of benefits on their care services (if any),

- value for money,

- personal budgets and control,

- telecare,

- hospital attendance in the last six months, and

- access to weekend support.

The modifications that councils made were relatively minor. One council commented that they changed the wording of question 6b in the questionnaire for those in residential or nursing care from "...help you in keeping your care home clean and comfortable?" to "….help you by keeping your care home clean and comfortable?".

One council noted that, in the easy-read questionnaires, they had reduced the size of some of the pictures following feedback from the council's LD Involvement Team. One council modified question 23, also asking if the service user wanted to join a local network (to get involved in meetings, events or consultations about health and social care in the area).

It is important to note that the guidance makes it clear that if councils wish to add questions to the questionnaire then they must seek approval from the HSCIC, and local research governance processes should be followed. Also, modifications must not be made to any section of the survey materials that are not highlighted as requiring input from the council unless consent has been given by the HSCIC.

Deviation from survey guidance, and general comments on the guidance, data return and documentation

As in previous years councils were asked if, and to what extent, they had deviated from the guidance. As shown in Table 2.7, from 140 responses, four per cent said they had done so, compared to 13 per cent in the previous two years.

Of those who provided more information about how they had deviated, most of the responses indicated that they were minor, such as making very slight alterations to the wording of the questionnaire cover letter. However, some deviations from the guidance were more significant, such as using telephone surveys as their primary method and not sending out the letters to care homes informing them of the survey. Two councils had problems with the first sample and, with the permission of the HSCIC, selected a second sample.

Table 2.7: Did you need to deviate from the guidance?

	Response	Percentage of respondents		
		2011-12[a]	2012-13[b]	2013-14[c]
Did you need to deviate from the guidance?	Yes	13	13	4
	No	87	87	96

a. Based on 136 respondents.
b. Based on 139 respondents.
c. Based on 140 respondents.

Councils were asked for any comments on the guidance documents and tools. It was noted that the guidance document should be reviewed and re-structured, and any inconsistencies should be removed. Some felt that the guidance document was too long and one council suggested structuring it as a flow chart with links to more detailed guidance. It was felt that a 'summary guide', or a summary at the end of each section of the guidance, would be useful.

Other comments regarding the guidance document were more positive, with one council stating that the document is more than useful, it is essential, and another stating that it was easy to follow. One council commented that they liked that there is a single guidance document rather than a lot of separate sheets or a web site with information on separate pages.

It was felt by one council that any references to the changes from the previous survey should be given more prominence in the document. Another council commented that more information about how and why weighting is used (particularly in relation to calculating the Adult Social Care Outcome Framework (ASCOF) scores) would be useful. It was felt that that having a tool to have these weighted answers broken down by sub-group would be helpful. Another council requested clearer guidance on what to do if clients die after the client extract is taken but before the sample is selected, and those clients who are issued a survey but then die i.e. if the total number of eligible clients should be changed; and another requested clearer guidance about to treat surveys returned addressee unknown. Others noted that some clarification should be made to the guidance on removing service users if any safeguarding issues have been raised or are under investigation so that it is not at the discretion of the administrator. It was also noted that further simplification of strata and letter number etc. would be helpful; for example, individuals in Stratum 1 could be sent letter 1a and survey 1b.

One council commented that it would be helpful if the data submission deadline was made clearer (i.e. provide a time as well as a day).

There were general comments relating to the questionnaires as well. One council questioned the appropriateness of providing separate questionnaires for those in the community and those receiving residential care, and suggested that the wording be changed to elicit responses about the service user's current home, even if that is a residential facility. Another council felt that the questions are ambiguous and the safety questions are not easily understood; their opinion was that the survey should be smaller and simpler. Some councils felt that as the safety question is so important, there should be a question added to find out more information (e.g. reasons for giving their answer to the existing safety questions). One council queried the usefulness of question 1 as a measure of customer satisfaction, and commented that one person's 'quite' could be another person's 'very'; they asked if consideration had been given to using a point scale alongside a description.

There were comments about other guidance and tools provided. Some councils commented that the FAQ document was well-received, along with the translations being provided in PDF documents to prevent problems with foreign language fonts. It was stated by some councils that some service users sent the surveys back saying that they did not receive any social care; some suggested that the cover letter should more fully explain 'social care support'.

One council thought that the survey newsletter was helpful for sharing good practice.

When asked for comments relating to the data return, one council found it difficult to work with and suggested that it would benefit from allowing one to filter on the various columns more effectively. A number of councils felt that the data return file was too large, and it was suggested considering the benefit of breaking the data worksheet into sections, or having two separate spreadsheets, one with the data-entry tab and the code-lists and a separate one, linked to the first, for calculating indicators and validations.

Some noted problems resulting from blank rows caused by removing individuals/data not required by HSCIC, and one council felt that it would be better if there was a way to mark rows to be excluded from the analysis without having to delete them or leave them blank. Another council stated that it would be helpful if the confidence interval achieved could be calculated and displayed on the Validation Tables sheet. It was felt that it would be helpful if the cells for question 7 data could automatically change colour when they contain answer codes '3' or '4' as a double check that these cases are followed up; and another council stated that they found the Validation Tables sheet very useful and thought it would be helpful if the sheet also included the information in the form of a chart. One council requested that the formatting of the data sheet be kept to a minimum and the merged header rows be removed to enable better data filtering. It was noted by one council that there should be a "Not Stated" option for religion (as per the one for ethnic group). Another council asked if a margin of error for each question could be built into the data return.

Other councils reported more technical problems with the data return, such as compatibility issues.

Feedback from service users and other comments

Councils were asked to provide comments relating to any feedback from users taking part in the survey regarding any part of the survey process. This section details this feedback from service users, along with any other comments made by councils.

It was reported that one service user with a learning disability commented that it would help if the questions included Makaton symbols so that they could read them, and others commented that they did not need the pictures but would find simpler wording easier.

One service user complained that the questionnaire told them to discard it if they did not want to complete it but because they had not returned it blank they received a reminder. Feedback was received from family members of some service users (living in the community) stating that they did not have the capacity to take part in the survey; and some family members/carers caring for clients with poor/impaired communication abilities commented that they would like to be allowed to participate in the survey on client's behalf. Some councils reported that they had been notified of a large number of service users who are unwilling to be included in any further surveys (in some cases this was because the surveys were felt to be too long, too generic and/or too personal). Some respondents found the covering letter confusing and mentioned that they didn't find the instructions regarding help until reaching the end of the questionnaire. Others commented that many of the questions require further explanation rather than just answers of 'yes' or 'no'; and another expressed the opinion that it is inappropriate to ask the same questions to all ages.

Some feedback indicated that a number of service users questioned the validity of doing a survey (feeling it was wasting money and resources, questioning the purpose, etc). Similar feedback was received last year.

One council commented that they had access to include mental health clients but that they received feedback from a number of these clients that the survey wasn't relevant. A number of other councils reported that similar feedback was received from clients receiving other Health services and from those receiving equipment and/or assistive technology services.

One council reported that there was a comment about sending questionnaires to people with a learning disability and the risk of carers completing it on their behalf, which the council may not necessary know about, hence it may not reflect the service users' views. Another council asked if responses where they knew that someone else had completed the survey on a service user's behalf should be included or not.

Some councils commented that, while they thought emphasis being put on surveys is good as it captures true experience, because of budget cuts and the increasing costs of postage the reminder letters are an additional burden. Another council commented that they would prefer to send all the questionnaires out at the same time, rather than having to send reminders (i.e. just send one questionnaire but to more people), which they felt would save them time and money (particularly on printing costs). A number commented on the survey process being complex.

One council explained that they had worked with a local organisation who agreed to be the main point of contact for the surveys and that this proved to be a mutually beneficial arrangement as they have a call centre dedicated to receiving and answering queries on health and social care within their area, and it also raised their profile with contact details being sent out on each survey.

Two councils stated the opinion that electronic surveys should be used to make data input easier; and another commented that a web-based input tool would help with data input, so that data are validated well (e.g. similar to the data entry tool for NDTMS Substance Misuse).

It was noted by one council that they used a method of scanning the questionnaires, which meant that they did not need to input the data manually.

It was felt by some councils that the validations that happen afterwards should be inbuilt in to the return process, so that amendments can be made when the data is returned rather than afterwards. The HSCIC has developed a pre-submission Excel macro (which is currently undergoing testing), to facilitate at-source validation.

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For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk