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Heath, Clara and Malley, Juliette and Razik, Kamilla and Jones, Karen C. and Forder, Julien E. and Fox, Diane and Caiels, James and Beecham, Jennifer (2015) How can MAX help local authorities to use social care data to inform local policy? Maximising the value of survey data in adult social care [MAX] project [Executive Summary]. Working paper. Personal Social Services Research

DOI

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How can MAX help local authorities to use social care data to inform local policy?

Maximising the value of survey data in adult social care [MAX] project

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Executive Summary of DP2896

February 2015



EXECUTIVE SUMMARY

Background

1. All local authorities (LAs) in England are required to conduct annual surveys of their adult social care service users (Adult Social Care Survey [ASCS]) and biennial surveys of the informal carers (Personal Social Services Survey of Adult Carers in England [PSS SACE] or carers' survey) they support. The Department of Health encourages LAs to use the outcomes data generated by these surveys to inform local service delivery and improvement choices.
2. The data from the ASCS and PSS SACE are also used to populate measures in the Adult Social Care Outcomes Framework (ASCOF 2013) that place an emphasis on using the indicators to support local policy-making and guide local decision-making. However, anecdotal evidence from LAs indicates that the survey-based indicators (and the surveys more generally) are often being used locally in a very limited way (e.g. performance monitoring, and internal and external reporting).
3. The 'Maximising the value of survey data in adult social care (MAX)' project is funded by the Department of Health and is being conducted by researchers at the Quality and Outcomes of person-centred care Research Unit (QORU).

Aims and methods

4. The aim was to find ways to maximise the local value of ASCS and PSS SACE data for LAs. In particular, the objective was to explore relevant practice, and identify any issues with regard to the use of the survey. Identification of the issues, particularly the barriers, will allow the subsequent toolkit development to focus on potential solutions and the means to overcome the barriers.
5. The MAX project has recently completed the fact-finding phase (Phase 1) which aimed to assess how LAs are currently using ASCS and PSS SACE data to inform local decision-making, what potential further uses could be made of the data and, as a result, identify a set of tools to both encourage and support LAs to make greater local use of the data.
6. Three activities were conducted during the fact-finding phase of the MAX project:
 - a. *Document analysis* – involving a review of 46 reports on survey data produced by councils for internal and external circulation. The reports were submitted by 19 LAs between April and October 2013.
 - b. *Online survey* – 100 staff members from 83 LAs completed an online survey that consisted of 19 questions (multiple-choice and open-ended) between June and July 2013.

- c. *Telephone interviews* – 30 staff members (including information officers/analysts, practitioners, managers and commissioners) from 16 LAs took part in telephone interviews between August and September 2013.
7. Two ‘analysis and interpretation’ consultation panel workshops were also conducted in the early stages of the *problem-solving development phase* in 2014 to further explore how data from the ASCS and PSS SACE could be analysed and interpreted for local purposes, and to discuss the different tools that could be developed to support these processes.

Findings

8. Overall, we found that LA staff are keen to use the reported experience and views of the service users and carers they support to inform local practice and service delivery, and are generally in favour of collecting such feedback with the ASCS and PSS SACE.
9. However, there appeared to be some differences across LAs between the perceptions of, and use of, survey data to inform local policy and practice. Data collected by the MAX project team identified a number of barriers associated with conducting each phase of the survey. This analysis helps us to understand why many LAs find it difficult to use the survey data to inform local policy and social care practice. Examples of local practices were also identified, with the aim of maximising the use of the survey data in the authority.
10. In organising the analysis, it was helpful to distinguish four phases of the survey process – see Figure 1.

Figure 1 Stages of the survey process



Administration phase

11. The administration phase concerns how the survey is conducted, including how the sample frame is constructed and how responses are elicited from the sample population.
12. Administration was considered to be resource-intensive and often placed additional strain on already limited time and resource capacities.

13. Three local practices emerged with potential to help the administrative process: (1) engaging key ASCS and PSS SACE stakeholders from the outset; (2) modifying the surveys to satisfy local information needs; and (3) modifying the sampling frame to fulfil both HSCIC and local requirements.
14. MAX proposes to develop tools that highlight the purpose and value of ASCS and PSS SACE, through the development of engagement tools and promotional materials (e.g. presentations and fact-sheets). These tools would highlight the importance of planning and engagement before the circulation of the surveys and also at every stage of the survey process.

Analysis phase

15. The data from the ASCS and PSS SACE are used to populate a number of indicators in the ASCOF and a number of demographic questions that can be used to inform local policy decisions, particularly where analyses go beyond generating descriptive statistics.
16. Reports on ASCS and PSS SACE data tended to focus on descriptive statistics rather than analysis exploring the relationship between survey variables or differences between respondent groups.
17. A number of barriers were identified that have the potential to impact on the analysis phase, including difficulties with:
 - a. Identifying local information needs
 - b. Managing and analysing ASCS and PSS SACE data, and
 - c. Being allocated sufficient time to conduct further analysis
18. MAX toolkits could help support local authorities to conduct more advanced analysis to better utilise the ASCS and PSS SACE data, by providing '*how to*' guides and training (via the information-sharing events), including on how to navigate the survey data and conduct further analysis.

Reporting phase

19. The reporting of ASCS and PSS SACE data is an important dissemination process, and reports circulated both within and beyond the LA (e.g. to potential consumers of data, such as managers, commissioners and providers, or to both previous and future survey respondents) have the potential to fulfil a number of functions beyond the communication of key findings.
20. Two important challenges emerged: (1) making sure that reports could fulfil the information needs of report recipients; and (2) getting key stakeholders engaged with the results of analyst-initiated ASCS or PSS SACE analysis.

21. A range of barriers were highlighted and can be categorised as difficulties with (1) identifying and engaging with the relevant audiences within the organisation; and (2) meeting data literacy needs.
22. MAX tools can be used to support LAs to effectively communicate findings to different audiences through the development of 'how to' reporting guides and templates (e.g. for reports, tables and charts).

Interpretation and acting on results phase(s)

23. ASCS and PSS SACE data can provide insights into the experiences and perspectives of service users and carers. However, the value of these insights will depend on the quality of interpretation of the data analyses and reporting. In acting on the results, decision-makers need to understand the implications.
24. In a number of LAs, there were examples of the kinds of analysis and activities that could be done to help improve interpretation and decision-making, but in others these tasks were seen as more challenging. We identified a range of barriers that were concerned with people making sense of the survey data: in particular, some staff expressed uncertainty about how to approach ASCS and PSS SACE, and how to identify the causes of reported outcomes.
25. MAX tools could support local authorities by demonstrating what the data and findings mean for local policy and practice: for example, providing guidance on how to interpret ASCS and PSS SACE, including details on how to conduct further analysis, drawing on additional sources of information and making sense of benchmarking comparisons.

Toolkit development

26. Overall, the MAX team proposes a number of tools to help LAs maximise their use of ASCS and PSS SACE data, including case studies of local practice covering the four survey phases. In this regard, the initial focus will be on the development of 'how to' guides and tools to help LAs (1) analyse and interpret survey data, and (2) report and interpret analysis findings.
27. The tools will be tested and refined, in collaboration with consultation panel members where applicable, during the relevant phases of the current ASCS and PSS SACE data collections and during further consultation panel workshops.
28. Engagement tools to identify relevant stakeholders and promote the value of ASCS and PSS SACE for informing policy and practice will subsequently be developed to encourage more widespread involvement among key stakeholders.
29. Toolkits will be promoted at various information-sharing events and within dissemination plans during 2015, and the final toolkits will be launched at the end of the year.

Further information

30. To find out more about the MAX project team or to join the mailing list, please go to our project website www.maxproject.org.uk or contact the MAX project team directly, either via email maxproject@kent.ac.uk or by calling 01227 823963.
31. **Disclaimer:** This is an independent report commissioned and funded by the Policy Research Programme in the Department of Health. The views expressed are not necessarily those of the Department.