



## **Further analysis of ASCS and PSS SACE data: Case studies of local authority (LA) practice**

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The Policy Research Unit in Quality and Outcomes of person-centred care (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.

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## **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.

This report is 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](http://www.maxproject.org.uk) or by emailing the project team [maxproject@kent.ac.uk](mailto:maxproject@kent.ac.uk)



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## Introduction

The Maximising the value of survey data in adult social care (MAX) project aims to develop toolkits, with local authority (LA) staff where possible, to encourage and support LAs to make more use of data drawn from the ASCS and PSS SACE<sup>1</sup> to inform local policy and practice. The initial fact-finding phase (MAX Phase 1) activities aimed to:

- Learn more about how LAs currently use ASCS and PSS SACE data, including identifying local practices and barriers;
- Identify potential uses of the data to inform local decision-making;
- Inform the development of a toolkit to support LAs to make better local use of the data.

Along with two analysis and interpretation consultation panel workshops conducted early in the second phase of the project, 139 staff from 95 LAs have so far taken part in MAX.

In summary, the findings from these activities demonstrate that LAs generally seem to value the ASCS and PSS SACE and, to some extent, are using the views of service users and carers to inform local service planning and delivery. However, there were several challenges. One of these, identified by just over half of the LAs, concerned analysing the survey data and interpreting the findings to address local questions. A number of barriers seem to underlie this challenge, including difficulties with:

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

While some LAs find analysing ASCS and PSS SACE data challenging, others are carrying out local statistical analysis, over and above those required for national (ASCOF) reporting. The case studies reported here describe how three local authorities have used and analysed the ASCS and PSS SACE data to support local decision-making. In turn, the case studies will be used to inform the development of 'how to' guides and tools to help LAs analyse and interpret survey data, as well as report and interpret analysis findings.<sup>2</sup>

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<sup>1</sup> The ASCS (Adult Social Care Survey) and PSS SACE (Personal Social Services Survey of Adult Carers in England, more commonly referred to as the Carers Survey) are national surveys of social care service users and adult carers in England, respectively. They capture information about the quality of life of these groups of people, and their experiences of social care services. The surveys are run by all LAs in England and are part of the annual data returns to the Health and Social Care Information Centre (HSCIC). Some of the questions in the survey are used to populate indicators within the Adult Social Care Outcomes Framework (ASCOF). To find out more about these surveys, please visit [www.hscic.gov.uk](http://www.hscic.gov.uk).

<sup>2</sup> A full discussion of local issues and practices – and how they will be used to inform the toolkits – is provided in the MAX working paper, which is available on the project website [www.maxproject.org.uk](http://www.maxproject.org.uk)

## Methods

### Sample

Eight case study areas were initially selected using data collected during the fact-finding stage of the project (see Table 1).

Table 1: Fact-finding (Phase 1) research methods

Activity	When	Details
Document analysis	Apr-Oct 2013	Review of 46 reports based on survey data produced by 18 councils for internal and external circulation
Online survey	Jun-Jul 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 the online survey: 30 staff from 16 LAs participated.

### Development of further analysis case studies

**Draft case studies:** The project team selected a sample of eight LAs based on their use of ASCS and PSS SACE data (see Appendix 1) as reported during Phase 1. Draft case studies for each LA were produced by two MAX team members to describe specific examples of further analysis using 'what', 'why' and 'how' questions (see Table 3 in Appendix 3). The team reviewed the eight draft case studies and selected three to inform the MAX toolkits.

**Full case studies:** We contacted the three LAs to gather more information about how they used and analysed ASCS and PSS SACE data. Telephone interviews were held with two LA contacts (recorded but not transcribed), and the third completed the case study form by email. Appendix 4 contains anonymised versions of the case studies, agreed by each LA.

### Ethics

The Social Care Research Ethics Committee (SCREC) approved the amendments to the overall MAX project plan and the associated paperwork in December 2014.

### Emerging themes

The case studies undertaken in three LAs illustrate how and why some LAs are going beyond just describing results using, for example, frequencies or percentages. The case studies demonstrate that by conducting further analyses such as cross-tabulations, and drawing on respondent feedback and other sources of supplementary data, ASCS and PSS SACE data can inform local policy and practice. Furthermore, the themes that emerged during the development of the case studies support those explored during the analysis of the Phase 1 data. These are summarised in Figure 1 below.

Figure 1: Local practices that that can enhance the local value of ASCS and PSS SACE data



## Modifying the survey

Two case studies demonstrate the value of modifying the ASCS and PSS SACE by adding questions or comments boxes to meet local research needs. For example, LA B included three questions about the relative importance of particular services and supports to explore the concurrent retendering of carers' services. LA C included an additional comments box following the satisfaction (Q1) and safety (Q7) questions in the ASCS to establish reasons underlying responses to the questions. Such modifications can help ensure that the ASCS and PSS SACE provide locally useful information. They also provide an insight into the scope of questions that could be included in future surveys.

The proposed MAX tools will provide guidance on the research areas that could be explored by including additional questions in the surveys.

## Conducting further analysis

Two case studies show how sub-group analysis using basic statistical techniques can be used to explore relationships between responses to questions and specific cohorts of care recipients. For example, LA C carried out sub-group analysis to examine the variables that influence feelings of safety and social care-related quality of life (SCRQOL).<sup>3</sup> The findings were reported to the senior management group. LA B presented ASCOF scores at a district level to explore variations around performance, and identify areas of unmet needs and local practice. The findings were used as a springboard for discussions about potential causes for the variations and possible action.

While all three case studies provide some insight into how the data could be analysed to reduce outcome variation between cohorts of participants, advanced statistical techniques were not used. Multivariate regression analysis could highlight the statistically significant predictors of SCRQOL (for example, client group and area differences), after accounting for both individual-level factors (such as age, ethnicity, dependency levels) and local authority factors (perhaps local employment and wage rates, and perceived health at the CASSR<sup>4</sup> level). The findings could provide LAs with a better insight into the differential responses between separate cohorts of care recipients.

The proposed 'how to' MAX tools will provide guidance on:

- Navigating the survey data and conducting analysis;

<sup>3</sup> SCRQOL stands for Social Care Related Quality of Life and refers to 'those aspects of people's quality of life that are relevant to, and the focus of, social care interventions' [see [www.pssru.ac.uk/ascot/index.php](http://www.pssru.ac.uk/ascot/index.php)].

<sup>4</sup> Council with Adult Social Services Responsibility

- Identifying research questions from specific types of basic statistical analysis, which can lead to more complex modelling techniques; and
- Interpreting findings and presenting results graphically.

### **Referring to supplementary sources**

Thematic analysis of respondents' comments can enhance findings from statistical analysis. All three case studies illustrate the value of combining qualitative and quantitative findings. For example, qualitative analysis of PSS SACE data in LA A highlighted issues with externally commissioned services and showed that respondents' last contact with adult social care shaped their response choices. The results were fed back to various LA A teams, including contracts and commissioning personnel. LA B explored the qualitative responses to the survey data alongside LA records to explore reasons behind respondents' low ratings of service impact on their feelings of safety. This LA also combined ASCS information and other local data to explore the links between rural living, social isolation and poor transportation.

These examples provide an insight into the way combining data can highlight potential solutions to local issues and facilitate interpretation of findings. The MAX tools will provide guidance on how to use supplementary sources alongside ASCS and PSS SACE data.

### **Engagement with LA staff throughout the survey process**

The benefits of survey administrators and/or analysts engaging with key LA stakeholders (such as managers and commissioners) *before* survey distribution and *throughout* the process have also been highlighted by all three case studies. For example, meetings in LA B during the early administrative phase of the survey process helped staff to identify the questions to add to the PSS SACE. The added questions helped to fulfil local research and analysis priorities, and supported the concurrent re-tendering of carers' services. Meetings held after the circulation of the ASCS headline reports helped personnel in LA A identify further analysis of potential value to different service areas. In LA C, consultations between the lead analyst and carers' commissioner throughout the data collection and analysis phases of the PSS SACE survey resulted in further analyses informing commissioning/service improvements. A clear report of the main survey findings is essential to engaging LA staff.

The planned MAX tools will outline methods to convey results in a clear and concise way for a range of audiences within the LAs.

### **Conclusions and next steps**

Overall, the case studies provide an insight into how three LAs have used and analysed the ASCS and PSS SACE data, alongside supplementary data, to inform and support local decision-making. The MAX team will use this information to help develop 'how to' guides and tools that will support LA staff during the analysis and interpretation phases of the survey process. The tools will be tested and refined, in collaboration with consultation panel workshops planned for 2015.

## **Appendix 1: selection criteria for further analysis case studies**

### **Draft case studies**

The case selection was based on Phase 1 evidence, summarised in activity-specific MS Excel spreadsheets.

The selection was initially driven by the findings of the document review (46 reports submitted by 18 LAs). Eight LAs included details of further analysis in their reports, either exploring the relationships between variables and/or differences between groups (N = 7) or district-level analysis (N = 1).

The summary of the telephone interview analysis (30 staff from 16 LAs) was then consulted. Six LAs were selected where staff (n=9) had made reference to further analysis – categorised as 'drilling down into the data' under the Facilitators and Solutions node. This includes one LA where further analysis was not mentioned in the reports submitted for review, and four LAs that had not submitted any reports to the document review.

Finally, the responses to the MAX online survey (100 responses from 83 LAs) were reviewed. LAs were selected where LA staff stated that data was used 'a lot' in their organisations (ASCS: 13 staff from 12 LAs; PSS SACE: 16 staff from 12 LAs) or could provide examples of the local use of data to inform policy and practice (32 examples from 29 LAs). Due to the high number of online survey responses selected, only those who provided further data through the telephone interviews and/or document review were included.

Eight LAs were identified as having sufficient data by this selection process (see Table 2) and draft case studies were compiled.

### **Full case studies**

The eight draft case studies were reviewed by the MAX project team and three were selected for follow up based on the following criteria:

- The potential value of the specific analysis example to inform local policy and practice
- The comprehensiveness of the data drawn from Phase 1 to illustrate the example

Three LAs were identified as a result of this selection process.

The full case selection is summarised in Table 2 below.



Table 2: the case selection process

LA	DA	TI	Online Survey			Reason for exclusion	Case study	
	Further analysis	Further analysis	ASCS used a lot	PSS SACE used a lot	Examples of local use		Draft	Full
LA 1			Y	Y		Insufficient data		
LA 2					Y	Insufficient data		
LA 3	Y				Y			
LA 4	Y					Insufficient data		
LA 5			Y	Y		Insufficient data		
LA 6					Y	Insufficient data		
LA 7	Y						Y	
LA 8	Y				Y		Y	Y
LA 9					Y	Insufficient data		
LA 10			Y	Y		Insufficient data		
LA 11					Y	Insufficient data	Y	
LA 12	Y	Y	Y	Y	Y		Y	Y
LA 13			Y	Y	Y	Insufficient data		
LA 14		Y	Y	Y			Y	Y
LA 15					Y	Insufficient data		
LA 16					Y	Insufficient data		
LA 17		Y				Insufficient data		
LA 18					Y	Insufficient data		
LA 19					Y	Insufficient data		
LA 20	Y				Y	Insufficient data		
LA 21		Y	Y	Y	Y		Y	
LA 22			Y	Y			Y	
LA 23					Y	Insufficient data		
LA 24					Y	Insufficient data		
LA 25		Y				Insufficient data		
LA 26			Y	Y	Y	Insufficient data		
LA 27	Y		Y	Y		Insufficient data		
LA 28					Y	Insufficient data		
LA 29					Y	Insufficient data		
LA 30					Y	Insufficient data		
LA 31			Y	Y	Y	Insufficient data		
LA 32					Y	Insufficient data		
LA 33					Y	Insufficient data		
LA 34	Y					Insufficient data		
LA 35					Y	Insufficient data		
LA 36					Y	Insufficient data		
LA 37					Y	Insufficient data		
LA 38		Y	Y	Y	Y		Y	
LA 39					Y	Insufficient data		
LA 40					Y	Insufficient data		
<b>Total</b>	<b>8</b>	<b>6</b>	<b>12</b>	<b>12</b>	<b>29</b>		<b>8</b>	<b>3</b>

## Appendix 2: Participant information sheet

### Maximising the Value of Survey Data in Adult Social Care (MAX)

#### Information sheet for phase 2 telephone interviews

Thank you for your interest in the Maximising the Value of Survey Data in Adult Social Care (MAX) project and for participating in our fact-finding (Phase 1) research activities; your time and contribution is much appreciated. We have noted from the evidence you provided during these activities that you conducted further analysis on the data drawn from the Adult Social Care Survey (ASCS) and/or Personal Social Services Survey of Carers in England (PSS SACE) and would like to develop a short case study of this analysis that can be used to inform the developing toolkits and, where permitted, be shared with local authority (LA) colleagues, in either an anonymised or non-anonymised form, via the project website and the final toolkits. For this purpose, we would like to invite you to engage in a short telephone interview to provide further details about the purpose and value of this further analysis. Before deciding on whether you would like to take part in this interview, please read this information sheet and feel free to contact us at [maxproject@kent.ac.uk](mailto:maxproject@kent.ac.uk) if you have any questions.

#### About MAX

The MAX project is funded by the Department of Health and is being conducted by researchers at the Quality and Outcomes of person-centred care Policy Research Unit (QORU), based at the University of Kent and the London School of Economics and Political Science (LSE), and the Health and Social Care Information Centre (HSCIC). MAX has been reviewed and approved by the Social Care Ethics Committee (SCREC) and runs from January 2013 to December 2015.

The project aims to support LAs in translating Adult Social Care Survey (ASCS) and Personal Social Services Survey of Carers in England (PSS SACE) data into meaningful results. This will be achieved by working collaboratively with LAs to produce two toolkits – one for each survey – containing practical guides and time-saving tools (e.g. report and chart templates) that will help analysts and managers use the survey results to guide local policy-making and therefore meet the national policy aim of using the ASCOF indicators to promote improvement locally. 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 LAs who will use them, a mixed-methods approach is being employed to gather information from as many individuals/organisations as possible. The case studies of further analysis are one element of this strategy and are being produced during the ‘toolkit development’ phase (of the project).

#### Case studies of further local analysis

The purpose of the case studies is to describe the types of further analysis (e.g. cross-tabulations to explore relationships between survey variables or differences between respondent groups) individual local authorities (LAs) have previously conducted on ASCS and PSS SACE data. Dissemination of the analysis both within and beyond the organisation will also be explored.

These case studies will be used to inform the developing toolkits but will also be shared with LA colleagues (e.g. via the project website and final toolkits) in either anonymised or non-anonymised form where permitted. Draft case studies will be developed for three organisations and will be based on Phase 1 data.

## Phase 2 telephone interviews

**Purpose:** the purpose of the telephone interviews is to ‘fill the gaps’ in these draft case studies and to provide opportunities for the interviewee to amend the drafts and provide additional information that he/she feels may be of value and/or interest.

**Participant requirements:** the telephone interview will be semi-structured and, lasting no longer than 30 minutes, will be based loosely on the following questions:

- Why were further analysis conducted (i.e. what was the purpose of the analysis)?
- Who initiated the analysis?
- At what stage in the survey process (e.g. pre-survey circulation, analysis) was the analysis initiated?
- What analysis was conducted (e.g. cross-tabs, thematic analysis) and on what survey/survey questions?
- Were additional questions or comments boxes added to facilitate analysis?
- Were supplementary data used to facilitate interpretation?
- How was the analysis used (e.g. for strategic planning, service improvement, commissioning)?
- Did the intended recipient of the analysis find the data useful?
- Has the analysis been reported (e.g. in an internal or external document)?

The telephone interview will be recorded but not transcribed. If you decide to participate, a member of the MAX project team will contact you to arrange a mutually convenient time and answer any questions you may have. The draft case study will then be emailed to you in advance of the interview to allow you to prepare. The same team member will conduct the interview and, prior to commencing, will read out the relevant project information to you and seek verbal consent to take part and be recorded.

**Not enough time to participate?** We would like to complete these interviews by Friday 9<sup>th</sup> January 2015 and appreciate that you may not have the time or opportunity to participate within this timescale. In this instance, we would be happy to accept your responses via email and can discuss this option with you at a convenient time.

Participation is not compulsory and you have the right to withdraw your consent to take part in this telephone interview at any time. So even if you have already stated that you are willing to engage in this research activity, you can change your mind.

**Taking part in this telephone interview, or choosing not to, will not affect your employment**

## Data Protection and Participant Confidentiality

The MAX project team are committed to maintaining participant privacy and confidentiality at every stage of the research process and, through their respective organisations (the University of Kent and LSE), are registered and compliant with the Data Protection Act (1998). The storage, access, processing and dissemination of personal information received during the MAX project are controlled by rigorous administrative and security procedures, designed by the research team to minimise the risk of respondents being identified from the information they provide. The data collected during the telephone interviews will be used to inform the developing toolkits and, where permitted, will be shared with other local authority colleagues via the project website and in the final toolkits. All files will be stored in password-protected and encrypted folders, only accessible to the MAX Project team, and personal information (e.g. name, organisation) will only be reported in the final case studies if permitted by the contributor. Full details of the MAX project privacy policy are available on the project website (<http://www.maxproject.org.uk/max-privacy-policy/>)

### Risks and Benefits of Taking Part

The telephone interview gives you an opportunity to highlight the analysis strategies that you have previously implemented to maximise the use of ASCS and PSS SACE data within your organisation. The case studies produced as a result of these interviews – and the Phase 1 data – will feed into the development of the MAX toolkits and, as a consequence, will help to ensure that they meet your requirements. Participants will not be paid for taking part.

### Further Information

Further information about MAX can be found on the project website [www.maxproject.org.uk](http://www.maxproject.org.uk)

If you have any other questions or concerns (e.g. on how your data will be stored and used) that need answering or addressing before you decide on whether to take part in this online survey, please contact Clara Heath at the University of Kent on 01227 823963 or at [maxproject@kent.ac.uk](mailto:maxproject@kent.ac.uk)

### Concerns or Complaints about the MAX Project

Issues or complaints about the MAX project can be directed to the QORU Director

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

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## Appendix 3: questions addressed by case studies of further analysis

The MAX project team attempted to answer the following questions in each example of further analysis provided in the case studies. The comprehensiveness of given examples was determined by the available data and, in some instances, the feedback processes within the LA.

Table 3: Questions addressed in the examples of further analysis provided in the case studies

Questions	
What	What analysis was conducted (e.g. cross-tabs, thematic analysis) and on what survey/survey questions? Were additional questions or comments boxes added to facilitate analysis? Were supplementary data used to facilitate interpretation?
Why	Why were further analysis conducted (i.e. what was the purpose of the analysis)? Who initiated the analysis? At what stage in the survey process (e.g. pre-survey circulation, analysis) was the analysis initiated?
How	How was the analysis used (e.g. for strategic planning, service improvement, commissioning)? Did the intended recipient of the analysis find the data useful? Has the analysis been reported (e.g. in an internal or external document)?

## **Appendix 4: the case studies of further analysis**

## LOCAL AUTHORITY A

All analysis was initiated by stakeholder group<sup>5</sup> after the preliminary review of headline results.

<b>Example 1</b> PSS SACE 2012/3	<b>Further analysis</b>	Relationship between responses to quality of life questions explored and combined with respondent comments.
	<b>Purpose</b>	To identify the consistency of responses (i.e. whether the same people were reporting fulfilled or unmet needs on all QOL domains rather than just some), the proportion of respondents who have either no or a full quality of life, and also possible reasons underlying response choices.
	<b>Use of findings</b>	Analysis highlighted issues with externally commissioned services and indications that respondents' last contact with adult social care shaped their response choices. Results fed back to various teams/projects within LA (including contracts, commissioning and customer insights project) to inform future procurement and identify areas of unmet need and local practice.
<b>Example 2</b> PSS SACE 2012/3	<b>Further analysis</b>	Respondent comments mapped onto TLAP statements where possible and rated as positive, negative and neutral [note: some comments were assigned under multiple statements and others were categorised separately].
	<b>Purpose</b>	To identify areas of concern (as measured by multiple complaints about the same issue) and instances of local practice and/or service improvement. Also used to explore reasons underlying regional variations.
	<b>Use of findings</b>	Respondent comments fed back to Customer Insight group who are also using TLAP statements to map all customer feedback received by the LA and intend to promote the use of findings to inform strategic planning.
<b>Example 3</b> ASCS 2012/3	<b>Further analysis</b>	Analysis of respondent comments about direct payments (DPs) and benchmarking of ASCOF scores of respondents in receipt of DPs against comparator organisations.
	<b>Purpose</b>	To explore and find evidence of the benefits of DPs, and also initiate discussions with other LAs who, based on their ASCOF scores, appear to be having success with implementing DPs.
	<b>Use of findings</b>	To promote a culture change/increase in service users having a DP

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<sup>5</sup> Group consists of representatives from performance, community engagement, commissioning and contracts and, for ASCS, team managers.



## LOCAL AUTHORITY B

<b>Example 1</b> ASCS 2011/2 + 2012/3	<b>Further analysis</b>	ASCOF scores broken down by district to facilitate comparisons in service user reported outcomes. Additional random samples were collected to facilitate such analysis.
	<b>Purpose</b>	To explore district variations (e.g. inconsistencies around performance and outcomes) and identify areas of unmet need/local practice and specific issues for each district (e.g. for commissioning purposes)
	<b>Use of findings</b>	Results shared internally and externally (e.g. with regional group) and served as a springboard for discussions about probable causes for differences and possible actions.
<b>Example 2</b> ASCS 2011/2 + 2012/3	<b>Further analysis</b>	Low ratings of service impact on feeling safe linked back to respondent comments provided in the surveys and also to LA records (e.g. practice data, file audits)
	<b>Purpose</b>	To identify the reasons underlying reported low impact of services and to establish remedial actions
	<b>Use of findings</b>	Findings indicated that people did not know that they had gone through a safeguarding process and led to changes in practice (e.g. making people aware of the process)
<b>Example 3</b> ASCS 2011/2 + 2012/13	<b>Further analysis</b>	Findings from ASCS combined with LA data to explore links between rurality, social isolation and poor transportation. Analysis initiated by district manager (with commissioning responsibilities)
	<b>Purpose</b>	To explore the types of additional services that could be provided in smaller towns (e.g. extra housing schemes with health clinics and information, meeting points) to create opportunities for social activity and inclusion.
	<b>Use of findings</b>	Findings fed into a project on developing assets in the local community and were used to inform commissioning and future service design.
<b>Example 4</b> PSS SACE 2012/13	<b>Further analysis</b>	Analysis of responses and feedback to additional questions about the importance of particular services and forms of support.
	<b>Purpose</b>	To establish service user thoughts about existing services and the kinds of services they would like to receive in the future.
	<b>Use of findings</b>	Comments highlighted issues with contingency and emergency plans for carers and were fed into the audit process to improve operations. Findings also used to inform the re-tendering of carers' services

## LOCAL AUTHORITY C

All ASCS analysis was initiated by analyst after review of headline results. Analysis of both surveys disseminated internally (via management report).

<b>Example 1</b> ASCS 2012/3	<b>Further analysis</b>	Cross tabulations of responses to safety question (with service impact (Q7b), self-rated health (Q13), and SCRQOL (Q3-9, 11). Positive rating of safety and service impact <sup>6</sup> also analysed by primary client group and compared with national findings. Feedback provided by comments box added to Q7 analysed thematically.
	<b>Purpose</b>	To explore the variables which may influence feelings of safety and also to investigate the reasons behind discrepant safety results obtained in a local survey.
	<b>Use of findings</b>	Emerging themes (e.g. fear of falling and neighbourhood) used to inform the development of action plans/service improvements by Safeguarding Adults Board and shared publicly in the Local Account report.

<b>Example 2</b> ASCS 2012/3	<b>Further analysis</b>	Responses to satisfaction question cross tabulated with SCRQOL (Q3-9, 11) and also broken down by primary client group. Feedback provided by comments box added to Q1 analysed thematically.
	<b>Purpose</b>	To explore the variables which may influence ratings of satisfaction
	<b>Use of findings</b>	Findings (e.g. the impact on the way people are treated) disseminated internally to a senior management group meeting.

<b>Example 3</b> ASCS 2012/3	<b>Further analysis</b>	A series of cross-tabulations of SCRQOL composite score quartiles (the bottom two quartiles collapsed together) with ease of finding information (Q12), general health (Q13), whether home meets needs (Q17), and the two dignity questions (Q10 and 11). SCRQOL outcomes (Q3-9,11) and experience and value of social care (as measured by most positive ratings of satisfaction (Q1), service impact (Q2b, 3b, 7b), effect of treatment (Q11) and ease of finding information (Q12)) also explored by primary client group.
	<b>Purpose</b>	To investigate why improvements in satisfaction, but not quality of life, were noted in year-on-year comparisons, and also to examine factors influencing SCRQOL.
	<b>Use of findings</b>	For ongoing long-term strategic monitoring of changes in SCRQOL over time. Disseminated internally to a senior management group meeting and selected results shared publicly in the Local Account report.

<b>Example 4</b> ASCS 2012/3	<b>Further analysis</b>	Reablement service users filtered out and their outcomes data analysed.
	<b>Purpose</b>	To evaluate the reablement service (requested by Head of Service).
	<b>Use of findings</b>	The number of cases too small for conclusive findings. Thus, a local qualitative survey evaluating and monitoring the service developed and run regularly. Some ASCS questions are included to facilitate a comparison with users of long-term services.

<sup>6</sup> The most positive answers to the safety question ('I feel as safe as I want') and positive responses to service impact question ('Yes' responses to 'Do care and support services help you in feeling safe?'), which constitute ASCOF outcomes measures 4A and 4B respectively, were used in this analysis.

<b>Example 5</b> <b>PSS SACE 2012/13</b>	<b>Further analysis</b>	A series of cross-tabulations based on most positive ratings of satisfaction (with carer disability, age and ethnicity (Q21-2, 24), feeling involved and consulted (Q15), ease of finding and helpfulness of information (Q13-4). Results linked to LA held records (joint or separate assessment). Similar cross tabulations carried out for most positive ratings of 'feeling involved' and ease of finding information questions (cross tabulations with how many years spent on supporting the cared-for person [Q18], feeling supported as a carer [Q12], and demographics [as above]) and linked to LA-held records (joint or separate assessment).
	<b>Purpose</b>	To identify factors related to positive carer outcomes as measured by ASCOF.
	<b>Use of findings</b>	Informed commissioning/service improvements