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BLOG 1: LOCAL AUTHORITY VIEWS AND USE OF THE ADULT SOCIAL CARE SURVEY AND CARERS' SURVEY

In the first of a series of three blogs, the MAX project team summarise their preliminary findings from the online survey around how local authority staff currently view and use the Adult Social Care Survey (ASCS) and Personal Social Services Survey of Adult Carers in England (PSS SACE or Carers' Survey) data. We would love to know what you think so please provide feedback via this blog or by email to maxproject@kent.ac.uk.

THERE IS GENERALLY SUPPORT FOR THE SURVEYS…

In contrast to the impression formed from anecdotal feedback, most of the respondents were supportive of the surveys: 93% 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. The information from the surveys was described as *"vital"*, "*extremely valuable (and) useful*" and "*a wonderful tool of performance measurement to LAs*" and, as is discussed later in this blog, is used for a wide range of purposes.

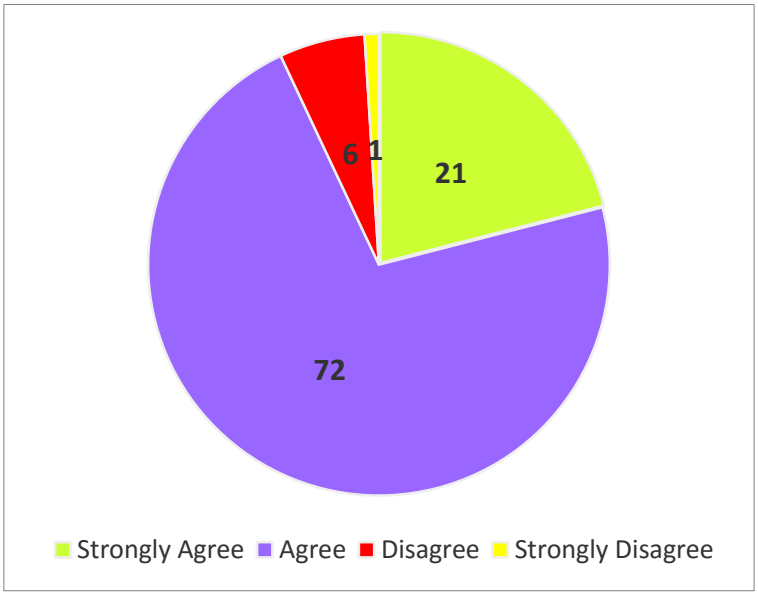

Figure 1: the ASCS and PSS SACE provide useful information about the views of users and carers (N=100) (Statement 1, Q2)

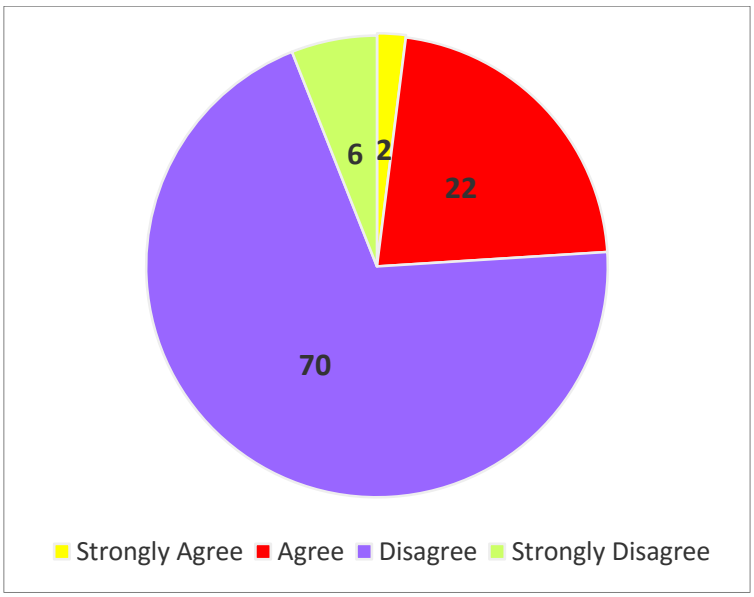

Figure 2: money invested in the ASCS and PSS SACE could be better spent on frontline services (N=100) (Statement 3, Q2)

…BUT THEY ARE SEEN AS TIME CONSUMING

A slight majority (56%), however, did maintain that the ASCS and PSS SACE were too time consuming to conduct and cited numerous examples of how their, often limited, resources were put under strain. These included the organisation of the mental capacity checks, the administrative tasks associated with this particular method of 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.

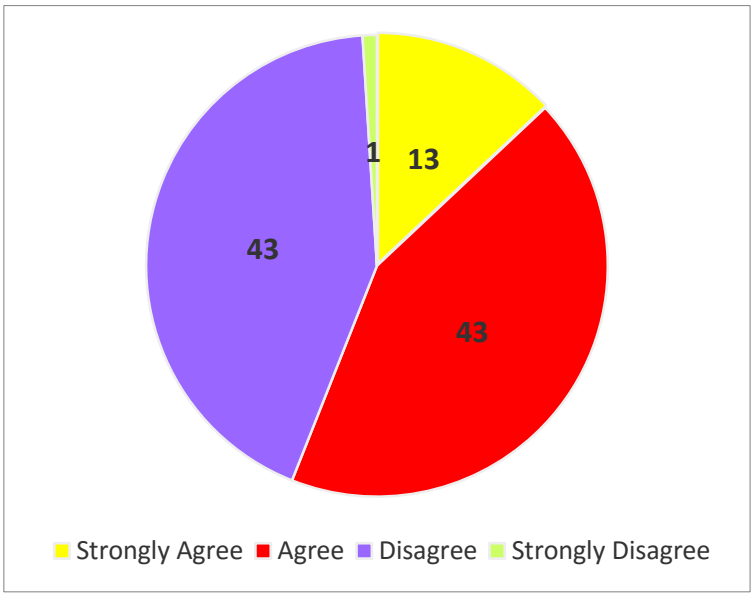

Figure 3: conducting the ASCS and PSS SACE is too time consuming (N=100) (Statement 2, Q2)

HOWEVER… THE SURVEYS PROVIDE VALUABLE INSIGHT INTO USERS' AND CARERS' PERSPECTIVES

Despite being described as "*a significant resource to undertake*", many respondents commented on the value of the survey data as a resource to gather both the views of and feedback from service users and carers about the services and support provided by the council. Such information is seen as important for supporting the design and delivery of services that meet the needs of service users and their carers, as illustrated by these comments:

> *"Without the view of customers and carers, service and support development would not always deliver what was needed"*

> *"There is no point in spending heavily on front line services if no attention has been paid to what front line services are both needed and wanted. Failure to invest in finding this information out means that millions of pounds could be wasted commissioning services that carers/cared for people don't want and won't use"*

> *"Without meaningful feedback from users of frontline services there is no tangible way of knowing whether the services we provide are making a difference or could be better tailored to the needs of the population"*

SO, WHAT IS THE SURVEY DATA USED FOR?

With the exception of the annual data return (to the Health and Social Care Information Centre) the survey data was most commonly used for internal reporting (e.g. performance monitoring) and accountability (e.g. local accounts) purposes, and regularly used for providing feedback to service users and carers and guiding operational and strategic decisions. It was used least commonly to commission services. A small number of respondents (N = 8) reported that their organisation did not use the survey data for local purposes.

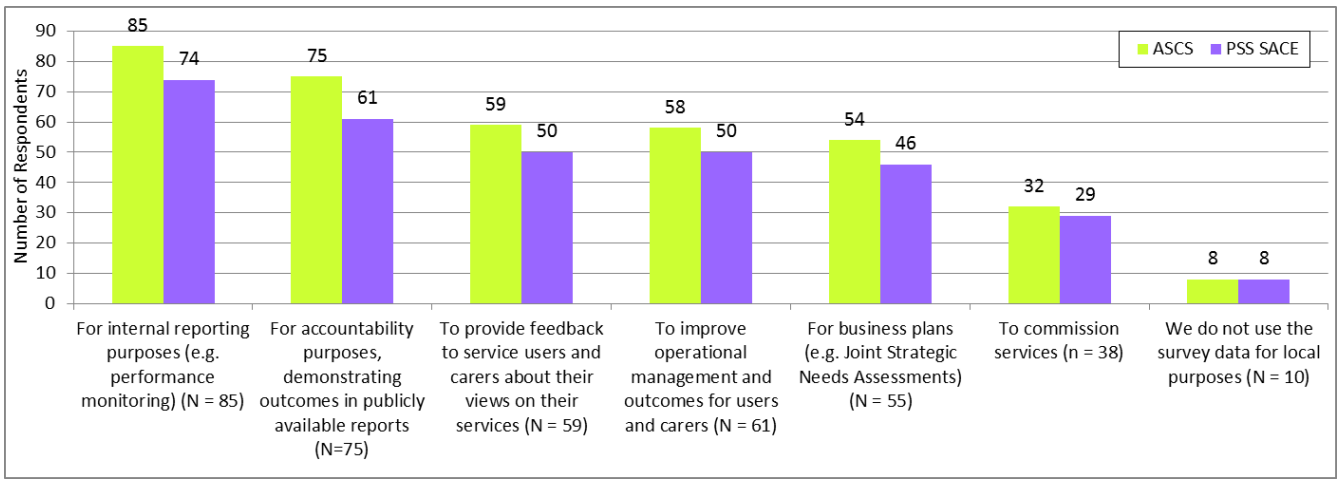

Figure 4: local use of survey data (total response count per option shown in brackets)

A wide range of specific examples were also provided by respondents and include:

- Identifying areas for improvement and development
- Benchmarking local data with comparator organisations (e.g. other local authorities within the region)
- Informing strategy discussions (e.g. for wider engagement), planning processes and service design (e.g. information services for carers)
- Identifying disadvantaged groups and tackling inequalities
- Serving as a springboard for further research

AND DO THE SURVEYS FEED INTO POLICY AND PRACTICE?

According to the majority of respondents, the data from the surveys fed into policy and practice within their organisation to some extent (ASCS N= 76/100; PSS SACE = 60/93). A minority of respondents reported that this data was used a lot (ASCS: 13/100; PSS SACE 18/100) or not at all (ASCS N=11/100; PSS SACE = 15/100).

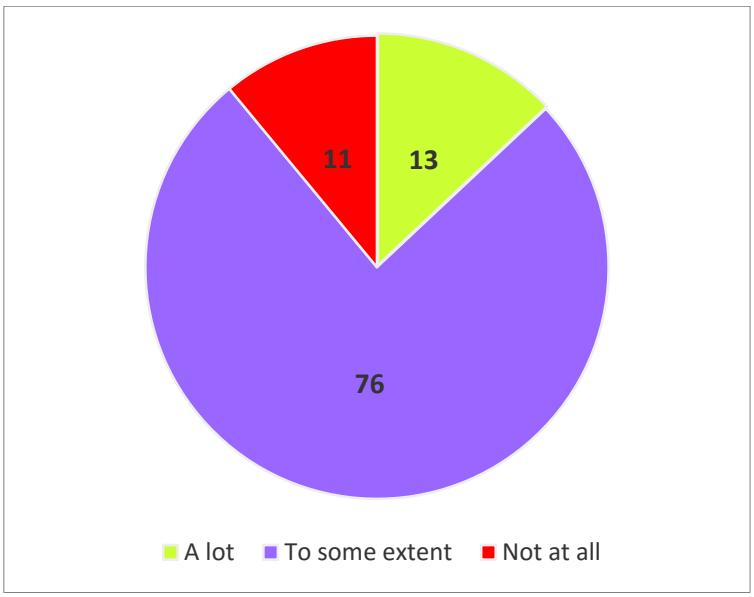

Figure 5: to what extent do you think the ASCS feed in to policy and practice within your organisation? (N = 100)

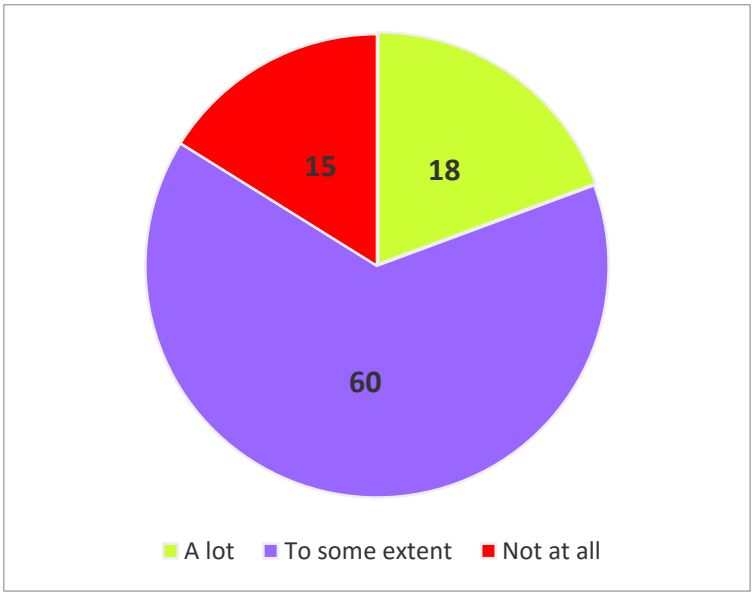

Figure 6: to what extent do you think the PSS SACE feed in to policy and practice within your organisation? (N = 93)

Approximately a third of the respondents provided commentary on how the survey data was used to change policy and / or practice, and most of these can be categorised into four broad themes focussing on carers, communication, safeguarding and social isolation.

Carers: in response to the PSS SACE, a number of organisations reported having revised their assessment process to be more informative and outcomes focussed, and having provided additional support to targeted groups (e.g. for carers of people with a learning disability) who have reported difficulties and/or low levels of satisfaction.

Communication: the results of both surveys have had a widespread impact on the kinds of information local authorities provide and the methods by which these are conveyed to the public. Reported low levels of satisfaction with the information currently available and/or difficulties with locating useful resources, for example, has prompted some organisations to review and modify their communications strategies to make information more comprehensive, relevant and accessible. These data have also been used in one organisation to justify the extra resources needed by the commissioning team to develop appropriate processes and procedures. Another respondent described how their local authority was responding to negative feedback about their paperwork by developing a 'reader panel' to ensure that all future documentation was easy to understand.

Safeguarding: several respondents also commented on how the survey data has highlighted safeguarding concerns and helped to identify areas where changes in existing processes are required. In response to a comparatively poor result, for instance, one local authority ran focus groups with service users to uncover the cause of their concerns and, working in conjunction with the local fire brigade, offered free fire checks to enhance feelings of safety.

Social isolation: feelings of social isolation reported in the surveys has prompted several local authorities to review their procedures with front line practitioners to ensure that service users are signposted to appropriate services. One organisation has also commissioned targeted preventative services.

Interestingly, despite a sizeable proportion of respondents claiming that the data from the surveys did feed into policy and practice within their organisations to some extent (ASCS N= 76/100; PSS SACE = 60/93) or a lot (ASCS: 13/100; PSS SACE 18/100), two thirds (N = 60/94) were unable to think of a specific example. This lack of substantiating evidence, however, could be explained by the difficulties of disentangling the impact of the surveys from various other research on local outcomes – indeed, several commentators noted how the ASCS and PSS SACE served as a springboard for further investigations and insights from it often contributed to wider discussions about how policies or practice could improve – or the online survey methodology itself (i.e. the cognitive demands of recalling specific details under time pressure). Furthermore, as many of these individuals did concede that there were likely to be instances that they were not aware of, these seemingly contradictory findings need to be treated with caution and verified in the follow up telephone interviews.

What is clear from the online survey results, however, is that many LAs often conduct or commission other research to address local priorities (N = 74/94). This suggests that the ASCS and PSS SACE are either failing to fully provide context appropriate and relevant data, or are being treated with caution (e.g. because the surveys are new and unfamiliar) and therefore being used to a limited

degree. The data shown in figures 7 and 8 below indicates that perhaps there is truth in both explanations as just over half of the respondents agree with the statement that "the survey is a good fit with local research priorities" (ASCS N = 51/91 [3 strongly agree; 48 agree]; PSS SACE N = 56/91 [6 strongly agree; 50 agree]) and only a third maintain that "the survey questions are not useful for informing policy and practice" (ASCS N = 31/91 [4 strongly agree; 27 agree]; PSS SACE N = 27/91 [2 strongly agree; 25 agree]). Or put another way, whilst the data from the surveys are seen as informative by the majority of respondents, it is often the case that it does not completely fulfil local research needs and priorities.

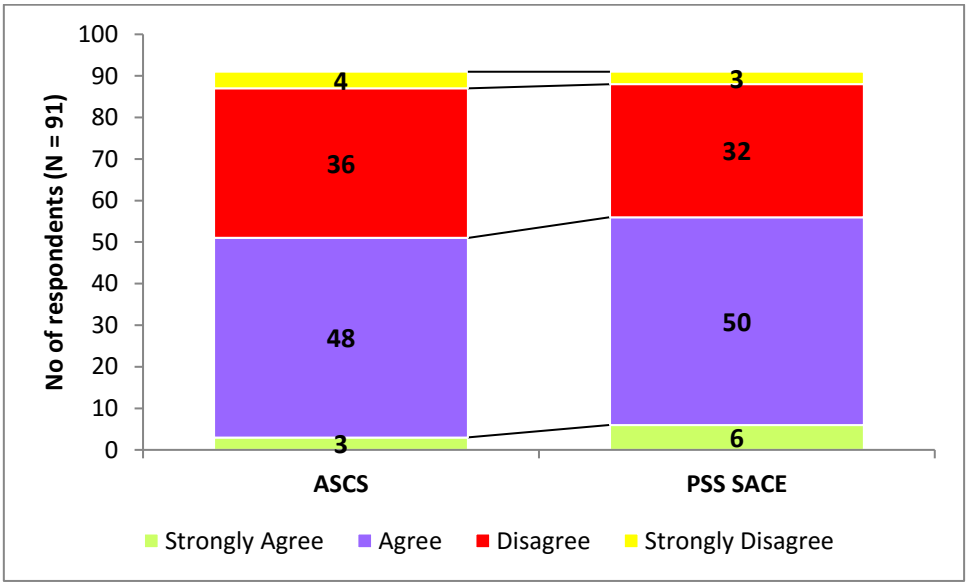

Figure 7: the survey is a good fit with local research priorities (N = 91)

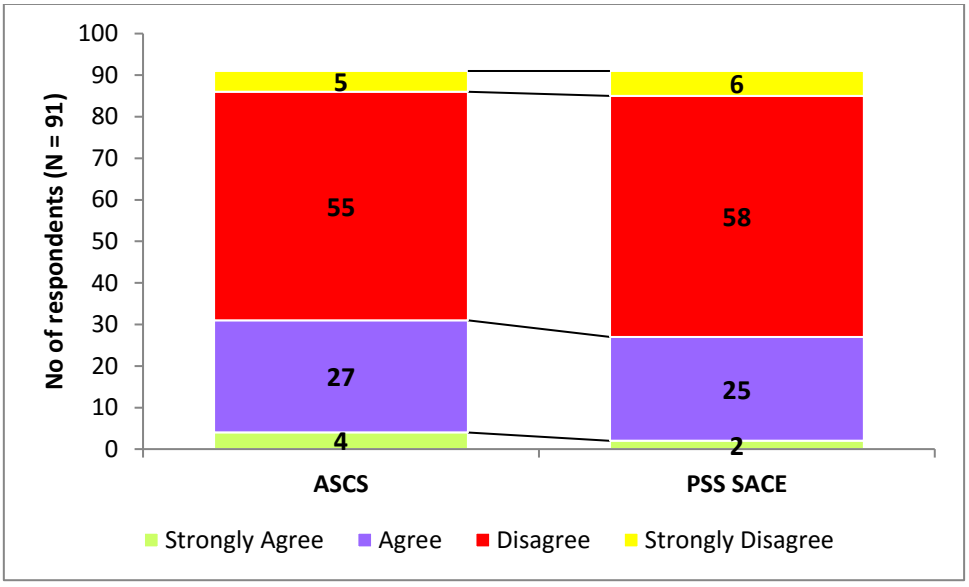

Figure 8: the survey questions are not useful for informing policy and practice

SO, WHAT DO THESE FINDINGS TELL US?

Despite the positive views of most of the online survey respondents, and the reported widespread use and impact of the ASCS and PSS SACE data on local policy and practice, it is clear that many, if not all, experience barriers. There is room for improvement and we will explore the difficulties faced by local authorities in our next blog.

It is important to note that the majority of the online survey respondents were from analytical or performance teams and we would perhaps expect these staff to be more positive than others (e.g. front line staff) about the survey. We touch on this issue in our next blog, but we are exploring differences in opinion within local authorities more thoroughly through interviews with staff, which are now underway.

While you are waiting for our next blog, why don't you let us know what you think of these results? Do you agree with the respondents to our survey? Or perhaps you have something else to add?

Disclaimer:

The research on which this blog is based was funded by the Department of Health and undertaken by researchers at the Quality and Outcomes of Person-centred Care Research Unit (QORU). The views expressed here are those of the authors (the MAX project team) and are not necessarily shared by any individual, government department of agency.