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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

Clara Heath, Juliette Malley, Kamilla Razik, Karen Jones, Julien Forder, Diane Fox, James Caiels and Jennifer Beecham

February 2015
Working Paper 2896

The Policy Research Unit in Quality and Outcomes of person-centred care Research Unit (QORU) is a collaboration involving researchers in health and social care from the Universities of Kent, Oxford and the London School of Economics (LSE) funded by the Department of Health.

Our aim is to improve the quality of health and social care of people with long-term conditions through generating high-quality evidence about need, quality and outcomes of person-centred care.

CONTACT

QORU
Personal Social Services Research Unit
University of Kent
Canterbury
CT2 7NF

Email: qoru@kent.ac.uk

www.qoru.ac.uk

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.

Acknowledgements

This working paper based on evidence collected during the first phase of the Maximising the value of survey data in adult social care (MAX) project which is being conducted under the application theme of QORU. Further information about the project can be found on the project website www.maxproject.org.uk or by emailing the project team maxproject@kent.ac.uk



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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) how to get 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.

Introduction

All local authorities (LAs) in England are required to conduct regular surveys to understand more about the impact of their services on people's lives: annually in the case of adult social care service users, and every two years for the informal carers they support. The Adult Social Care Survey (ASCS) was introduced in 2010-2011 and, replacing the previous user experience surveys (UESs) which focused on specific services (e.g. equipment and minor adaptations survey, 2009/10), was the first time all service users had been surveyed on a national basis using the same methodology and questionnaires (Health and Social Care Information Centre, 2013a). The Personal Social Services Survey of Adult Carers in England (PSS SACE) was introduced in 2012-13 and aims to provide local data on whether services have improved carers' ability to care and to live a life outside the caring role (Health and Social Care Information Centre, 2012). The Health and Social Care Information Centre (HSCIC) collects and reports on ASCS and PSS SACE data, and provides guidance on the key tasks that LAs are required to complete during the administration of the ASCS and PSS SACE.

¹ Generic guidance on how to run, analyse and report on user experience surveys is also provided on the HSCIC website² which comprises presenting data, writing reports and things to consider when analysing data. The key features of the most recent data collections – the third for the ASCS and the first for the PSS SACE – are summarised in Table 1 below:

Table 1: Distribution and response rates for the most recent ASCS and PSS SACE data collections

Survey	Data collection period	No. of surveys distributed	No. of surveys completed	Response rate
ASCS ³	Jan-Mar 2014	197,055	73,815	37%
PSS SACE ⁴	Oct-Nov 2012	126,755	57,860	46%

Questions from the ASCS and PSS SACE are used to populate ten of the measures in the Adult Social Care Outcomes Framework (ASCOF) (Department of Health, 2013), summarised in Appendix 1. The ASCOF fulfils three key functions (Department of Health, 2012):

- To support local authorities (LAs) to improve the quality of care and support locally by providing robust, nationally comparable information on outcomes and experiences of local people.
- To foster greater transparency in the delivery of adult social care, by enabling local people to hold their council to account for the quality of the services they provide.
- From a national perspective, to measure the performance of the adult social care system as a whole, and its success in delivering high-quality, personalised care and support.

¹ <http://www.hscic.gov.uk/socialcare/usersurveys>

² <http://www.hscic.gov.uk/social-care/running-and-using-surveys>

³ HSCIC (2014)

⁴ HSCIC (2013b)

The ASCOF differs from the previous Performance Assessment Framework in the emphasis it puts on using the indicators to support local policy-making and guide local decision-making. Yet, in some LAs at least, the survey-based indicators (and the surveys more generally) are being used in a very limited way to inform policy and practice locally. Anecdotal evidence suggests a number of reasons for this: some LAs feel the surveys provide insufficient evidence to inform local priorities, while others find it challenging to conduct the detailed analysis required to make ASCS and PSS SACE data useful with the level and type of resources available to them. Indicators drawn from the ASCS and PSS SACE seem set to continue to be part of the ASCOF, and therefore a requirement for LAs. As a consequence, there is a need to find ways to enable LAs to maximise their use of the survey data to ensure that the valuable resources and time of all involved, from LA staff to respondents, are not wasted.

Aims of the MAX study

The ‘Maximising the value of survey data in adult social care (MAX)’ project aims to assess how local authorities are currently using ASCS and PSS SACE data, what potential further uses could be made of the data and, as a result, develop a set of tools to both encourage and support LAs to make greater local use of the data. One set of tools for each survey will be developed by the project team, in collaboration with LA staff where appropriate, through four overlapping phases of activity (see Table 2 below).

Table 2: Overview of the key objectives and activities for the four phases of the MAX project

Phase	Objectives	Activities
<i>Fact finding</i>	To identify current LA perceptions, use of and/or barriers to using ASCS and PSS SACE data and also the kinds of support LA staff MAX team could provide	Online survey, telephone interviews, document review
<i>Problem-solving development</i>	To develop tools with key stakeholders that will support LAs to maximise their use of ASCS and PSS SACE data; to share knowledge and develop skills	Consultation panel workshops, information-sharing events
<i>Testing</i>	To test and evaluate the relevance, accessibility and usability of the tools developed during the previous phase with key stakeholders	Tool testing, Information-sharing events
<i>Promotion</i>	To publicise and promote the project, and support the use of the final toolkits	Blogs, presentations and official launch events

The fact-finding phase (Phase 1) was designed primarily to support the development of toolkits, and data were gathered:

- To *test* our assumptions about the challenges that LAs face in using the ASCS and PSS SACE to influence local policy and practice,

- To *understand* how the ASCS and PSS SACE are used by LAs to influence local policy and practice,
- To *establish* how LAs would like to use the ASCS and PSS SACE to influence policy and practice, and
- To *identify* the ways in which the MAX team can support LAs to maximise the value of the surveys.

Although the data we have gathered allow for some reflection on the policy aims of ASCOF (i.e. the reality of outcomes-based management for local government), this is not the focus of this working paper. Here we concentrate on the implications for toolkit development.

Aims of this working paper

This working paper is based on the evidence generated during the Phase 1 research activities and, where applicable, the consultation panel workshops from Phase 2 conducted in early 2014. We first describe the methods employed during the Phase 1 activities and the data gathered. We then present the findings and explore how the MAX toolkits can support local authorities. The aim at this stage of the project – and the subject of this working paper – is to explore relevant practice and to describe any issues that were identified 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, as well as to suggest new ways to maximise the use of the survey data.

Methods

Research design

Table 3 sets out the details of the mixed-methods approach employed within the fact-finding phase. Ethical approval for the entire MAX project was obtained from the Social Care Research Ethics Committee. The MAX project also has approval from the Association of Directors of Adult Social Services (ADASS).

Table 3: Fact-finding phase research design

Activity	When	Details
Document analysis	Apr-Oct 2013	Review of 46 reports based on survey data produced by councils for internal and external circulation (e.g. to senior management, survey respondents, local accounts). Submitted by 18 LAs
Online survey	Jun-July 2013	19 questions (multiple-choice & open-ended) sent to all council survey leads in England. Completed by 100 staff from 83 LAs
Telephone interview	Aug-Sep 2013	Semi-structured interviews, following up on responses to online survey. 30 staff (including information officers/analysts, practitioners, managers and commissioners) from 16 LAs participated

Two ‘analysis and interpretation’ consultation panel workshops were also conducted in the early stages of the *problem-solving development phase* and are discussed throughout this working paper where relevant. To date, 139 staff from 95 upper-tier LAs have taken part in MAX activities.⁵ The representativeness of these participants is summarised in Appendix 2.

Document analysis

The primary aim of the document review was to gain an understanding of the ways in which LAs currently analyse, report and use data from the ASCS and PSS SACE. This was achieved by collecting LA-produced reports and identifying the types of questions LAs want to address with the survey data, the types of statistical and/or thematic analyses conducted on the data, and the use of additional questions, comments boxes and supplementary data sources to fulfil local research priorities and make sense of the findings. The main audiences for the reports and the reporting style (e.g. use of tables and charts, style of writing) were also explored, and will be discussed further in a subsequent working paper.⁶

⁵ This figure includes LA staff who attended the Analysis and Interpretation consultation panel workshops in February and March 2014.

⁶ To be made available on the project website www.maxproject.org.uk in Spring 2015.

Analysis of reports

Prior to the review, the MAX project team created checklists of key report features (see Appendix 3) and Excel spreadsheets for each survey to enable the recording and comparison of individual reports. Two members of the MAX project team carried out the review and used the completed Excel spreadsheets to identify key reporting and analysis themes.

The sample

Forty-six reports, 23 for each survey, submitted by 18 LAs were included in this review (see Appendix 2). Publicly available reports (e.g. Local Accounts and Joint Strategic Needs Assessments) accessed via the LA websites were also inspected but, due to the difficulties in identifying sources drawn from ASCS and PSS SACE data, were excluded from the current analysis.

Online survey

The primary aim of the MAX online survey was to gain an overview of current LA perceptions and use of ASCS and PSS SACE data, the range of barriers experienced during the survey process, and the areas where LA staff would like MAX to provide support. An invitation to complete the online survey was sent to the Survey Lead at every LA in England by the Health and Social Care Information Centre (HSCIC) in late May 2013. A similar request was also sent by the MAX project team to individual LA staff who had contacted the team in response to an earlier introductory email circulated by the HSCIC and had expressed an interest in participating in the project. To raise awareness and aid recruitment, advertisements were added to the project website, and details of the survey were included in an article published in the Social Services Research Group (SSRG) June newsletter and a blog published on the Social Care Evidence in Practice (SCEiP) website. The survey was administered via Survey Monkey™ during June and July 2013 and consisted of 19 multiple-choice and open-ended questions.

Analysis of survey responses

The analysis of survey responses was carried out by one member of the MAX project team (but was checked and verified by a second member) and explored a range of issues, including the perceptions of the ASCS and PSS SACE, current uses of the survey data, barriers and facilitators to using survey data, and areas where LA staff require support (see Appendix 4 for full overview and Appendix 5 for the online survey).

The sample

One hundred members of staff from 83 different LAs across England completed the survey (see Appendix 2). Seventy-three respondents are responsible for the analysis and reporting of the ASCS, the PSS SACE or both (i.e. analysts, information officers, etc.); 25 were managers; 2 were anonymous.

Telephone interviews

An invitation to take part in a follow-up telephone interview (TI) was included in the MAX online survey, and 48 respondents expressed an interest in participating. An inclusion review of this sample was conducted by three members of the MAX project team, and 14 respondents from 12 LAs were selected using maximum variation purposive sampling to capture the widest possible range of perspectives. In particular, we sought to include staff who had expressed a range of negative, positive and more moderate views about the ASCS and PSS SACE, and staff who were using the survey data in different ways or were experiencing different challenges. Additionally, we sought the views of staff with a variety of job roles, and included staff working in LAs of various types (unitary, metropolitan, shire, inner London borough, outer London borough) and in a number of regions. The selected survey respondents were contacted via e mail to provide further information and arrange a convenient time for interview.

The original sample of TI respondents consisted mainly of analysts, information officers and performance managers. In order to capture the perspectives from other staff groups, a second invitation was circulated by the interviewee to relevant colleagues (e.g. practitioners, operational managers, carers' leads and commissioners) within their organisation and also by a commissioner involved in the research project advisory group to his contacts.

The interviews were semi-structured, and questions were based on the results of the online survey and document review. While a guide of possible topics and prompts was developed to support the interviews, the questions remained open-ended to allow respondents to answer in their own words. Three members of the MAX project team conducted the interviews, and each lasted between 20 and 80 minutes.

Data analysis

An agency transcribed the audio recordings verbatim. The transcripts were then analysed by two members of the MAX project team using the framework approach (Ritchie et al., 2003), which consists of five steps for managing the data:

- identifying initial themes or concepts
- constructing an index
- labelling the data (indexing)
- sorting the data by themes
- summarising or synthesising the data

The themes and concepts for the initial framework were drawn from the online survey analysis – and also informed the interview topic guide – and were developed and refined during the analysis of the transcripts (see Appendix 6 for final node classifications).

The sample

Thirty telephone interviews were completed with staff from 16 local authorities between August and October 2013 (see Appendix 2).

Consultation panel workshops

Consultation panel workshops were organised in the early stages of the *problem-solving development phase* 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. Three activities were designed to fulfil these objectives and are summarised in Table 4 below. Each activity was completed by four small breakout groups and was recorded using activity sheets pre-designed to capture a range of information to feed into the development of appropriate tools.

Table 4: Analysis and interpretation consultation panel workshops: aims and objectives

Group Activity	Aims and objectives
<i>How can a toolkit help with analysis and interpretation?</i>	<p>To <i>explore</i> the role that planning can play in improving the ability of LAs to analyse and interpret their data</p> <p>To <i>understand</i> what questions LAs are interested in answering with the data and what prompts LAs to conduct more detailed analysis</p> <p>To <i>identify</i> the tools that could be developed to facilitate planning and enhance the value of the survey for local purposes</p>
<i>Drilling down into the data</i>	<p>To further <i>explore</i> the challenges LAs face when undertaking detailed analysis and to identify solutions</p>
<i>Supplementing the survey data</i>	<p>To <i>explore</i> how the use of additional questions and supplementary data sources can aid the interpretation of ASCS and PSS SACE data</p> <p>To <i>understand</i> the circumstances in which additional questions and data sources can be useful to LAs and explore the useful tools</p>

The sample

Workshops were conducted in the north and south of England and were attended by 41 organisational representatives from 31 local authorities (see Appendix 2).

Findings

Overall, the findings indicate that LA staff are keen to use the reported experience and views of the service users and carers they support in order to inform local practice and service delivery, and are generally in favour of collecting such feedback with the ASCS and PSS SACE. In particular, 93% of the MAX online survey respondents agreed that the ‘*surveys provided useful information about the views of services users and carers*’, and only 24% believed that ‘*money invested in the ASCS and PSS SACE could be better spent on frontline*

services'.⁷ However, variations between the perceptions and use of survey data to inform local policy and practice appear to exist between organisations.

In this findings section we will explore LA staff feedback collected during the MAX Phase 1 activities to try to understand the reasons underlying these variations. Throughout we will focus in particular on:

1. Examples of local practices that seek to maximise the use of the survey data to inform local policy and social care practice
2. Barriers associated with conducting each phase of the survey that help to understand why many LAs find it difficult to use the survey data to inform local policy and social care practice.

The material will be structured around the four stages of the survey process outlined below.

Figure 2: Stages of the survey process



Survey phase 1: Administration

Administration concerns how the survey is conducted, including how the sample frame is constructed and how responses are elicited from the sample population. The HSCIC guidance can help ensure that the appropriate stakeholders both within and beyond the LA (e.g. commissioners, care home managers, potential survey respondents) are engaged with the surveys from the outset. Such collaborations, in turn, can help to boost response rates and also identify the local modifications to the survey and sampling frames that need to be made to ensure that both HSCIC requirements and local research interests are simultaneously fulfilled. The achievement of these functions, summarised in Figure 3 below, has the potential to alleviate barriers and time/resource burdens at other stages of the survey process and will be discussed where relevant throughout this working paper.

⁷ <http://www.maxproject.org.uk/category/blog/>

Figure 3: The importance of engagement during the administration phase



However, evidence collected from the MAX online survey indicated that the ASCS and PSS SACE were considered to be a significant resource to undertake and often place additional strain on already limited time and resources capacities. Respondents cited many examples of how the administration of the surveys can be time-consuming, including the organisation of the mental capacity checks, the administrative tasks associated with data collection (e.g. sending out reminder letters, checking postal addresses), the data-cleaning exercise, and the compiling of results onto spreadsheets as part of the annual data returns.⁸ Such activities have the potential to serve as a barrier to maximising the value of ASCS and PSS SACE data, but a number of local practices have been identified to help the administrative process, as follows.

Local practices associated with the administration phase

The fact-finding phase identified three local practices carried out within the administration survey phase that were used by LAs to help with the administrative process within their organisations: (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.

Engaging key ASCS and PSS SACE stakeholders from the outset

Evidence collected from the interviews, online survey and document review showed that involving key stakeholders in the ASCS and PSS SACE process *before* sampling occurs can help maximise the local use of survey data. Open discussions with potential consumers of the data (e.g. managers, commissioners and providers) can, for example, highlight the modifications to the surveys or sampling frame that are required to fulfil local research and analysis needs. Interviewees reported that such discussions could also encourage other LA staff to take 'ownership' of the ASCS and PSS SACE – in other words, become more engaged and both perceive and treat the surveys as a local, as well as a national, piece of research – which, in turn, was identified by a number of Phase 1 respondents as being a facilitator to using the survey data. Equally, a few interviewees felt that active discussions with potential providers of the survey data (i.e. survey respondents) and, where applicable, their 'gatekeepers' (e.g. care home managers) have the potential to dispel misconceptions about

⁸ <http://www.maxproject.org.uk/local-authority-views-and-use-of-the-adult-social-care-survey-and-carers-survey/>

the purpose of the surveys and, in turn, enhance response rates. Negotiations with other LA staff involved in the administration of the ASCS and PSS SACE (e.g. front-line staff, back-office staff) were also seen as important to ensure the administrative processes run smoothly. A number of local engagement processes around the administration of the survey were noted, which are summarised in Box 1 below.

Box 1: Local practice examples: engaging with key stakeholders before the sampling and survey distribution

Cross-departmental meetings involving a range of staff were organised in two LAs in advance of the survey distribution to enable analysts to describe the purposes of the ASCS and PSS SACE, and also provide opportunities for potential consumers to add questions or comments boxes.

Analysts from several LAs made contact with colleagues involved in the administration of the surveys (e.g. back-office staff, such as print room and post room technicians) and data collection (e.g. providers, telephonists and care workers) to forewarn them about the surveys and, where applicable, arrange times for particular processes, such as the printing of the surveys, to be completed.

Modifying the surveys to satisfy local information needs

According to the guidance provided by the Health and Social Care Information Centre, there is capacity within the ASCS and PSS SACE surveys for LAs to add questions and comment boxes (within reason) to fulfil local information needs.⁹ Staff from a number of LAs acknowledged the potential value of such survey modifications and requested or approved local changes, despite concerns about how the increase in length might affect response rates and administrative burden. As one commissioner stated:

I'm loathe to say add in more questions, but there is something about supplementary questions that might just elicit some of that information [needed to inform commissioning decisions]

[Commissioner, Telephone Interview]

Research participants told us that adding questions, in particular questions with open-ended responses, could provide the context and specificity needed to make sense of the closed-ended (i.e. multiple-choice) questions – in other words, the reasons *why people have answered the way that they do*¹⁰ – and, in some cases, could negate the need for further local research:

I'd prefer to listen to people and talk to people and get a feel for what the carers are saying I think probably I focus more on that [the comments] because that's what real people are saying, isn't it? It's not easy always to capture what you want to say

⁹ For an example, refer to sections 31.1 to 31.9 of Personal Social Services Adult Social Care Survey Guidance Document – 2013-14 (HSCIC, 2013a)

¹⁰ Quote taken from the responses to the MAX online survey provided by an analyst for commissioning

in a tick box. So the yes and no answers are okay to a point but you've got to know what went wrong to be able to fix it or to be able to make sure those mistakes aren't made again

[Commissioner, Telephone Interview]

A number of research participants, especially commissioners, expressed a preference for qualitative data. Such a preference may explain why the LAs included in the document review added comments boxes to their surveys more frequently than questions (see Table 5). The benefit of adding further questions and comments boxes to meet local needs was reported by three local authorities engaged in the Phase 1 activities, and is summarised in Box 2 below.

Box 2: Local practice examples: modifying the surveys to meet local information needs

ASCS

Managers added three questions to evaluate the success of existing complaints procedures and also the proposal to develop an online form, and found evidence to suggest that further promotion and alternative modes of communication (preferably via telephone 'hot line' or call centre) were needed.

PSS SACE

Last data collection coincided with the re-letting of service contracts so managers requested the inclusion of questions about the types of services that were important to carers and used the responses to inform commissioning decisions

Carers' team requested the addition of two questions to evaluate the success and awareness of a recently implemented service for carers and found that over 70% of respondents had not heard of it. This finding highlighted a need for more effective promotion and led to leaflets being made more widely available

Modifying the sampling frame to fulfil HSCIC and local requirements

The Health and Social Care Information Centre sets out guidance around selecting the sample and the number of service users that need to be sampled to achieve the minimum requirement (Health and Social Care Information Centre, 2013a). Based on the guidance, the telephone interviews revealed that some LAs are modifying, or planning to modify, their sampling frame to improve response rates to ensure the required sample size is met (see Box 3 below).

Box 3: Local practice examples: modifying the sampling strategy to minimise burden or to meet local analysis requirements

ASCS

Double samples of nursing home and care-home residents were drawn from the outset to avoid the potential need to re-sample, as was the case during the previous data collection.

Sample of particular service user group was increased to ensure sufficient sample for further analysis was achieved.

PSS SACE

Plan to sample the entire population during the next PSS SACE was agreed upon after low response rates (of about 30-40%) during previous data collection meant that staff were unable to conduct requested provider-level analysis.

Barriers associated with the administration phase

Adding questions and comments boxes to the surveys

In practice, local authorities seldom added questions and comments boxes to the ASCS and PSS SACE (see Table 5), as suggested by our inspection of the 46 survey reports submitted for review. Two recent reports from the Health and Social Care Information Centre (HSCIC) confirms that the majority of LAs – 90/152 for the ASCS and 98/152 for the PSS SACE – did not make changes to the survey content prior to circulation.¹¹ From the document review, the majority of these additional questions were used to evaluate existing services, but other issues were also explored, including the specific outcomes-related issues (e.g. satisfaction and the reasons why service users were not happy with their services).

Table 5: Number of additional questions and comments boxes within ASCS and PSS SACE reports submitted for review [N = 5/18 LAs]

	ASCS	PSS SACE
Additional questions	2	5
Comment boxes	5	7

Potential explanations for this finding emerged from the telephone interviews and were substantiated by discussions at the consultation panel workshops conducted with LA staff in early 2014. It appears that administrators of the surveys, usually analysts, are aware of the potential to add questions and comments boxes, but there was some uncertainty about what changes were considered acceptable by the HSCIC. Some administrators were also unaware of the information needs of their colleagues or are unsure about what questions to

¹¹ Data sources: Personal Social Services Adult Social Care Survey, England 2013-14, Provisional release report (HSCIC, 2014, p17) and Personal Social Services Survey of Adult Carers in England 2012-13, Final report, experimental statistics (HSCIC, 2013b, p41). See also HSCIC (2015, p14)

add.¹² Our analysis suggested that potential consumers of the survey data (e.g. the managers and commissioners who make decisions about local service delivery) were not always aware of the scope for local changes.

Other LA staff expressed concern about the impact of adding questions – and the resultant increase in the length of the survey – on respondent expectations and response rates, and often chose not to add non-compulsory or further questions. Two analysts, for example, stated that their respective managers excluded the optional questions about service impact in the ASCS as they felt that respondents would expect and demand more from their services or, having previously complained about the length of the surveys, would feel less inclined to participate.

Fulfilling HSCIC and local sampling requirements

Guidance from the Health and Social Care Information Centre outlines how the sample should be selected based on the stratified random sampling process. This process involves breaking the eligible population into groups and drawing an independent random sample within each group. Local authorities are provided with a spreadsheet to enable them to estimate the number of people they will need to sample in each stratum to achieve a margin of error of no more than +/-5% (Health and Social Care Information Centre, 2013).

Ensuring that a range of client groups are represented in the final sample was reported to be one of the most challenging and time-consuming aspects of the survey process, and fraught with a number of barriers. Such barriers have the potential to impact on the response rates and the need to draw a further sample to boost the achieved sample size, and include:

- Small populations in some of the sampling strata, which could be compounded by the challenge of attaining the required sample of care home residents.
- Changes to respondent status between sampling and survey mail-out (e.g. respondent dies or moves into a residential home).
- Lack of motivation among recipients of social care, which appeared to be associated with survey fatigue, lack of motivation, confusion about the purpose of the surveys or uncertainty about whether received services were delivered by the council. The issue of survey fatigue was raised by a number of analysts and managers, and is particularly relevant to small LAs where the majority or entire population is sampled for each survey.
- Gatekeepers to potential recipients (e.g. care home managers, family members) may be equally uncertain about the purpose of the surveys and consequently are often unwilling or slow to conduct mental capacity checks or permit residents to engage

¹² This particular problem appeared to be compounded when staff were working in organisations that had recently undergone a restructure, as they often did not know whom to ask for guidance.

with the surveys. Although the questionnaire and associated literature provided by the HSCIC contain assurances that the surveys are not designed to evaluate services, some interviewees felt that such suspicions may account for the reluctance of some care home managers and staff to take part.

Summary points

Overall, the findings indicate that planning and engagement among key stakeholders within the LA before the circulation of the surveys – and also at every stage of the survey process – have the potential to maximise the local use of ASCS and PSS SACE data. These findings will inform the development of a range of engagement tools and promotional materials, and these are described further in the discussion section of the working paper.

Survey phase 2: Analysis

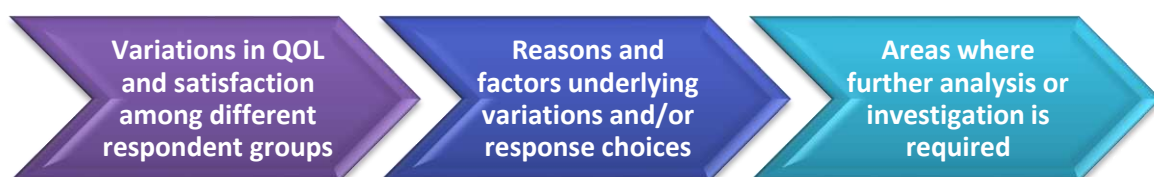
The data from the ASCS and PSS SACE are used to populate a number of indicators in the Adult Social Care Outcomes Framework (ASCOF) (see Appendix 1), including quality of life (ASCOF 1A and 1D) and satisfaction with services (ASCOF 3A and 3B), and in combination provide *assured, benchmarked local data on outcomes to support local services* (Health and Social Care Information Centre, 2013a). The surveys also include a number of demographic questions that can be used to explore:

- The factors that affect quality of life (e.g. the length of time spent caring for another, feeling safe and/or in control) and in turn help us understand the impact of social care services on helping service users and carers achieve good outcomes;
- Variations in quality of life and satisfaction with services among sub-groups of care recipients (e.g. characterised by primary client group, ethnicity, age).

The thematic analysis of open-ended questions can also provide the contextual information needed to understand the rationale underlying the responses to quantitative (i.e. multiple-choice) questions, and these combined data sources can be used by LAs decision-makers to inform local policy and planning, and/or identify where further analysis is required.

The achievement of these functions during analysis, summarised in Figure 4 below, can support the interpretation and acting upon results stages of the survey process that have the potential to maximise the local use of ASCS and PSS SACE data.

Figure 4: The potential of further ASCS and PSS SACE data analysis



Local practices associated with the analysis phase

Box 4 provides local practice examples of how local authorities are carrying out further analysis to inform commissioning or strategic planning, and/or understand discrepancies in data.

Box 4: Local practice examples: further analysis of ASCS and PSS SACE data being used for strategic, operational or commissioning purposes

'No help' responses (i.e. respondents do not receive additional help from a family member, neighbour or friend etc.) combined with ADL ratings by analyst to identify people who may require additional assistance/services now or in the future [ASCS – conducted by analyst]

Analysing responses to the eight individual measures of the composite SCRQoL ASCOF domain and comparing current and previous year results to identify possible causes of recent decline [ASCS – conducted by commissioner]

Physical ailments of carers cross-referenced with other survey responses to identify carers and service users who may require additional assistance/services now or in the future [PSS SACE – conducted by analyst, on own initiative]

Group-level analysis was carried out on individual survey responses to identify the issues that affect particular service-user groups (e.g. mental health, physical disability) or carers of particular service-user groups. Reports of these issues then served as a starting point to establishing the actions that need to be taken to boost low scores – in relation to regional comparators – across all ASCOF domains [ASCS and PSS SACE – conducted by manager]

District-level comparisons conducted by two separate LAs to identify issues underlying noted differences in reported outcomes and to identify areas of local practice. Findings taken to regional service management teams to facilitate discussions about service improvements [ASCS – conducted by analysts at the request of other colleagues]

Despite the importance of the analysis phase, MAX Phase 1 activities revealed a number of issues:

- The majority of reports submitted for review were based solely or primarily on descriptive statistics: responses to individual survey questions were most commonly described in terms of percentages (e.g. '63% of respondents...') and/or frequencies (e.g. '63 respondents').
- Only a minority of reports (ASCS: 5/23; PSS SACE: 6/23) included the results of further analysis conducted on their survey data (e.g. cross-tabulations) to investigate the relationship between survey variables or differences between respondent groups (e.g. characterised by client grouping, services received, age, gender, ethnicity). A considerable portion of this further analysis focused on the ASCOF indicators, in particular service user- and carer-reported quality of life. Only one LA appeared to conduct statistical tests as part of further analysis to determine whether

observed patterns were statistically meaningful or could have been arrived at by chance.

- Benchmarking comparisons (i.e. between or within organisation comparisons, usually of ASCOF scores) were the second most common type of analysis conducted on the survey data (behind reporting descriptive statistics) and were described in the majority of reports (ASCS: 17/23, PSS SACE: 12/23). The widespread prevalence of such comparisons and also the use of external benchmarking data, such as that provided by CIPFA (Chartered Institute of Finance and Public Administration) and ADASS (Association of Directors of Adult Social Services) or regional LA groups, was confirmed by the other research activities.

Barriers associated with the analysis phase

The online survey and telephone interviews revealed a number of barriers that can help us to understand why so few LAs appear to conduct further analysis. The barriers can be categorised as problems with:

- Identifying local information needs
- Managing and analysing ASCS and PSS SACE data, and
- Being allocated sufficient time to conduct further analysis

Identifying local information needs

As we have already noted, several analysts felt that more could be done to identify the information needs of their colleagues. Accordingly, improved communication of these needs might lead to more focused and useful analyses being conducted. An important aspect of this communication (and the lack thereof) is feedback on analysts' reports to indicate whether their findings were helpful or whether alternative forms of analysis would have been more appropriate.¹³ Telephone interview data suggest that difficulties in identifying local information needs may be further compounded by ASCS and PSS SACE consumers (e.g. managers and commissioners) conducting their own analysis of the data. Although this analysis is used to inform the planning and delivery of services, duplication of effort is only avoided if the results are shared with analytical colleagues. Poor sharing of analysis and results also denies analysts the opportunity to conduct analysis of value and justify the development of skills to improve their analytical capabilities.

Managing and analysing ASCS and PSS SACE data

A number of analysts and their managers expressed uncertainty about how to approach ASCS and PSS SACE data and identify what relationships (and therefore variables) to explore in order to meet known or anticipated local information needs. As a result of this

¹³ Comments made by some report recipients (e.g. managers and commissioners) during the telephone interviews suggests a need for ASCS and PSS SACE data to be conveyed concisely and in a more user-friendly manner, and is discussed further in other sections of this report.

uncertainty, descriptive analysis (e.g. frequencies and percentages of responses to specific questions) was frequently conducted, but further analysis of the data was relatively rare. The analysis of the telephone interviews and responses to consultation panel workshop activities suggested that a barrier was the volume of data that the surveys produce, as one analyst observed:

It's trying to find the right pieces and the right questions to analyse or cross-reference with and break down, and that's the part I think we're not doing so well

[Analyst, Telephone Interview]

Other barriers that were identified were limits on the methodological capacity in LAs needed to manage ASCS and PSS SACE data (e.g. to deal with the small sample sizes of some subgroups or apparent discrepancies in data). Analytical skills (e.g. to conduct cross-tabulations), software skills (e.g. to use Excel or statistical programmes) or statistical understanding (e.g. to conduct chi square tests) needed to conduct effective analysis were sometimes lacking. Data analysis training was frequently cited as a resource that is required to make full use of the ASCS and PSS SACE data, as was appropriate computer software.

Being allocated sufficient time to conduct further analysis

Not surprisingly, time was cited as a significant barrier to analysis, with just under half of the MAX online survey respondents stating time constraints. Some staff felt that the administration of the survey and preparation of the data for reporting to the HSCIC are so time-consuming that this left them little time for the later stages of the survey process, in particular analysis. As one analyst stated:

it is so time-consuming and resource-intensive to administer the survey that the most important part [the results] often warrants less attention

[Analyst, Online survey]

Competing claims on time and other priorities as set by senior managers were factors in limiting analysis time.

Similar time pressures to get on with other priorities were also noted by some of the LA managers who participated in the telephone interviews, and may explain why access to sufficient resources, such as fully trained staff, does not always guarantee that ASCS and PSS SACE data can be used for strategic and commissioning purposes as hoped:

My team just haven't got the capacity to be proactive... We're usually constantly reactive to demands for information for current projects and so, say, reporting the results of the ASCOF indicator and headline results about the survey can be done quickly and get the message through to the senior managers of the results and how we've fared nationally and through benchmarking. But to go into further detail and start, say, a project, we've not really got the resources to do that detail.... I think it's always the intention of getting the responses to look at where we can make

improvements for next time. That's very much the intention. But at the same time, there are so many projects on the agenda here, so many new initiatives coming in and improvements coming in, looking at all sorts of different things to help make improvements, that--, there's just so many other things being worked on.

[Manager, Telephone Interview]

These findings suggest that capacity to analyse the survey results was limited in some cases. However, at this stage we cannot comment on whether capacity was in any sense too limited without a better understanding of the nature of competing claims on analysts' time.

Summary points

In summary, the findings from Phase 1 activities provide indications on how the toolkits could help support local authorities to conduct more advanced forms of analysis to better utilise the ASCS and PSS SACE data. In particular, there appears to be scope for further analysis of survey data locally, allowing LAs to gain better understanding of local issues. Our proposal for analysis tools is outlined in the discussion section.

Survey phase 3: Reporting

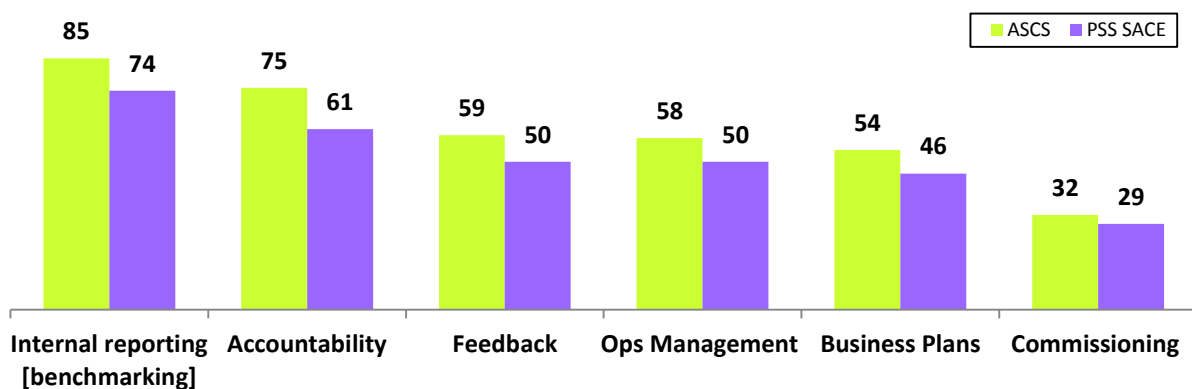
The reporting of ASCS and PSS SACE data is an important stage in the survey and dissemination processes, and reports circulated both within and beyond the LA (e.g. to potential consumers, such as managers, commissioners and providers, or to both previous and future survey respondents) have the potential to fulfil a number of functions beyond the communication of key findings. An internal report to decision-makers within the organisation (e.g. managers and commissioners), for example, can present a range of findings, including the results of analysis of unmet need. Such analysis can potentially highlight possible causes and/or actions and, as a consequence, may help to enhance operational management and, in turn, inform the delivery of adult social care services. An external report, on the other hand, can demonstrate how survey data can be used to produce specific and desirable changes to the way the local care system operates (e.g. changes in services) and, by doing so, simultaneously justify and motivate previous and future participation. These functions are summarised in Figure 5 below, and indicate that reporting also has the potential to alleviate barriers and time/resource burdens at other stages of the survey process: the increased use of ASCS and PSS SACE data among LA decision-makers, for example, can reduce the need for further local research and will be addressed in the developing toolkits.

Figure 5: Key functions of reporting: encouraging engagement with and use of ASCS and PSS SACE data



The responses to the MAX online survey (see Figure 6 below) show that the data from the ASCS and PSS SACE are used for a range of local purposes, most commonly for reporting, being shared with LA colleagues through *internal reporting* mechanisms or with the public through *accountability* and *feedback* mechanisms. However, survey data are used much less often for activities that result in changes to the planning and/or delivery of adult social care services, with approximately half or less of the online survey respondents stating that their organisations used the data to improve *operational management*, to feed into *business plans*, such as Joint Strategic Needs Assessments, or to inform commissioning.

Figure 6: Local authority (LA) use of ASCS and PSS SACE data for local purposes [N = 100 LA staff from 83 LAs]



Source: MAX Online Survey

Figure 6 also illustrates that organisations are most enthusiastic about using survey data for benchmarking performance. Evidence from the interviews and document analysis appeared to substantiate this finding: 29 of the 46 reports submitted for review, for example, included the results of such comparisons. These reports focused on the ASCOF indicators, but benchmarks varied, with LAs comparing themselves to comparator LAs or other LAs within their region, as well as with the national average, and the previous data collections.

Local practices associated with the reporting phase

The fact-finding phase identified two important elements within the reporting survey phase: (1) the designing of reports to fulfil the information needs of report recipients; and (2) the use of the results of analyst-initiated ASCS or PSS SACE analysis to engage with stakeholders.

Designing reports to fulfil the information needs of report-recipients

The importance of modifying the style and content of ASCS and PSS SACE reports to suit the data literacy levels and information needs of the intended report recipients was highlighted by a number of analysts during the telephone interviews. They described a number of ways they adapted their reports to help ensure they were read and acted upon by the intended audience. Such strategies have the potential to help the engagement process among key stakeholders and are outlined in Box 5 below.

Box 5: Local practice examples: the use of reporting strategies to fulfil information needs and engage with key stakeholders

Reporting on noticeable trends or marked deviations rather than summarising the entire dataset

Referencing both quantitative and qualitative analysis, and drawing on data from supplementary sources

Avoiding unnecessary statistical terminology or providing supporting guidance as required

Using visually appealing charts and imagery to efficiently convey data and also capture the interest of the intended audience

Including features that facilitate [1] the navigation of the report (e.g. contents pages); [2] a rapid review of the key findings (e.g. a synopsis at the beginning of the report); and [3] further reading as required (e.g. links to relevant appendices and further reports)

Presenting a balanced overview (i.e. including both positive AND negative results) and examples of positive action (i.e. clear demonstrations of how survey findings improve service delivery)

Comments and complaints about particular services and service providers being linked back to other sources of centrally held data where possible, and fed back to commissioning team for their reference

Using reports of ASCS and PSS SACE analysis to engage with key stakeholders

The power of reports or analysis to inspire interest in the ASCS and PSS SACE, in particular with those who are not currently engaged with the surveys, was commented upon by a number of analysts, and examples of strategies to engage stakeholders both within and beyond the LA were noted during the telephone interviews and online survey. These are summarised in Box 6 below.

Box 6: Local practice examples: using reports on ASCS and PSS SACE data to engage with stakeholders both within and beyond the LA

Comments from PSS SACE were organised by organisational objectives where possible and then passed to the commissioning team to provide feedback on existing services and providers, as well as to guide the future procurement of external services

Comments and complaints about particular services and service providers were linked back to other sources of centrally held data where possible, and fed back to the commissioning team for their reference

Comments from PSS SACE survey about specific services were fed back to providers to highlight and praise good practice or, conversely, enable the identification of service improvements as required

Carer profiles based on PSS SACE and census data were developed and sent to providers to guide service provision

Barriers associated with the reporting phase

A range of reporting barriers were highlighted during the Phase 1 activities, and can be categorised as difficulties with [1] identifying and engaging with the relevant audiences within the organisation, and [2] meeting data literacy needs.

Identifying and engaging with relevant audiences within the LA

Analysts reported that they experienced difficulties in identifying the relevant audiences for their reports. This problem was particularly associated with the ASCS which, because it covers the entire population of service users, has theoretical relevance to a wide range of teams and services.¹⁴ 'Stakeholder maps' were used by some analysts to try to overcome this problem, but several respondents still commented on the challenge of convincing potential report recipients of the relevance of the survey results to their job role:

We have tried to engage staff in the past; I just don't think it's on the top of their priority... I think it was probably easier in the old surveys where we did home care or equipment for the kind of the operational managers and the staff to sit up and take notice and say, 'Well actually, you know, this is me.'

[Analyst, Telephone Interview]

An apparent challenge is in demonstrating the value of ASCS and PSS SACE analysis and reports beyond benchmarking. Indeed, the perception that the main function of the surveys was for benchmarking undermined the recognition of the potential of other forms of analyses to help decision-makers. As one analyst stated, this task was not easy:

A challenge for me is to change people's perception that this isn't just a statutory return and it's more holistic than that and we need to be on the case all of the year with it

[Analyst, Telephone Interview]

A related issue was in maintaining the interest of stakeholders throughout the survey, as noted by several Phase 1 participants during the telephone interviews or consultation panel workshop discussions. A challenge was in presenting the survey data to different audiences, where in some cases overly numerical or technical reports could lead to disengagement. As one analyst stated:

I think it's because people don't necessarily understand it and it's numbers on a page....for some of the groups of staff ... people have said, 'Well you're turning people's feelings into a number'... Which I can totally get, I mean it doesn't necessarily sit comfortably unless you understand that that number has a purpose .. it's a summary of somebody's feelings and it's a way of being able to tell when you've

¹⁴ This issue was particularly common in organisations that had recently undergone a major reshuffle.

made a difference, if you put it like that people are happier with it, but actually, you know, nobody wants to be a number.

[Analyst, Telephone Interview]

This particular observation about conveying people's experiences in numerical terms may do much to explain the disengagement of front-line staff with ASCS and PSS SACE findings noted in the MAX online survey.¹⁵

Perhaps related to the difficulties many LA staff had in identifying relevant audiences for the ASCS and PSS SACE results, the reports produced (or at least those we reviewed) did not always have a clear focus and were thought to be too long. As we have noted already, most reports primarily described all the survey responses and most did not include further analysis, contextual detail and supplementary sources of data that might otherwise help readers to both understand and act upon reported outcomes. The exception to this was the benchmarking-style reports on ASCOF indicators intended for senior management.

Presenting data appropriately: fulfilling local information needs while adapting to the data-literacy levels of the intended audience

Producers of ASCS and PSS SACE reports, usually analysts, also experience a range of difficulties in conveying the survey results in a manner that fulfils the range of local information needs and can be fully understood. In most of the internal reports submitted for review, the focus was on reporting ASCOF scores to be used for internal and external benchmarking activities. There appeared to be a potential for other analysis to be included in reports, beyond those based on the 'descriptives' of all the survey responses. Often these reports did not include results on context, which could be produced by further analysis and/or supplementary sources of data (e.g. LA records, census data). Contextual analysis can help decision-makers to make sense of ASCS and PSS SACE results. We might speculate on a number of reasons that such analyses were omitted, including that the producers of the reports, normally the analysts, were unaware of the information needs of the report recipients – as discussed in the previous section – and this might be rectified through closer collaborations between both parties.

Some producers of ASCS and PSS SACE reports also expressed difficulties with conveying complex terminology in accessible (i.e. easy to understand) terms. Concepts such as significance, weighting and confidence intervals, and the mechanism behind the scoring of the multi-item Social Care Related Quality of Life (SCRQoL) indicator – all important for understanding what the ASCS and PSS SACE data are measuring, and also to demonstrate the robustness of the survey results – can be particularly challenging to explain in reports.

¹⁵ Over half of the MAX online survey respondents agreed with the statement "*front-line staff are not interested in the surveys*" (ASCS: 55/91; PSS SACE: 48/91)

An issue is that quantitative data analysis is not always in the traditional skill-set of decision-makers in social care. As well as resistance to the idea of 'reducing' experiences to sets of numbers, associated analytical skills on the part of recipients of reports may be relatively limited. For example, statistical concepts such as statistical significance may not be understood by decision-makers:

... when I talk about [a finding/relationships being] statistically valid, I've lost everybody at that point. Even though it is for my managers, it's lost on them because they don't understand why a survey needs to be statistically valid in the first place because it doesn't hit their radar and it's not in their day-to-day job.

[Analyst, Telephone Interview]

The importance of finding a good way to convey statistical concepts was evident among respondents, but finding a balance was recognised to be difficult:

A report that is too mathematical/statistical prevents the audience from understanding the meaning and implications of the results ... Similarly, a report that is textually heavy leads to disengagement. We have tried very hard to get away from a linear 'Question 1 says x and Question 2 says y' approach to reporting on the surveys and have tried to find links between questions and subpopulations of the overall number of respondents to give the survey findings depth and relevance to current service trends and initiatives (e.g. Self Directed Support and Direct Payments).

[Information Manager, MAX online survey]

Summary points

Overall, the findings of the Phase 1 activities, summarised in Box 5 and Box 6 above, will be further explored during the development and testing of the toolkits, and are described further in the discussion section.

Survey phase 4: Interpretation and acting on results phase(s)

ASCS and PSS SACE data can provide valuable insights into the experiences and perspectives of service users and carers, and pinpoint areas where further investigation and action are required, but the extent to which such insights can feed into local practice and service improvement is determined by how the results are interpreted – see Figure 7 below.

In a number of LAs, there were examples of the kinds of analysis and activities that could be done to help improve decision-making. We also identified some barriers in this regard, focusing on the nature of the data collected.

Figure 7: Potential importance of interpreting ASCS and PSS SACE data



Local practices associated with the interpretation and acting upon result phases

We identified three practices that were used by LA staff to improve the interpretation of results and, where appropriate, stimulate further action:

- Conducting further analysis on the data
- Drawing on supplementary sources of data
- Engaging with LA colleagues to understand and act upon ASCS and PSS SACE findings

Conducting further analysis on the data

A number of LA decision-makers are conducting further statistical and/or thematic analysis on ASCS and PSS SACE data to assist interpretation. The value of such activities (e.g. to add context to findings, unravel seeming discrepancies in data – see Box 7 for examples) was discussed by a number of staff during the telephone interviews and, due to the complex nature of outcomes data, was deemed by several managers and commissioners to be essential to understanding the survey findings.

You've got to have probably a more resource-intensive approach to managing them [outcomes measures] and that does mean that when you get a result that you can't make any sense of, somebody's got to go away and spend a bit of time looking for signs that will help explain why people one year felt differently from how they felt another year.

[Commissioner, Telephone Interview]

The use of such analysis to make sense of benchmarking data, for instance, was described by one commissioner as an opportunity to learn from other organisations (i.e. to identify and share effective practice¹⁶) and also a means of ensuring that the incorrect conclusions – which can arise through more direct comparisons – are avoided:

The whole focus, and I think that's across the country, is about keeping people out of residential care and keeping them in the community, but actually if you were to look at that score you'd be saying, 'Oh well actually we should stick everybody in residential care because it shows that they've got better quality of life.' So there's

¹⁶ The Department of Health intended for ASCOF comparisons to be used by individual LAs to identify and share good practice, both with and beyond the organisation, and is further endorsed by supporting guidance developed by the Health and Social Care Information Centre.

something about needing to unpick that sort of thing a little bit more because otherwise you could go off down a path ...

[Commissioner, Telephone Interview]

Drawing on supplementary sources of data

The telephone interviews also uncovered that some LA staff use additional data sources (e.g. from case records, local research, NASCIS, POPPI, PANSI, Census and Household surveys) to complement the survey data and produce a *jigsaw of evidence*¹⁷ to inform local decision-making. One analyst used additional data to help overcome the methodological limitations of the surveys:

We try and triangulate the information with other information that runs along with it [the surveys] to give more context so that we're not looking at each response just in isolation; we're saying 'well, you know, if you consider it [the survey findings] alongside this, this and this, then it gives you much more information'. But I think everyone would recognise that it's actually quite limited [on its own]

[Analyst Telephone Interview]

Staff from two LAs discussed the value of combining ASCS data with other sources of data, such as the Census, and described how the results of local and national analysis and other relevant information were effectively stored and shared within their organisations (see Box 7 below). The reporting of such sources was deemed by decision-makers within their organisations to better fulfil their information needs (than the survey reports circulated by most analysts) and were frequently used to support cross-departmental discussions and strategies.

Box 7: Local practice examples: using supplementary data and pooled data to make sense of ASCS and PSS SACE findings

Supplementing data

LA records: to explore variations and links between reported outcomes and services received (e.g. whether people in receipt of direct payments have more control; care home residents are more satisfied); link unmet needs and/or complaints back to particular services; to target and/or improve information and specific services

Census data: to target services (e.g. provide focused telephone support to carers who become socially isolated as a result of their caring duties); create carer profiles for providers; identify areas of good practice

Pooled data

National and local data made accessible to LA staff via an online warehouse or webpage

Updates on relevant research and policy circulated within organisation on a regular basis

¹⁷ Quote taken from an interview with a commissioner.

Engaging with LA colleagues to understand and act upon ASCS and PSS SACE findings

Two local authorities involved in the Phase 1 activities had relevant experience in establishing links with a range of stakeholders (e.g. service leads, commissioners and managers) both within and beyond their organisations. These links were established via existing groups or meetings and were used to consider the underlying reasons for the noted trends in ASCS and PSS SACE data and, where relevant, identify areas of further analysis or investigation. Such collaborations were seen to provide insights to results and possible solutions that might not have occurred if the analysis had worked on their own. Examples of such local practice are summarised in Box 8 below.

Box 8: Local practice examples: engaging with LA colleagues to understand and act upon ASCS and PSS SACE findings

Within LA

A considerable number of ASCS respondents stated that services did not make them feel safe. Feedback from front-line staff indicated that service users did not realise they had been through a safeguarding assessment and were, in fact, on a safeguarding programme. Assessment strategies were revised in response to these insights, and now service users are aware of the procedures.

District-level comparisons conducted by both organisations noted variations in reported outcomes. Discussions with service managers identified disparities in service delivery and also examples of good practice in certain district teams. These were shared with other district teams and, it is anticipated, will result in improved outcomes across all areas.

Beyond LA

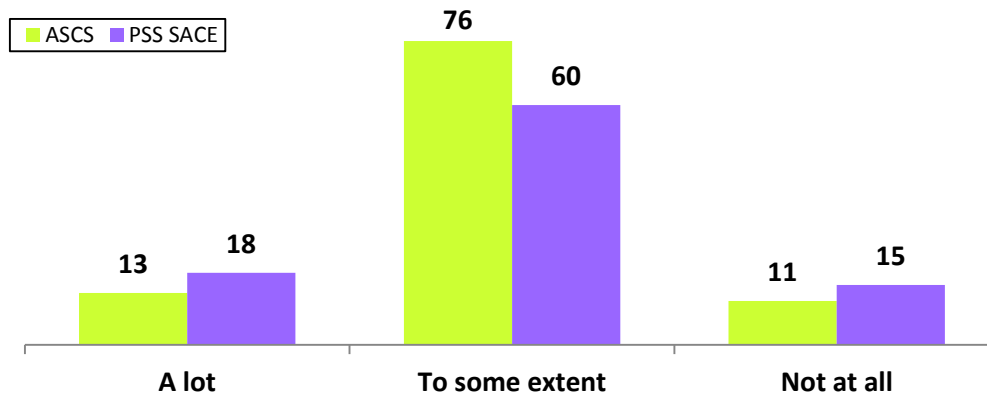
Analysts from both organisations also attended regional network meetings which provided opportunities for members to compare local variations in reported outcomes and also discuss the possible reasons underlying noted differences.

The online survey evidence is helpful in assessing how far results from the ASCS and PSS SACE surveys are feeding into local policy and practice.¹⁸ We found a mixed picture:

- The majority of LA staff wanted more support. Help with interpreting the survey findings was the most common request on the MAX online survey (ASCS N=70/100; PSS SACE N = 61/100)
- Most LAs were using the data to feed into local policy and practice 'to some extent' (see Figure 8 below)
- Uses of survey data for service improvement (e.g. to inform commissioning and strategic planning) is noted by a minority of respondents.

¹⁸ The online survey was completed by 100 members of staff, nearly 70% of whom were responsible for the analysis and reporting of the ASCS, the PSS SACE or both.

Figure 8: the extent to which ASCS and PSS SACE data feed into local policy and practice



Source: MAX online survey

Barriers associated with the interpretation and acting upon survey results phases

A range of barriers to making sense of the survey data were identified during Phase 1 activities and can be categorised as problems with:

- The nature of the survey data: too broad or vague to be useful for informing local policy and practice
- Attribution: identifying the causes of reported outcomes
- Understanding the significance of benchmarking comparisons

The nature of the survey data

A substantial sample of the online survey respondents reported that data from ASCS and PSS SACE fed into policy and practice within their organisation to some extent (ASCS N=76/100; PSS SACE N=60/93). However, many thought the survey questions were too generic and vague, and not sufficiently specific enough to inform changes in policy or practice. A third of MAX online survey respondents maintained that *'the survey questions are not useful for informing policy and practice'* (ASCS: 31/100; PSS SACE: 27/91) and a range of Phase 1 participants claimed that they were unable to make sense of ASCS and PSS SACE findings as the data were too vague and did not provide sufficient contextual information (e.g. the rationale behind tick box responses). Phase 1 respondents from all staff groups commented on the issues associated with the survey data and also the survey questions, as highlighted in the blogs about the MAX online survey findings:¹⁹

It [the survey data] tells us what people think, but not why they think it.

[Head of Performance, online survey]

¹⁹ <http://www.maxproject.org.uk/category/blog/>

Attribution: identifying the causes of reported outcomes

Several analysts, managers and commissioners spoke about the need to identify the underlying causes of reported outcomes and the links between outcomes and local services:

We need to be able to illustrate for strategic managers and commissioners the link between outcomes as measured by the survey and the controllable factors associated with service delivery that we could do something about.

[Manager, MAX Online Survey]

This issue is often referred to as the attribution problem²⁰ and is not unique to the ASCS and PSS SACE. Indeed, Patient Reported Outcomes Measures (PROMS) data used to assess the performance of health services have faced a similar problem (Black, 2013; Forder et al., 2013). Attribution is about making causal links between activities and outcomes, and generally requires that we establish the ‘counterfactual’: what would have happened had the service/activity not been provided. Only then can we infer whether the service or activity had an impact. The attribution problem was noted by one practitioner who said:

Is it us or is it something else making the difference to people’s lives. It may be nothing to do with us. It could be to do with something else completely.

[Practitioner, Telephone Interview]

As a solution to the attribution problem, LAs conduct a range of local research and consultation to complement ASCS and PSS SACE survey findings, and often cite attribution difficulties as a justification:

I can understand why people want to do that [further local research] because you want it [outcomes measures] to be attributable. To be able to justify getting more funding or continuing a project or service or whatever, it has to be very clearly attributable.

[Analyst, Telephone Interview]

Understanding the significance of benchmarking comparisons

Benchmarking is a useful activity, but it is sometimes difficult to understand why there are differences between peers and what is causing them. Scoring higher than peers need not imply ‘better’ performance because there may be differences in contextual factors. In any case, it is difficult to draw conclusions:

The results we get are reasonably positive so when we start comparing to other [town] boroughs and with how we did last year. So in that respect sometimes it’s a bit limited, isn’t it, as to what you can take forwards.

[Analyst, Telephone Interview]

²⁰ The Identifying the Impact of Adult Social Care (IIASC) project, also being conducted by researchers at the Quality and Outcomes of person-centred care Research Unit (QORU), is currently looking at ways of developing indicators for ASCOF based on the survey data that better reflect the action of LA inputs on reported outcomes. Further information about this project can be found on the QORU website: <http://www.qoru.ac.uk>

Nonetheless, the majority of LAs carry out benchmarking of ASCOF indicators and many appear to use the results of such activities to understand *what (survey) results mean*.²¹ Minimal or no differences between year-on-year results were also often interpreted in similar terms and, as reported by some analysts, were seen by some potential consumers of ASCS and PSS SACE data (e.g. managers and commissioners) as evidence that the surveys were not useful or necessary. As one analyst describes:

Getting people educated to know when there's good or bad performance is another struggle ... A good example is our carer survey: 40 per cent of our carers I think said that they were very or extremely satisfied and in the rest of our comparator group it was 33 per cent. You had people cheering and pretty much saying, 'Yay, 40 per cent, we're 7 per cent higher, oh that's significant.' And I'm thinking well, how can anybody go round and start cheering when six out of ten aren't getting a satisfactory level of service.

[Analyst, Telephone Interview]²²

However, drawing conclusions about ASCOF comparisons without considering the potential impact of contextual factors on reported outcomes (for example, changes in service provision over time) can be misleading. Any assumption that action is only required when changes are negative (e.g. in relation to previous results or worse than comparator organisations) can underplay the value of the data and can potentially lead to inappropriate inaction.

Summary points

Overall, Phase 1 findings illustrate how MAX has the potential to support local authorities with the final phase of the survey process within the proposed toolkits outlined in the following section.

²¹ Quote taken from an interview with an analyst.

²² Percentages changed to protect identity of contributing analyst.

Conclusion and next steps

The overall aim of Phase 1 of the MAX project was to assess how local authorities are currently using ASCS and PSS SACE data, what potential further uses could be made of the data, followed by the development of a set of tools to support LAs to make greater local use of the data. Three activities were conducted: an online survey, follow-up telephone interviews with a sample of online survey respondents and, where possible, relevant colleagues within their organisation, and a review of LA-produced reports based on ASCS and PSS SACE data. Including two analysis and interpretation consultation panel workshops hosted in the early stages of the toolkit development phase of the project, 139 staff from 95 LAs have taken part in the project so far.

In summary, the findings from these activities demonstrate that, despite facing a number of barriers, LAs generally seem to value the ASCS and PSS SACE and are using the views of service users and carers collected from the surveys, to some extent, to inform local service planning and delivery. We have identified four phases in the survey process and identified relevant practice and barriers for each in Table 6 below. A number of organisations are implementing a range of local practices and solutions to overcome these barriers, and these, where permitted, will be shared with LA colleagues via case studies, to be included in the toolkits and information-sharing events to be hosted by the MAX project team in 2015.

We plan to develop tools to support stakeholders during each phase of the survey process and help LAs maximise their use of ASCS and PSS SACE. As a result, Table 6 below outlines how the MAX toolkits could support LAs, and highlights that 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. Engagement tools to identify relevant stakeholders and promote the value of ASCS and PSS SACE for informing policy and practice will then be developed to encourage more widespread involvement among key stakeholders.

Table 6: How the MAX toolkits can support local authorities at different stages of the ASCS and PSS SACE

Survey phase	Barriers and emerging themes	Aims of the MAX toolkits
Analysis	<p>Identifying local information needs</p> <p>Managing and analysing ASCS and PSS SACE data</p> <p>Being allocated sufficient time to conduct further analysis</p>	<p>Support to analyse ASCS and PSS SACE data</p> <p>Guidance on what to analyse and how to conduct specific analysis</p> <p>Case studies to provide examples of the analysis conducted by LAs</p>
Reporting	<p>Identifying and engaging with relevant audiences within the LA</p> <p>Presenting data appropriately: fulfilling local information needs while adapting to the data-literacy levels of the intended audience</p>	<p>Support to effectively communicate findings to different audiences</p> <p>How to create effective reports guide: to include the dos and don'ts checklist, and overview of key features of useful reports (including the use of charts and tables)</p> <p>Reporting templates</p>
Interpreting and acting upon results	<p>The nature of the survey data: too broad and/or vague</p> <p>Identifying the causes of reported outcomes</p> <p>Understanding the significance of benchmarking comparisons</p>	<p>Support with interpreting the ASCS and PSS SACE analysis: demonstrating what the data and findings mean for local policy and practice</p> <p>How to interpret ASCS and PSS SACE findings guide: to include details on how to conduct further analysis, draw on additional sources of information, and make sense of benchmarking comparisons</p>
Administration	<p>Knowing what local modifications to the survey and/or sampling frame to make to simultaneously fulfil HSCIC requirements and local information needs, and how</p>	<p>See descriptions of engagement materials</p>
All survey phases	<p>Importance of engaging with all key stakeholders (i.e. potential consumers of survey data) and promoting the value of ASCS and PSS SACE surveys</p>	<p>Engagement materials (e.g. presentations and fact-sheets) that describe the purpose and value of ASCS and PSS SACE</p> <p>Case studies of existing stakeholder maps and local practices that have been used to promote engagement</p>

Tools to analyse and interpret survey data

Table 6 outlines the types of tools that could be developed to support LAs during the analysis phase to better utilise ASCS and PSS SACE data. Such tools may help LA analysts navigate the survey data and conduct more advanced statistical analysis, and by doing so demonstrate the extent to which the data can then be used locally.

The MAX team could help LAs by providing guidance on:

- How to navigate the survey data (e.g. which variables to explore first, possible relationships or differences to consider) and conduct analysis (e.g. how to handle discrepancies in data and/or small sample sizes).
- The research questions that could be explored when conducting specific types of basic statistical analysis (e.g. cross tabulations, chi square, thematic analysis of comments) leading to more complex modelling techniques.
- The specific questions from the analysis of the national dataset that may be both relevant and useful to LAs when interpreting their own local data.
- Support regarding methods to convey results graphically (e.g. use of charts, such as funnel and caterpillar plots).
- The different methods that could be employed to interpret the findings from their analysis of the ASCS and PSS SACE data, including more detailed analysis, the inclusion of additional questions in the survey, drawing on supplementary data, and conducting follow-up research.
- Case studies: examples of the analysis conducted by LAs.
- The potential for drawing on additional sources of information (e.g. census data) in the analysis.
- The value of conducting further analysis to aid reporting and interpretation (e.g. cross tabulations, chi square analysis, thematic analysis, more in-depth benchmarking).

Information-sharing events could also be conducted to provide training in statistical concepts and tests, as well as to highlight findings from the analysis of the national dataset that may be of relevance and use to LAs. We will explore which kinds of tools, drawing on the examples above, are the most promising and merit further development.

Tools to report and interpret survey analysis

Communication through reports can depend on a number of factors, such as extracting the outcomes and messages from the survey findings that are of most relevance or interest to the target audience, illustrating or presenting the findings in an accessible and meaningful way, identifying the best means of conveying these messages or findings (e.g. face-to-face

presentation or discussion, a report or short summary), and determining the appropriate length or duration of this communication. The toolkits developed by the MAX project team could support the communication and interpretation of key analysis findings by providing:

- Report templates to fulfil specific purposes
- A *How to create effective reports guide*: to include dos and don'ts checklists, and overview of key features of useful reports, such as ways of illustrating key findings to suit different audiences, information needs and purposes
- Case studies demonstrating how findings from further analysis can inform policy and practice
- Guidance on how to make sense of benchmarking data (e.g. drawing on survey data and other supplementary sources to be able to report on the noted differences)

Toolkit development

The analysis, interpretation and reporting 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. The engagement and administration tools will then be similarly developed and tested during the initial stages of the following ASCS data collection. Elements of the toolkits will be promoted at various information-sharing events and dissemination plans during 2015, and the final toolkits will be launched at the end of the year.

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Appendix 1: The Adult Social Care Outcomes Framework: indicators populated by ASCS and PSS SACE data

Indicator	Outcomes Measure	Survey
1A *	Social care-related quality of life	ASCS
1B	The proportion of people who use services who have control over their daily life*	Both
1D†	Carer-reported quality of life	PSS SACE
1I †	Proportion of people who use services and their carers who reported that they had as much social contact as they would like	Both
3A	Overall satisfaction of people who use service with their care and support	ASCS
3B	Overall satisfaction of carers with social services	PSS SACE
3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	PSS SACE
3D	The proportion of people who use services and carers who find it easy to find information about services	Both
4A	The proportion of people who use services who feel safe*	ASCS
4B	The proportion of people who use services who say that those services have made them feel safe and secure	ASCS

* Measures drawn from the Adult Social Outcomes Toolkits (ASCOT), which was developed by researchers at the Personal Social Services Research Unit (PSSRU) (Netten et al., 2012) and covers eight domains: Control (Q3a), Personal cleanliness & comfort (Q4a), Food and drink (Q5a), Accommodation cleanliness & comfort (Q6a), Safety (Q7a), Social participation (Q8a), Occupation (Q9a) and Dignity (Q11). Refer to <http://www.pssru.ac.uk/ascot/> for further information

† Measures drawn from research also conducted by researchers at PSSRU which identified seven domains of importance to carers: occupation, control, personal care, safety, social participation, and encouragement and support (Malley et al., 2010; Fox et al., 2010)

*Indicator added to the ASCOF 2014 and to be populated by existing ASCS data.

Appendix 2: Representativeness of MAX participants by activity: LA type and region

Table 7: Representativeness of MAX participants by LA REGION and TYPE (N = 152 LAs) by MAX research activity and by all activities (N = 95 LAs)

	Inner London	Outer London	Metropolitan	Shire	Unitary	Total	East	E. Mids	London	N. East	N. West	S. East	S. West	W. Mids	Y&H	Total
Document review	1	2	4	5	6	18	1	0	3	1	4	2	5	1	1	18
Online survey	6	11	19	23	24	83	5	4	17	3	15	12	10	10	8	83
Telephone interview	3	3	3	5	2	16	1	0	6	1	3	0	3	1	1	16
Consultation panel workshop	3	5	13	8	2	31	2	0	8	1	11	3	2	1	3	31
Total LAs who participated in MAX activities †	8	12	23	26	26	95	6	4	20	3	19	15	10	10	8	95
Total LAs in England	13	19	36	29	55	152	11	9	35	12	23	18	15	14	15	152

† Totals adjusted to reflect the LA participation in more than one activity or the inclusion of more than one member of staff from one LA in the same activity

Appendix 3: Overview of report features used to classify LA reports included in the MAX document review

Table 8: Overview of report types used to classify and compare LA reports included in the MAX document review

	Key features	Purpose	Audience
FULL	Tended to be long and comprehensive, containing detailed descriptions of the survey findings and outcomes of further analysis, if any was conducted	To convey 'headline' findings, benchmark trends in outcomes both within and beyond the organisation and, in a few cases, identify key areas for service development and improvement	Primarily senior managers and performance teams within the organisation
SUMMARY	Usually shorter, condensed versions of the full report and were often called the Executive Summary	To provide a brief synopsis of the main findings (limited to quantitative results in the ASCS summaries). Often served as an accompaniment to full report ²³	LA staff and the public
ASCOF	Succinct reports focusing solely on the questions in the surveys used to populate the Adult Social Care Outcomes Framework (ASCOF) indicator set ²⁴	To report benchmarking comparisons (e.g. year-on-year, national, regional and/or comparator LAs)	LA staff and, in one LA, the public
SPECIFIC ANALYSIS	Succinct reports focusing solely on the outcomes of specific analysis	To convey results of specific analysis – either specifically requested by LA managers or initiated by analyst to highlight a particular point	Primarily senior managers and performance teams within the organisation

²³ Two LAs produced 'stand-alone' summaries: one, an overview of key findings for the senior management team; and the other an easy-read summary of their full report for external circulation.

²⁴ Despite their narrow focus, the majority of these reports were not referred to as 'ASCOF reports' by the LAs that produced them and were treated as a summary of key findings or initial analysis of the survey data. None of the four ASCS ASCOF reports and only two of the four PSS SACE reports submitted for review were accompanied by full or summary reports – although one report did emphasise the plans to produce a more comprehensive report in due course – which suggests that some organisations may only be interested in these measures.

Table 9: Overview of key features used to classify and compare reports included in the MAX document review

Feature	Examples
Survey	ASCS PSS SACE
Type of report	Internal or external: Classified into four types: (1) Full report; (2) Summary; (3) ASCOF indicators; (4) Specific analysis ²⁵
Circulation	Internal External
Purpose	To convey the key survey findings to staff within the LA or to survey respondents, service users and/or carers To provide more in-depth analysis (e.g. of ASCOF measures, further statistical analysis)
Intended audience	Senior management teams within local authority Survey respondents and members of the public
Key features	Number of pages, charts and tables
Types of analysis	Frequencies/percentages Relationships between variables Differences between groups Benchmarking of ASCOF scores Respondent comments
Local modifications	Evidence that additional questions or comments boxes have been added to the survey changes to the sampling frame (e.g. to facilitate further analysis)
Use of additional data sources	Evidence that additional data had been used to provide context (e.g. from LA records, local research, population segmentation tools)
References	Next steps (i.e. planned response to key findings) Links to other relevant reports

²⁵ See Table 8 for a full description of the report types

Appendix 4: Overview of key themes used to analyse responses to the MAX online survey

Theme	Categories
Survey	ASCS PSS SACE
Respondent job classification	Analyst Manager Commissioner Practitioner
Views of ASCS and PSS SACE	Useful for collecting service user and carer views Too time-consuming Use of resources
Local use of ASCS and PSS SACE data	Operational management Commissioning Internal reporting and benchmarking Accountability Business plans Provide feedback Other To inform and/ or change local policy and practice
Use of local research	[open-ended question]
Challenges to using ASCS and PSS SACE data	Resources Time Sample size Support from senior managers Analyst skills Front-line staff interest Usefulness of survey questions for local policy and practice Fit between surveys and local research priorities Other
Facilitators to using ASCS and PSS SACE data	[open-ended question]
Additional support required	Sampling Administration Data entry Data analysis Interpreting findings Producing written reports Communicating findings to different audiences Development of survey questions Other

Questions were also added to the survey to allow respondents to express their interest in participating in other research activities, in particular the follow up telephone interviews, document review and consultation panel workshops.

Appendix 5: The MAX online survey (conducted via Survey Monkey)



Thank you for your interest in the MAX project.

An invitation to complete this online survey has been sent to the Survey Lead at every Local Authority (LA) in England. The aim is to obtain an overview of the ways in which LAs currently analyse, report and use the Adult Social Care Survey (ASCS) and Personal Social Services Survey of Carers in England (PSS SACE) data to support policy and practice, as well as their thoughts on areas where further support would be useful. **We encourage you to take part to ensure that the toolkits we develop are useful for you and your organisation.**

Before deciding on whether you would like to take part in our online questionnaire, please read the accompanying information sheet and feel free to contact us at maxproject@kent.ac.uk or on 01227 823963 if you have any questions.

Participation Requirements

The online survey consists of 19 questions and should take approximately 20 minutes to complete. You will also be provided with opportunities to write additional comments and identify areas where you feel that further support would be useful. Please feel free to write as little or as much as you wish. You will also be asked to recommend other colleagues who would be happy to take part in a follow up telephone interview and to indicate your interest in participating in other project activities.

Please remember **participation in this survey is not compulsory but your feedback would be very much appreciated** and will help us to understand what support, if any, Local Authorities need to make use of the ASCS and PSS SACE data in the future.

Taking part in this survey, or choosing not to, will not affect your employment.

More information about the project is available from our project website:

www.maxproject.org.uk

Terms: Please note that, unless otherwise stated, the term 'survey' is used to denote the ASCS or PSS SACE survey rather than the online survey you are completing.

DATA PROTECTION AND PRIVACY

Please note that your response form will be pseudonymised upon receipt.

Your personal information will be removed from the form and stored on a separate database, and your form will be marked with a unique ID. If you choose to participate in other MAX research activities or wish to hear about the survey results, this ID will be used to link your responses to your personal details and will also enable us to contact you. Both the form and the database will be separately stored in password protected files and will only be accessed by members of the MAX project team. Whilst your responses will be stored in pseudonymised form, they will be reported in an anonymised and aggregated form which means that it will highly unlikely that you will be identified.

Your comments will also be treated in confidence.

No parts of this response form will be circulated or discussed beyond the project team. So, in other words, your thoughts will not be shared with your managers and colleagues.

Quotes used in reports will have all identifiable information removed.

No personal information (e.g. your name, position) will be reported which means that it will be reasonably unlikely for you to be identified from your responses alone.

Full details about how your responses will be used and reported are provided in the **MAX PROJECT PRIVACY POLICY** which can be found here <http://www.maxproject.org.uk/max-privacy-policy/> Alternatively, please email the MAX project team on maxproject@kent.ac.uk or call Clara Heath on 01227 823963.

PERSONAL DETAILS

Name: _____

Local Authority: _____

Position: _____

Department: _____

Email Address: _____

YOUR VIEW OF THE ASCS AND PSS SACE

We are interested in knowing how the ASCS and PSS SACE are viewed within local authorities.

The following statements express views that people in your organisation may hold. Please indicate to what extent you agree or disagree with the following statements about people in your organisation.

In general, people in my organisation think that...

	Strongly Agree	Agree	Disagree	Strongly Disagree
the ASCS and PSS SACE provide useful information about the views of users and carers				
conducting the ASCS and PSS SACE is too time consuming				
money invested in the ASCS and PSS SACE could be better spent on frontline services				

To what extent do you think the ASCS and PSS SACE feed in to policy and practice within your organisation?

	A lot	To some extent	Not at all
ASCS			
PSS SACE			

Why do you think the ASCS and PSS SACE do or don't feed into policy and practice in your organisation?

USE OF SURVEY DATA WITHIN YOUR ORGANISATION

We are interested in knowing how your organisation uses the ASCS and/or PSS SACE data to guide local decision- and policy-making. This is to help us gain an overview and understanding of the current impact of the ASCS and PSS SACE data on local policy and practice. Please note that these questions are about the additional analysis you, or someone within your local authority, conducts for use within your own organisation (i.e. not the analysis you conduct for government returns)

With the exception of the data return to the Government (via the Information Centre), how does your organisation use the data from the ASCS and PSS SACE locally? Please tick all that apply

	ASCS	PSS SACE
We do not use the survey data for local purposes		
To improve operational management and outcomes for users and carers		
To commission services		
For internal reporting purposes (e.g. performance monitoring)		
For accountability purposes, demonstrating outcomes in publicly available reports (e.g. local accounts)		
For business plans (e.g. Joint Strategic Needs Assessments)		
To provide feedback to service users and carers about their views on their services		
Other (please specify in the space below)		

Can you think of any examples where the results of either survey (ASCS or PSS SACE) have been used to change policy or practice in your organisation?

Yes

No

If yes, please provide examples below:

Does your organisation conduct /commission / make use of any other research to address local priorities? Please tell us more about this research in the box below, explaining its purpose, impact and the type of data collected.

CHALLENGES TO USING ASCS AND PSS SACE DATA

There are many factors that may enable or prevent local authorities from making use of the survey data to change policy or practice locally. Please indicate to what extent you agree or disagree with the following statements regarding the ASCS within your organisation.

Terms: Please note that the term 'resources' is used here to refer to the access to and / or availability of any forms of support you feel are needed to complete the task at hand – in this case, the analysis, reporting and action upon ASCS and PSS SACE data. Such forms of support can include access to relevant support staff (e.g. data inputters) and for the required amount of time, the unrestricted use of appropriate software and analytical tools, and training and guidance (e.g. from more experienced members of staff) when needed. Please feel free to list any other 'resources' you think are relevant to these tasks in the comments section.

ASCS	Strongly Agree	Agree	Disagree	Strongly Disagree
My organisation dedicates sufficient resources to analyse and report data (beyond what is required for completing the data return)				
There is adequate time to analyse and report the data (beyond what is required for completing the data return)				
The sample size is too small to answer the questions we're interested in				
Senior management does not see the value of using the surveys				
Analysts in our organisation have the right knowledge and skills to use the survey data				
Front-line staff (e.g. social workers) are not interested in the survey				
The survey is seen as important by analysts / research staff				
The survey questions are not useful for informing policy and practice				
The survey is a good fit with local research priorities				

Please indicate to what extent you agree or disagree with the following statements regarding the PSS SACE within your organisation.

PSS SACE

**Strongly
Agree**

Agree

Disagree

**Strongly
Disagree**

My organisation dedicates sufficient resources to analyse and report data (beyond what is required for completing the data return)

There is adequate time to analyse and report the data(beyond what is required for completing the data return)

The sample size is too small to answer the questions we're interested in

Senior management does not see the value of using the surveys

Analysts in our organisation have the right knowledge and skills to use the survey data

Front-line staff (e.g. social workers) are not interested in the survey

The survey is seen as important by analysts / research staff

The survey questions are not useful for informing policy and practice

The survey is a good fit with local research priorities

Can you think of any other factors that enable or prevent your organisation from making use of the ASCS / PSS SACE data to influence policy and practice locally? Please provide *details below:*

ADDITIONAL SUPPORT

We would like to know about the type of additional support that would help local authorities make greater use of the ASCS and PSS SACE data. This is to ensure that the toolkits developed during this project address a wide range of practical and theoretical issues, and are useful and applicable to the LAs that will use them.

What aspects of the survey or research process do you want the toolkit to help you with or provide more information about? *Please tick all that apply*

	ASCs	PSS SACE
Sampling		
Administration of the survey		
Data entry		
Data analysis		
Interpreting findings		
Producing written reports		
Communicating findings to different audiences		
Development of the survey questions		

Are there any areas, other than those listed above, where you would benefit from more support, guidance or information? *Please list them in the space below*

Can you think of examples of tools, guidance and / or advice that you would help you and could be provided in the toolkit? *Please describe them in the space below*

Can you think of examples of tools, guidance and / or advice that you would help you and could be provided in the toolkit? *Please describe them in the space below*

Do you have any further comments that you think it would be useful to share with us about the use of the ASCS and PSS SACE data in your organisation? *Please give details in the space below*

FURTHER INVOLVEMENT

Would you be happy to share examples of reports that have made use of the ASCS or PSS SACE data with the MAX project team?

We will review the reports to understand how the data are being analysed and the types of questions the data are used to address. We assure you that we will treat any documents you send us as **confidential** (unless you state otherwise).

	ASCS	PSS SACE
Yes		
No		

Please forward any reports to maxproject@kent.ac.uk or call the MAX project team to discuss 01227 823963.

In order to ensure the toolkits developed during this project address a wide range of practical and theoretical issues, and will be both useful and applicable to the Local Authorities (LAs) who will use them, we would like to gather feedback from as many LA representatives as possible using short telephone interviews.

Would you be interested in taking part in a follow-up telephone interview so that we can explore the themes in this survey in more depth?

The interview will take between 30-45 minutes and will be arranged at a time convenient for you during June or July. Please refer to the MAX website www.maxproject.org.uk or contact the project team maxproject@kent.ac.uk for more information.

	ASCS	PSS SACE
Yes		
No		

Do you have any colleagues who would be interested in taking part in a follow-up telephone interview so that we can explore the themes in this survey in more depth?

Please do discuss this project with your colleagues and let us know of anyone that would like to find out more:

Name of Colleague: _____

Position / Department: _____

Email Address: _____

I confirm that I have spoken to this colleague and that they are happy for you to contact them

Would you be interested in being on the project consultation panel?

We will consult with this panel three times over the course of the project to look at different elements of the toolkit as it develops, and we will ask you to comment upon its content and usability. We will hold workshops to facilitate consultation. You will not be required to attend every workshop and will be reimbursed travel and subsistence costs. Please refer to the MAX website www.maxproject.org.uk or contact the project team maxproject@kent.ac.uk for more information.

	ASCS	PSS SACE
Yes		
No		

Finally, we encourage you to look regularly at our website www.maxproject.org.uk. It has lots of details about the various ways you can get involved in the project and we will be blogging emerging

findings from the research and ideas for elements of the toolkit. We'd be really interested to hear your thoughts on what we post.

We'll be posting all results from the survey on our website shortly, but if you would like us to send you an email to let you know when the results have been posted, please indicate below:

Yes, please send me an email

No, don't send me an email

Many thanks for taking part in this survey.

Your contribution is very much appreciated and will be used to guide the development of the ASCS and PSS SACE toolkits.

Please be assured that your personal information will be removed from this survey and be replaced with a unique ID prior to being placed in secure storage. Only the MAX project team will have access to your file and your confidentiality will be maintained at all times. Your responses will always be reported in a fully anonymised form.

If you have any questions about this survey or the MAX project please email the MAX team at maxproject@kent.ac.uk or call Clara Heath on 01227 823963.

Appendix 6: Key nodes and themes identified and developed during the telephone interviews

Node	Themes
Survey	ASCS PSS SACE
Respondent job classification	Analyst Manager Commissioner Practitioner
Views of ASCS and PSS SACE	Positive Negative Neutral
Local use of ASCS and PSS SACE data	Operational management Commissioning Internal reporting and benchmarking Accountability Business plans Provide feedback Other
Challenges to using ASCS and PSS SACE data by survey process	Administration [to include sampling, survey distribution, data entry] Analysis Reporting Interpretation Acting upon results
Cross cutting barriers	Burdensome activities Resources Engagement Timing
Facilitators to using ASCS and PSS SACE	Championing the surveys Communication strategies Focused analysis Using supplementary data sources Local research Support from senior management Modifying the survey Oversampling