

BLOG 2: THE FACTORS THAT AFFECT LOCAL AUTHORITY USE OF ADULT SOCIAL CARE AND CARERS DATA

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

TIME AND RESOURCES

The respondents were divided over whether time and resources were an issue but it is clear from the data shown in Figure 1 below and the comments provided in the online survey that both factors – in particular, time act as barriers to making full use of the survey data for many local authorities. Over half of the respondents maintained that their organisation dedicate sufficient resources (e.g. relevant support staff, such as data inputters, and the unrestricted use of appropriate software and analytical tools) to help them analyse and report data for local purposes (ASCS N = 50/91 [11 strongly agree; 39 agree]; PSS SACE N = 51/91 [11 strongly agree; 40 agree]). Slightly less than half of the respondents, however, asserted that they are not given adequate time to analyse and report the data for local use (ASCS & PSS SACE N = 43/91 [8 strongly agree; 35 agree]).

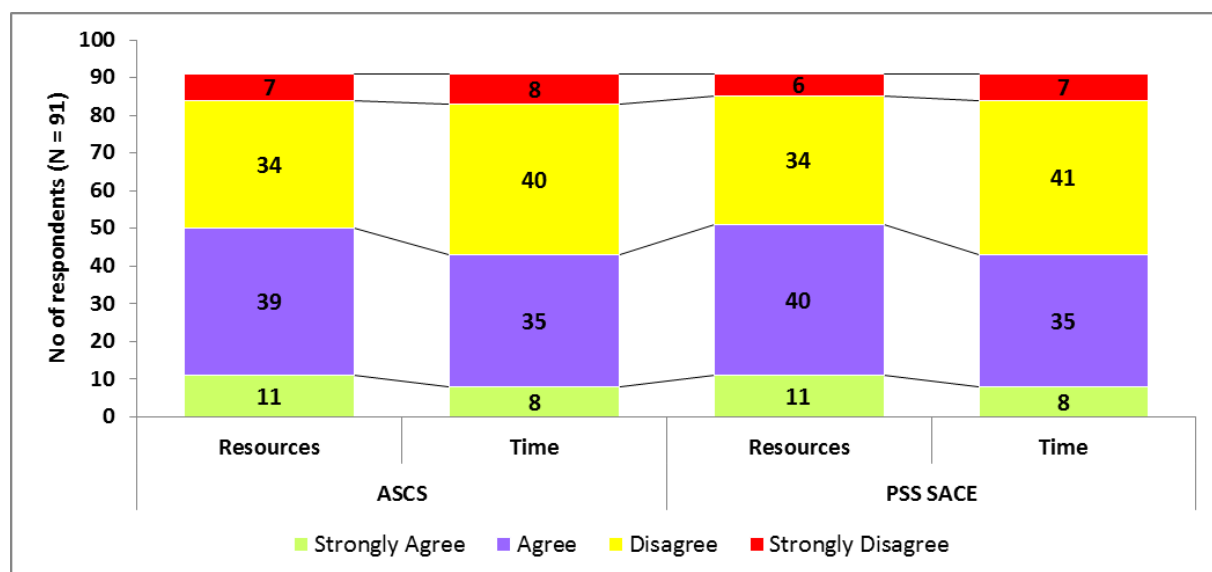


Figure 1: Time and resource issues by survey type (N=91)

[Time: My organisation dedicates sufficient resources to analyse and report data (beyond what is required for completing the data return); **Resources:** There is adequate time to analyse and report the data (beyond what is required for completing the data return)]

Of the considerable number of respondents who disagreed with the statement that “my organisation dedicates sufficient resources to analyse and report the data (beyond what is required for completing the data return)” (ASCS N = 41/91 [7 strongly disagree; 34 disagree]; PSS SACE N = 40/91 [6 strongly disagree; 34 disagree]), access to specialist software, such as SPSS, and to suitably trained analysts (needed to fully utilise the data by cross-tabulating questions and identifying statistically significant relationships between variables) was frequently cited as the specific resources lacking. Interestingly, several respondents, whilst noting time and/or resource issues, highlighted the value of having a dedicated person to take ownership of the data and ensure that comprehensive analysis was conducted. Whilst many organisations would struggle to allocate a member of their team to this role on a full time basis, the assignment of these responsibilities to a single person (as opposed to a team or a number of people) may help to optimise existing resources.

Of the even larger group of respondents who do not feel they are given adequate time to analyse and report the data (ASCS N = 48/91 [8 strongly disagree; 40 disagree]; PSS SACE N = 48/91 [7 strongly disagree; 41 disagree]), many commented on the time-consuming nature of the activities associated with the surveys (e.g. the cleaning of the data, the compilation of results into spreadsheets). The administration of the survey itself, for example, was identified as a factor that affected other aspects of the survey process: *“it is so time consuming and resource intensive to administer the survey that the most important part (the results) often warrants less attention”*. The regularity of both the ASCS and PSS SACE was also noted on numerous occasions, with some respondents claiming that both were conducted too frequently – and should, perhaps, be carried out on alternate years (although, as we discuss below, for different reasons other respondents stated that the surveys were not frequent enough). Finally, numerous respondents stressed the fact that operational staff and managers were too busy dealing with day to day demands and managing multiple, and often conflicting, priorities to give the survey analysis the attention it required. At this stage of the project, therefore, it is unclear whether the reported time barriers are due to the surveys, the excessive pressures placed on LA staff or a combination of both.

STAFF GROUPS DIFFER IN THEIR SUPPORT OF AND INTEREST IN THE SURVEYS

According to the online survey respondents, senior managers and analysts / research staff are generally very supportive of the ASCS and PSS SACE: the majority rejected the statement “senior management does not see the value of using the surveys” (ASCS N = 70/91 [14 strongly disagree; 56 disagree]; PSS SACE N = 72/91 [14 strongly disagree; 58 disagree]) and also maintained that “the survey is seen as important by analysts / research staff” (ASCS N = 82/91 [17 strongly agree; 65 agree]; PSS SACE N = 71/91 [16 strongly agree; 65 agree]). Front line staff, however, did not appear to share this enthusiasm and were considered by over half of the respondents to not be interested in the surveys (ASCS N = 55/91 [6 strongly agree; 49 agree]; PSS SACE N = 48/91 [4 strongly agree; 44 agree]). The internal reporting of the purpose of and results from the surveys were problematic for some organisations: for instance, “although front line staff are interested in the survey, they may not always be aware of where to find results or how this information has been used”. This may serve to explain to some extent this lack of interest among certain local authority staff.

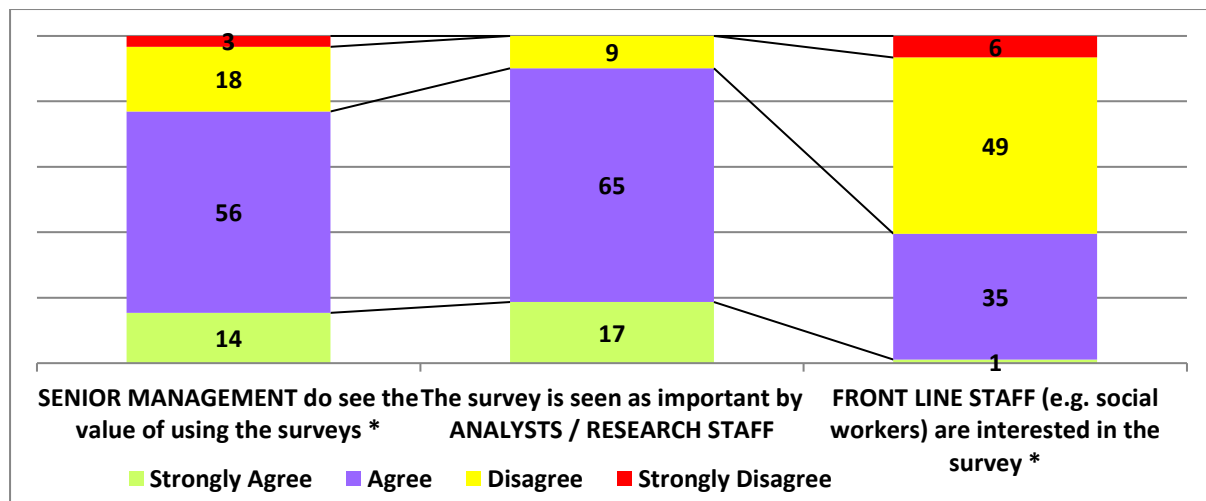


Figure 2: Comparison of interest in and support of the ASCS by staff group (N = 91). Please note that scales marked * have been reversed to facilitate graphical comparisons

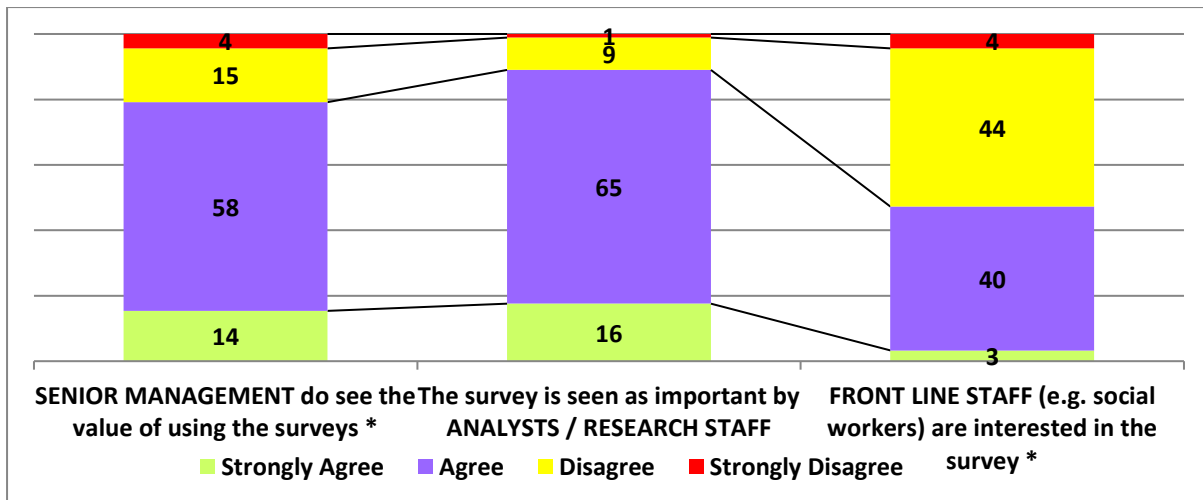


Figure 3 Comparison of interest in and support of the PSS SACE by staff group (N = 91). Please note that scales marked * have been reversed to facilitate comparisons

Whilst senior managers and analysts / research staff are generally supportive of both surveys, it appears that front line staff are more interested in the PSS SACE than the ASCS (43/91 and 36/91 respondents disagreed with the statement that front line staff were not interested in the PSS SACE and ASCS respectively). It is not clear from the supporting comments why this may be. The differences in the level of in support for each survey will be explored further in the follow up telephone interviews.

LIMITATIONS OF THE SURVEY DATA

Many of the online survey respondents provided detailed descriptions of the factors that prevent or enable them from making full use of the ASCS and PSS SACE data. These comments highlight a number of perceived limitations associated with the survey method and questionnaire – broad questions, fit with performance monitoring schedules, timeliness, ethical concerns, sample size for in-depth analysis, and representativeness. The frequency at which such comments were made would suggest that these issues are a significant barrier to making full use of the survey data. Sampling, confidentiality, timeliness and fit with performance monitoring will be explored separately at the end of this section, but the rest of these issues can be organised into broad themes that focus on: the depth and specificity of the questions; the lack of qualitative data (in the ASCS); and the impact of these shortcomings on interpreting and applying the findings.

THE NATURE OF THE QUESTIONS: TOO BROAD TO BE ACTIONABLE?

Despite a sizeable portion of online survey respondents claiming that the data from the ASCS and PSS SACE feeds into policy and practice within their organisation to some extent (ASCS N= 76/100; PSS SACE = 60/93) or a lot (ASCS: 13/100; PSS SACE 18/100), and “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]) many still felt that the survey questions are too generic and vague, and not sufficiently specific enough to inform changes in policy or practice. For example,

“The intelligence the surveys provides is not, on the whole, sufficiently reliable to be strong evidence for change in practice/policy”

“(ASCS) The broad nature of questions leads itself to being interesting / informative around certain policy issues. However, for practice related feedback, the questions would need to be more specific”

THE NATURE OF THE RESULTS: NOT ENOUGH QUALITATIVE DATA TO INFORM ACTION?

Similarly, online survey respondents often mentioned the lack of qualitative data provided by the ASCS and PSS SACE, and suggested that additional space for comments be incorporated into the survey design to help local authorities fully understand their results and identify, and be confident with, the actions that they need to take to improve local service delivery and outcomes:

“It is difficult to identify the reasons or triggers as to why respondents answer the way they do”

“It tells us what people think, but not why they think it”

“It is not easy to understand why clients select a certain answer without commentary..... a number of assumptions had to be made which in my view doesn't really help service improvement”.

As several respondents commented on the richness of the data provided by the PSS SACE, it seems that this particular critique is aimed at the ASCS but we will clarify this in the follow up telephone interviews.

INTERPRETING AND APPLYING SURVEY DATA

Due to these methodological issues, many respondents reported experiencing difficulties in translating and applying the survey data to the local context. It seems that many LA staff are understandably wary of taking actions for service improvement based on 'vague' information about the outcome state of service users, and that their preference for more qualitative data may be driven by their need to understand the rationale behind respondents' answers before changing their local practice and / or policy.

"It's too difficult to see what we can do to change outcomes, the survey results only serve as a pointer to problem areas which then need further research to find out the underlying problems.."

"Lack of clarity in interpreting what actions are needed to address poor outcomes"

"The results do not show 'why' people have answered the way that they do which makes it difficult to specifically change policy and practice based around the results of the survey".

Although, it appears from such feedback that respondents had generally negative views about questions focused on outcomes, one respondent noted that the inclusion of such questions, notably those from the Adult Social Care Outcomes Toolkit (ASCOT) [<http://www.pssru.ac.uk/ascot/>]"provides an impetus to understand the results that didn't exist previously". There is clearly a balance to be struck between the types of questions – outcomes-focused, practice-oriented, open responses and closed structured response – contained within the surveys and it may be that the reason the PSS SACE is used more extensively than the ASCS (19% of respondents claimed that their organisations used the PSS SACE "a lot" compared to 13% for the ASCS) is because it strikes the balance better: this survey produces both types of data and contains more practice orientated questions than the ASCS, and is therefore easier to interpret and use as a basis for action. It is worth noting here that local authorities do, in fact, have the option of adding comments boxes and additional questions to both survey designs. Indeed, adding supplementary questions to the surveys was identified by several online survey respondents as a means of producing more

useful data. However, bearing in mind the negative effect that survey length can have on response rates, the decision to add questions needs to be balanced against the need to gather an adequate number of responses.

OTHER LIMITATIONS OF THE SURVEY DATA

Whilst most respondents claimed that their **samples** were sufficiently large to facilitate the required analysis, others felt their samples were too small or not representative of their service user and/or carer population and, as a result, prevented them from breaking down and analysing the survey data by client group or provider.

The **anonymity of respondents** was an issue for some organisations: for example, *“confidentiality requirements have prevented us from drilling down to the source of some issues which have been identified via the survey”*. Whilst local authorities have access to the personal details of the survey respondents (e.g. their name and address) they can only contact them if there is a safety issue or serious concern (e.g. the respondent has indicated that they are being harmed). LAs are sometimes frustrated that they are unable to enquire about particular comments or request the information needed to uncover underlying problems in service provision. The assurances made to respondents about their anonymity when taking part in surveys, often enables them to make remarks they would not feel comfortable making through other feedback methods, so their anonymity should always be preserved, unless a risk of harm is indicated.

The need to remove individuals who lack capacity to respond was highlighted as a problem as *“there is a tension between inclusivity to give service users a voice, if they can respond with help, and removing those who lack capacity”*. Whilst it is currently not feasible to include individuals who lack capacity in the ASCS and PSS SACE, a new project being conducted by QORU *“Developing methods for wider inclusion of people with severe intellectual, communication and cognitive impairments”* (<http://www.qoru.ac.uk/>) hopes to develop tools to enable the experiences of such individuals to be included within survey and other research.

Although as we identified above, from the perspective of having enough time for analysis some respondents felt the surveys were conducted too frequently, from another perspective surveys are not conducted regularly enough. As several respondents noted, performance data is usually monitored on a monthly basis, which means there is not a good **fit between the annual ASCS and biennial PSS SACE data and performance monitoring**

schedules. This can mean the survey data receives less attention than other, more regularly updated data:

“Senior staff are still more comfortable with activity indicators updated monthly, something that gets updated once a year tends not to get noticed”

Timeliness: the delay between conducting the surveys and the release of the full data set by the HSCIC was raised by numerous respondents with one stating that *“the results are seen as no longer relevant by the time they are released and reported to boards”*.

“There is too much of a delay between conducting the survey, and data being released. In reality this means that much of the support for and knowledge of the survey that has been drummed up in the lead up to it and during the fieldwork, has slipped away and the results are seen as no longer relevant by the time they are released and reported to boards”

The actual timings for the surveys were also cited as significant barriers. The results, for example, are received after some local authorities have set their budgets which means that *“instead of (the surveys) informing priorities or spending, they can only realistically tweak them”*. Another respondent referred to the order of the surveys and the time limits imposed on the analysis of the PSS SACE (carers’ survey) by the need to submit the ASCS data return.

SO, WHAT DO THESE FINDINGS TELL US?

In summary, the online survey results discussed thus far suggest that whilst the majority of local authority managers and research staff/analysts both value, and are supportive of, the ASCS and PSS SACE, time and resourcing issues, and the perceived shortcomings of the individual surveys often act as barriers to making use of the data. A wide range of difficulties have been highlighted – as would be expected in the early stages of a project of this kind, which was set up to address particular issues and problems. However, respondents have also provided descriptions of how their local authorities currently use the data. The results suggest there is scope for increasing the use of the survey data and an opportunity for knowledge exchange between organisations (e.g. to share good working practices and ways of overcoming the shortcomings of the survey for local purposes).

Whilst it is beyond the scope of the MAX project to address specific local timing and resourcing issues, there is clearly a need for some form of support and guidance. The MAX team will now explore the ways in which the toolkits developed during the course of the project may be able to provide local authority staff with such help and will discuss some of their provisional ideas for elements of the toolkit in the third blog.

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 can you think of any other barriers or facilitators to making full use of the ASCS and PSS SACE data? 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 or agency.