Personal Social Services
Adult Social Care Survey
England
Information and guidance for the 2016-17 survey year
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1. Introduction

1.1 Local authorities in England with responsibility for providing adult social care services are required to conduct an annual postal survey of their service users. The Personal Social Services Adult Social Care Survey (ASCS) asks questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and well-being.

1.2 Data collected through the survey by local authorities are sent to NHS Digital and are used as the basis of analyses that are included in national level Official Statistics reports. Data are also used to populate several measures in the Adult Social Care Outcomes Framework (ASCOF); see Appendix A: Business case and relationship with ASCOF for further details, and Towards Excellence in Adult Social Care (TEASC)1. These data are expected to be used to inform policy and decision-making at both the local and national level, and to improve care, services and outcomes for local populations.

1.3 The survey is developed in consultation with the Social Services User Survey Group (SSUSG). See paragraph A.7 of Appendix A for more information about SSUSG.

1.4 This guidance document explains how local authority staff should carry out the ASCS, it contains:

- An overview of the survey process including key deadline dates (Chapter 2)
- Information about changes that have been made to the survey as compared to the previous year (Chapter 3)
- Detailed information about what is required at each stage in the survey process including considerations in relation to outsourcing and some additional approaches to maximizing response rates (chapters 4 and 5).
- Links to additional resources for running the survey, including case studies and examples of good practice from local authority staff.
- Details about how to contact the adult social care user survey team at the NHS Digital.

1.5 The information in this guidance document should be read and understood prior to commencing work on the survey. It is essential that the survey is administered in compliance with this guidance in order to ensure high-quality, robust and comparable data are obtained. Any difficulty in adhering to the guidance, or proposals to deviate from it, should be reported to the NHS Digital using the contact details provided in paragraph 1.11.

1.6 More general information about the survey is included in the appendices to the document. This includes:

- The business case for the survey, including uses of the data collected in the derivation of measures for the Adult Social Care Outcomes Framework.
- A glossary of terminology.

1.7 Links to the materials that local authorities will need to use to complete the survey, including the model questionnaires, are included in Appendix G: Survey materials.

1 More information about Towards Excellence in Adult Social Care (TEASC) is available via www.local.gov.uk/adult-social-care.
Further information

1.8 Further information about the ASCS will be made available on the NHS Digital website at: http://content.digital.nhs.uk/ascs1617.

1.9 Further general information about running surveys is available on the NHS Digital website at: http://content.digital.nhs.uk/social-care/running-and-using-surveys. This includes a ‘Question Bank’ of questions used in previous surveys of users of adult social care services.

Learning from other organisations

1.10 There are a number of ways in which local authorities can learn from each other, and from other organisations, in relation to completion of the ASCS:

- NHS Digital hosts a number of best practice examples of how local authorities have administered previous surveys and made effective use of the results. These can be found at: http://content.digital.nhs.uk/social-care/running-and-using-surveys.

- The local authority members of SSUSG are able to facilitate the sharing of knowledge about the surveys, and often have links to regional Association of Directors of Adult Social Services (ADASS). An SSUSG membership list is available at: http://content.digital.nhs.uk/socialcarecollections2016.

- Linking with colleagues in other local authorities, particularly those where survey results and ASCOF outcomes differ.

- The MAX Toolkit, available from www.maxproject.org.uk, is designed to enable local authorities to maximise the value of both the Adult Social Care Survey and the Survey of Adult Carers in England.

Contacting the NHS Digital adult social care user survey team

1.11 The adult social care user survey team at the NHS Digital can be contacted by email (socialcaresurveys@nhs.net) or by calling the NHS Digital contact centre on 0300 303 5678. The preferred method of initial contact is via email.
2. Overview of the survey process

2.1 This survey covers those individuals who were in receipt of a local authority-funded long-term support service, as defined in the Equalities and Classifications Framework for adult social care (EQ-CL)\(^2\) on an extract date chosen by the local authority (i.e. the date on which these data are extracted from local authority information systems). This is the same population of service users as would be reported in table LTS001b of the Short and Long Terms services (SALT)\(^2\) return if this table was populated in relation to the chosen extract date rather than 31 March (see survey dates in ‘Overview of the survey process’ on page 9). These service users make up what is known as the ‘Eligible Population’ for the survey.

2.2 Key dates for the survey are:

- **30 September to 31 December 2016** – on a chosen extract date during this period, councils should extract from their records a list of all service users who were in receipt of a local authority-funded long-term support service, as defined within the EQCL for adult social care.

- **Mid-January to mid-March** – councils should distribute questionnaires (followed by reminders, after three weeks, to non-respondents to ensure a consistent approach to the survey by all councils) to a random sample of service users who are eligible to receive the survey.

- **Mid-March – mid-May** – data from the returned questionnaires should be keyed into the data return file and validated using the data return validator file.

- **10 May 2017** – councils to return their data to NHS Digital.

2.3 Figure 1 below provides a high-level overview of the survey process. It is important however to read all of the guidance before commencing work on the survey and please see ‘Appendix H: Glossary’ for explanations of terminology.

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\(^2\) The latest EQ-CL and SALT guidance and materials can be found at: [http://content.digital.nhs.uk/socialcarecollections2016](http://content.digital.nhs.uk/socialcarecollections2016).
Figure 1: High-level overview of the survey process and associated timescales

- **Determine the requirement to participate and gain management and ethical approval**
- **Finalise questionnaires and materials**
- **Brief care home and supported living managers and check whether service users have the capacity to consent**

These steps need to be completed prior to sending out questionnaires.

- **Extract the Eligible Population data including auxiliary information**

This can be done any time between 30 September and 31 December.

- **Determine the required sample size**
  - **Selecting the primary sample**
  - **Remove and replace users in the sample**
  - **Determine which questionnaire to send to each service user**

These steps need to be completed after the Eligible Population extract has been taken, and prior to sending out questionnaires.

- **Send out and book in questionnaires**
  - **Follow-up**

Questionnaires should be sent out from 16 January 2017 onwards. NHS Digital recommends that fieldwork is completed by 10 March 2017.

- **Transfer questionnaire data to the data return**

- **Validate the data return**

- **Submit data to NHS Digital**

ASCS data for 2016-17 should be submitted to the NHS Digital no later than 10 May 2017.
3. Changes from the previous survey

Changes to guidance

3.1 Aligned content with the recent development in the Survey of Adult Carers in England particularly in Chapter 4 around outsourcing and some additional approaches to maximizing response rates. The potential use of specialist survey software to present the questionnaires has also been included and changes have also been made to include all content relevant to preparing to run the survey in this chapter rather than within appendices.

3.2 The content beyond Chapter 4 has also been reworked into three discrete chapters around extracting the eligible population, administering the survey and submitting the data to NHS Digital.

3.3 The section covering the rationale for the questions and notes on their interpretation has been removed as this is included as part of the methodology document.

3.4 Minor updates and formatting changes

Changes to covering and reminder letters

3.5 The covering and reminder letters have been streamlined to make these more focused and engaging and to ensure respondents are able to access questionnaire content more quickly.

3.6 Minor updates and formatting changes

Changes to questionnaires

3.7 An additional question has been included in the standard versions of the community questionnaire: “Which of the following statements best describes how much choice you have over the care and support services you receive? By ‘choice’ we mean being able to choose from a range of care providers and services and make changes as and when required.”

3.8 Response options are: 1) I do have enough choice over care and support services; 2) I don’t have enough choice over care and support services; and 3) I don’t want or need choice about care and support services. The emphasis was on a simple question that was easy to interpret.

3.9 Minor updates and formatting changes.

Changes to face-to-face interview documents

3.10 Minor updates and formatting changes.

Changes to consent forms

3.11 Minor updates and formatting changes.

Changes to translated materials

3.12 In addition to the fourteen languages provided in previous years, three additional languages have been procured for use in 2016-17 (French, Italian and Tamil). These
were selected as the languages missing from the survey as well as being reported most frequently as first languages within the 2011 census.3

**Changes to data return**

3.13 Changes to reflect additional questions and also to enable all reported health conditions to be captured. Please note, data regarding reported health conditions should be recorded as it appears in council records, and as mandated in the equalities and classification framework: that is, the two mandatory reported health conditions (Autism (excluding Asperger Syndrome / High Functioning Autism), and Asperger Syndrome / High Functioning Autism) must be included for service users where these are flagged, and the remaining conditions are voluntary.

3.14 The ‘Survey Process Information’ worksheet has been augmented to include some additional questions designed to support the data validation process.

3.15 Additionally, the voluntary field previously used for capturing FACS has now been removed as this is no-longer required.

3.16 The way validation checks are flagged has been updated and simplified.
4. Preparing to run the survey

4.1 This section details the main steps that will need to be taken in order to prepare for running the survey. Case studies, examples of good practice and other information shared by local authorities are accessible through the links provided in paragraph 1.9.

**Determine the requirement to participate and gain management and ethical approval**

4.2 The Government is committed to enhancing the contribution of research to health and social care, and to the partnership between services and science. Research is essential to the successful promotion and protection of health and well-being and to modern and effective health and social care services. At the same time, research can involve an element of risk, both in terms of return on investment and sometimes for the safety and well-being of the research participants. Proper governance of research is therefore essential to ensure that the public can have confidence in, and benefit from, quality research in health and social care. The public has a right to expect high scientific, ethical and financial standards, transparent decision-making processes, clear allocation of responsibilities and robust monitoring arrangements.

4.3 It is a condition of the ethical approval for the survey that participating local authorities obtain senior management permission or approval prior to sending out questionnaires to service users. This should be done in accordance with local procedures. It is important that management in each local authority are aware of the need to undertake the survey and the potential uses of the data. Senior management should therefore be engaged as early as possible in the process so that consideration can be given to both the resourcing of the survey and to potential strategic uses of data.

4.4 The ASCS has received favourable ethical opinion from the National Social Care Research Ethics Committee (Social Care REC)\(^4\), which operates within the framework of the National Research Ethics Service. Local authorities that run the survey in the way outlined in this guidance document, and that do not include any additional questions in the questionnaires, do not need to carry out a local ethical review. If additional questions for local use are included in the questionnaire (see pages 12-14 for information about including additional questions), or if the process for the running of the survey deviates from this guidance then local research governance processes must be followed.

**Finalise questionnaires and materials**

4.5 The questionnaires and materials needed to complete the survey are accessible at [http://content.digital.nhs.uk/ascs1617](http://content.digital.nhs.uk/ascs1617). Paragraphs 4.7 to 4.17 explain how local authorities will need to customise and finalise these materials before sending them out to service users.

4.6 There are two main versions of the survey questionnaire: one for those in residential or nursing care, and one for those in receipt of community-based services. There are also a number of accessible versions of the questionnaires, including easy-read versions designed for service users with a learning disability, large-print versions, and translated versions for service users who may not be fluent in English. The questionnaires are also provided as an interview script so that service users who request an interview can

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participate in the survey (see paragraphs 6.14 to 6.16 for guidance about when it is appropriate to use interviews to conduct the survey).

4.7 The model questionnaires and interview scripts are generic and contain sections that need to be customised by local authorities, for example by including details of who should be contacted in relation to queries about the survey. Sections requiring input from the local authority are identified through the use of red text and yellow highlighting. An appropriate place for the inclusion of a unique serial number for tracking responses and identifying service users should be identified (see paragraphs 4.73 to 4.77 for information about confidentiality). This should be carefully placed to minimise the opportunity for inadvertent removal by the respondent.

4.8 Local authorities will also need to finalise the content of the questionnaires. There are a number of questions that can be included in the survey at the discretion of the local authority and these are highlighted on the questionnaires. Local authorities are required to provide information on gender, age and ethnicity to NHS Digital. If these data are not available from local records then it will be necessary to include the demographic questions in the questionnaire in order to meet this requirement. See the links provided in Appendix G: Survey materials.

4.9 Where optional questions are included they should be included in all versions of the survey, including accessible and translated versions.

4.10 Local authorities may also wish to include additional questions or free-text boxes for local research purposes. Any proposals to do this should be submitted to NHS Digital for approval. When considering the inclusion of additional questions the following should be kept in mind:

- Questions should address a genuine research need and should relate to the general purpose of the survey. Questions designed to assess service users’ reaction to proposed new services will not be permitted. This type of question may raise a respondent’s expectations about receiving such services and potentially influence their responses to other questions.

- The number of questions added should not be excessive as this may have a negative impact on response rates. Indeed when planning the use of further questions, thought should be given to why you are collecting the information and how it will be used, to ensure that excess information is not collected which would be an unnecessary intrusion and a waste of the respondents time. Consideration should be given to adding free-text boxes following existing questions as an alternative to adding new questions. These boxes allow respondents to provide contextual information which may be very relevant for local purposes.

- Questions must either be subject to cognitive testing to ensure that they are understood by service users in the way that is intended, or be known to have been used in previous surveys. A selection of questions used in previous surveys is available in the ‘Question Bank’ on the user survey pages of the NHS Digital website (see http://content.digital.nhs.uk/social-care/running-and-using-surveys for further details). Please note that all proposals for additional questions need to be submitted for review by NHS Digital irrespective of whether these questions have been used before, are being sourced from the question bank, or are newly developed questions.

- Local questions should be placed towards the end of the questionnaire, before the final question on taking part in further research. This rule may be relaxed in circumstances where local questions clearly follow on from an existing question,
and where it is clear that the additional question will not affect the understanding of subsequent questions.

- Ideally, additional questions should be included in all versions of the questionnaire, including the accessible and translated versions. An exception to this may be when additional questions are only relevant to those in residential or nursing care, in which case they should only be included in the residential and nursing care versions of the survey.

- It is recommended that additional questions are relevant to all service users receiving a questionnaire; this will help to mitigate any potential negative impact on response rates that including additional questions may have. One way to ensure questions remain relevant to all service users is to include a ‘not applicable’ type option and to separate this from the other response options using a dashed line as used in other parts of the standard survey. As with all additional questions, these should generally be placed toward the end of the questionnaire as outlined above.

- Additional questions must not be used to gather information about the religion or sexual orientation of service users as this may have an adverse impact on response rates.

- Any questions added locally will not be accounted for in the research ethics clearance given by Social Care REC and must be approved in accordance with local research governance arrangements.

4.11 The questionnaires are provided in a plain form so these can be adapted to the formats councils use for their other publications. This may include for example the use of specialist survey software in the production of the printed versions and which may also help with the process of data entry. Certain changes to the questionnaires are not permitted however. These include:

- Deleting any mandatory question.
- Changes to the wording of existing questions. These must be consistent to ensure comparability between local authorities.
- Changes to the size or style of font used.
- Removing white space so that the questionnaire fits on fewer pages.
- Removing the dotted lines between response categories.
- Removing or changing any of the pictures on the easy-read version of the questionnaire.
- Changes to the structure of the easy-read version of the questionnaire that result in each question not being on a separate page (with the exception of parts (a) and (b) of the same question).
- Adding council details, corporate logos or other council branding.

4.12 The letters and forms provided will also need to be finalised by the local authority. Changes must not be made to any section of the materials that are not highlighted as requiring input from the local authority unless consent has been given by NHS Digital.

4.13 In addition to the council address, recipient details etcetera, the local authority’s corporate logo should be added to the heading of covering letters and reminder letters. Note that adding corporate logos or branding to the questionnaires is not permitted.
4.14 The materials sent to service users should include only those needed to complete the survey. The survey should not be used to send out other information (e.g. promotional leaflets) as this may increase the risk of the contents of the envelope being mistaken for junk mail which will increase non-response.

4.15 Any queries about customisation of the survey materials, requests to make alterations to the materials, or requests to include additional questions or free text boxes in the survey should be directed to the user survey team at NHS Digital via socialcaresurveys@nhs.net.

**Brief care home and supported living managers and check whether service users have the capacity to consent**

4.16 Before sending out questionnaires, local authorities will need to write to the managers of care homes and supported living establishments at various stages during the survey process. The purpose of this is two-fold:

- To ask them to provide information about whether any service users lack the mental capacity to consent to taking part in the survey, so that they are not included in the final sample (see paragraph 5.34 for further information). Please note that it is necessary to assess the capacity of service users each time the survey is run; it is not acceptable to ask care home managers to make permanent or longer term assessments of capacity to consent. Further information about the Mental Capacity Act, 2005 can be found at: http://www.legislation.gov.uk/ukpga/2005/9/contents

- To promote the survey to the manager and encourage their active involvement in ensuring that questionnaires reach service users and that support is provided to allow service users to participate should they wish.

4.17 Two template letters are provided and can be accessed through the links provided in Appendix G: Survey materials. Local authorities will need to customise and finalise these before they are sent out. If there is any doubt as to whom the letters should be addressed to (e.g. if the name of the care home or supported living manager is not known), they should be addressed to ‘The Registered Manager’ to ensure that they are opened.

4.18 The first of these letters details the requirements for assessing mental capacity. This letter can be sent at either of two stages, whichever best suits the circumstances of the local authority. These are:

- Before the initial sample is selected, in which case details should be requested for all local authority-funded or managed service users in the care home or supported living setting.

- After the initial sample has been selected, in which case details will be requested only for those service users included in the sample.

4.19 The advantage of sending the letter prior to selecting the sample is that individuals who lack the capacity to consent can be flagged so that they are not selected and do not have to be subsequently substituted. However, this approach can be resource

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5 To ensure compliance with the Mental Capacity Act 2005, and the Social Care REC ethical clearance for the survey, it is essential that mental capacity checks take place for service users in residential care homes, nursing care homes or supported living arrangements (including shared living schemes and extra-care housing for people with dementia).
intensive and may not be practical for local authorities with a large number of service users in these settings.

4.20 If no response to this letter is received then it should be assumed that the service users have the capacity to consent and should be retained in the sample if selected. If responses are received and the outcomes are kept on record then it must be made clear that these relate to an assessment of the capacity to consent to take part in a survey, and not a medical assessment of capacity. A lack of capacity to consent may be temporary and so steps should be taken to ensure that records are kept up-to-date.

4.21 The second letter, which should be sent out a few days in advance of questionnaires, provides the manager with a list of service users who will be sent a questionnaire, as well as further information about the survey and how they and their staff can assist service users to participate. The letter also gives a commitment that the results of the survey will not be used to assess the performance of the individual care home or supported living establishment and this commitment must be honoured by local authorities.

**Timing of the survey**

4.22 Questionnaires should be distributed between mid-January and mid-March. If you consider this to be unrepresentative for exceptional reasons outside your control (e.g. due to industrial action) information may be supplied for an appropriate alternative representative period. Please contact NHS Digital before you do this to seek agreement. As outlined above, data should be keyed and validated from mid-March and returned to NHS Digital by 10 May 2017.

**Maximising response**

4.23 To ensure results are meaningful and that comparisons can be made with a degree of certainty, it is a requirement that the margin of error around the estimates produced by the survey should be no more than +/- 5%. Early in the process, you will need to work out how large a sample you will need to survey in order to achieve this margin of error. If the response rate achieved falls below that outlined as required by the sample size calculator, the margins of error (as produced as part of the annex outputs that are made available alongside the final report) will be too wide for the results to be useful.

4.24 The higher the level of non-response to a survey the greater the number of questionnaires that need to be sent out in order to achieve an acceptable sample size. Unfortunately, the higher the level of non-response, the higher the risk of serious non-response bias. Non-response bias comes about because the people who do not take part in a survey are different from those who do. If, for example the people who respond to user satisfaction surveys are more likely to be dissatisfied than those that do not, any user satisfaction survey is likely to overestimate the true level of dissatisfaction among all respondents. The higher the level of non-response the greater this overestimation will be. In other words, any advantage gained by boosting the sample size in order to reduce the margins of error around results will be compromised if the issue of non-response is ignored.

4.25 Several things can be done to boost response to the survey. These include:

- effective design of the questionnaires and supporting materials;
- undertaking advance publicity for the survey;
- the use of stamped addressed envelopes for respondents to return questionnaires;
- taking into account the requirements of different groups; and
- the provision of incentives
Each of these is explored in further detail below:

**Design of Questionnaires and Other Documents**

4.26 Response can be enhanced by tailoring questionnaires to the circumstances and concerns of the different groups to be included in the sample. The questions that have been produced for this survey take into account the important issues for service users, and have been tested, modified and tested again, with service users in these groups.

4.27 In addition a specific easy-read version has been produced for those service users with a learning disability.

4.28 One way of reducing non-response is to reduce the burden on respondents of taking part in a survey. In order to make it easy for respondents to read them, the questionnaires for this survey have been printed in a large, clear font — Calibri — and in 14-point type and this should not be changed. In addition, a limited number of question styles have been used and the use of graphic features such as emboldening, italics, indentation and the positioning of tick boxes have been used consistently in order to help respondents find their way easily through the questionnaires. Question routing has not been used.

4.29 Any reformatting of the questionnaire should be minimal. For example, the font size and style cannot be reduced to make it fit on fewer pages, and dotted lines between response categories cannot be removed. If you wish to reformat any of the questionnaires but are unsure whether your changes are permissible, please contact NHS Digital via socialcaresurveys@nhs.net.

4.30 It is also not permissible to change the pictures or instructions in the easy read versions and each question should be on a separate page (apart from, for example, parts a and b of the same question). If you wish to reformat any of the questionnaires but are unsure whether your changes are permissible then please contact NHS Digital via socialcaresurveys@nhs.net.

4.31 The covering letter and cover page of the questionnaire are designed to enhance response to the survey by making recipients feel that it would be worth their while to take part. In addition, the covering page includes information required by the Social Care Research Ethics Committee (SCREC), including a guarantee of confidentiality, and an explanation of what respondents should do if they need help completing their questionnaire with details of a number they can ring if they have any queries that need to be addressed.

4.32 Feedback received in relation to the survey has also suggested that the inclusion of free-text comment boxes alongside mandatory questions can help with response rates. These boxes enable users to provide views in their own words thus making the survey more personal to them and conveying that councils are interested in the views of their eligible population. Please note however that to ensure that only essential data are collected, free-text comment boxes should only be included where councils intend to analyse and act on the information provided.

4.33 Furthermore, the inclusion of locally-relevant questions may help increase response rates by a) making the survey more relevant for respondents and b) when done in conjunction with other councils in a region, providing a useful source of benchmarking data to support locally-focused improvements (and thus also encouraging respondents to get involved in this improvement work by responding to the survey).

**Advance publicity**

4.34 Response can be improved if surveys are given positive advance publicity, in the local press or through relevant local user group networks which could be done as a general
press release. This leads potential respondents to expect to receive a questionnaire and gives them some idea of what the survey is trying to achieve. Advance publicity could include a commitment on behalf of the council to publish the results of the survey in the local press or in a council newsletter. A leaflet with advance warning may also encourage people to respond.

4.35 It may also be useful to let relevant local organisations know about the survey so they can publicise it with service users they may come into contact with.

4.36 Service users could also be offered a summary of the actions taken or planned by local authorities as a result of the survey and furthermore, this content could also form the basis of posters that could be placed in locations known to be used by service users in the local community.

**The use of stamped addressed envelopes**

4.37 In order to reduce the burden on respondents of taking part in the survey, a stamped addressed envelope should be provided for them to return completed questionnaires.

**Service users whose first language is not English**

4.38 Service users for whom English is not their first language may need to have questionnaires translated if they are to self-complete them. You should arrange for translated documents locally if you need languages other than those provided by NHS Digital (and available from [http://content.digital.nhs.uk/ascs1617](http://content.digital.nhs.uk/ascs1617)).

4.39 It is also recommended that councils store details of the first language of their service users as part of their social care database so they can send them the relevant translated version of the questionnaire (in addition to the relevant English version) as part of the initial survey invitation materials. A list of the currently available translations is available from [http://content.digital.nhs.uk/ascs1617](http://content.digital.nhs.uk/ascs1617). Although this approach may increase the initial costs of sending out the surveys, this should be balanced by reduced levels of requests from respondents for alternative versions, and therefore for councils to process these requests. This approach may also reduce the likelihood of a top-up sample being required as sample size requirements are more likely to have been met as a result of the increased initial response levels achieved by tailoring the materials provided.

4.40 Some potential respondents may have limited literacy skills and may therefore need to have the questionnaires administered as face-to-face interviews by interpreters. This could be done by family and friends where available, although the use of professional interpreters is recommended. The use of professional interpreters should help to ensure that response options are translated accurately and that strict confidentiality is maintained with respect to the information provided by all respondents. Such people are likely to be working to a professional code of conduct in terms of the requirement for confidentiality and regard to safety when conducting face-to-face interviews. They will also be able to translate any additional questions that you may use locally.

4.41 Agreement will have to be obtained from respondents for interpreters to interview them and interpreters should be required to sign an undertaking not to divulge details of the interviews or the identities of the respondents, to anyone other than the staff responsible for aggregating results for your council. Those service users who do need a face-to-face interview should be asked to sign a consent form before the interview begins. The interview scripts and consent form are available at Appendix G: Survey Materials.

4.42 Interpreters will need to be well briefed about the aims of the survey and will need to be able to speak to respondents in colloquial versions of their languages. In addition, the
work of interpreters should be monitored to ensure they are not cutting corners or editing respondents’ answers before translating and recording them. One way of doing this would be to have all translated interviews tape-recorded and to arrange for, say, 1 in 10 to be re-coded by a second interpreter as a check.

4.43 Experience from previous surveys suggests that the response rate to a postal questionnaire for those from ethnic minorities can be low. However, using interpreters may enable more carers from this group to be included. Councils should consider carefully what method, such as providing translated questionnaires in the known first languages of recipients or by having posters placed in locations known to be used by service users in the local community, is likely to be most effective as well as practical.

Alternative formats of questionnaires for those with sensory impairments

4.44 By 1 April 2016 all organisations that provide NHS or publicly funded adult social care should have identified and recorded the information and communication needs of service users at the first interaction or registration with their service, and then as part of on-going routine interaction with the service by existing service users. Furthermore, by 31 July 2016 all organisations that provide NHS or publicly funded adult social care should have fully implemented and conform to the Accessible Information Standard.

4.45 Councils should therefore identify any service users in their sample who will need access to alternative formats and take steps to ensure they are able to access the survey. This should include making the questionnaire and covering letter available in as many of the following formats as requested by service users:

- Large print – a questionnaire is supplied centrally by NHS Digital;
- Braile, easy read, email
- Audio CD/DVD for visually impaired people;
- Assistance from a sign language interpreter.

4.46 It might also include providing a telephone number through which assistance could be arranged or, perhaps the questionnaire administered as a telephone interview if requested by the service user.

4.47 A large print copy and/or tape copies, with a note saying ‘you might need sight assistance to complete’ should be sent to these service users as identified.

4.48 Additional approaches are:

- The council could provide a telephone number on which the service user could call to report their answers. When offered, this usually proves a favourable option for responding. The council should ensure however, that the service user speaks to somebody who is not involved in delivering services, to protect confidentiality and to ensure a frank response.
- Service users could read or listen to the questionnaire themselves, but ask somebody else to record their answers and return the print copy. An alternative to this option should be offered as this may not always be appropriate or practical.
- Another option is to make initial contact with people known to have severe visual impairments by telephone, and invite them to take part through the methods described above.
- It may be helpful to make initial contact with service users requiring assistance from a sign language interpreter through someone known to them, such as a social worker, who can advise them that the survey is taking place and provide details of options for taking part.

4.49 An alternative would be to offer a telephone or face-to-face interview for service users who request this. Note however, that this should not be the standard way of obtaining a
response from this group of service users. Those service users who do need a face-to-face interview should be asked to sign a consent form before the interview begins. The interview scripts and consent form are available at Appendix G: Survey Materials.

4.50 Finally service users could be offered the option of an electronic version of the questionnaire which could be sent to them, and returned to the council, via email.

**Maximising response from frail and disabled users**

4.51 Frail people who are also deaf may need sign language interpreters to support the interview version of the questionnaires if they have requested this, and some blind people may prefer to receive a Braille version of the questionnaire.

4.52 Where a Deaf service user’s first language is not English (e.g. British Sign Language), they may require language support when using the printed questionnaire.

4.53 Ideally, trained interviewers should be used to administer the questionnaires as interviews, but if this is not possible consideration should be given to using staff who are used to establishing rapport over the telephone in the case of telephone interviews or people who act as advocates for social services users in the case of face-to-face interviews. However, advocacy services should only be used where the service user already has an existing relationship with an advocate, and it is not recommended to use advocates who do not already know the service user well. This was examined as part of the research project which has fed into the design of the survey, and it was found that advocates could only really help if they knew the service user well which would be an expensive process to set up purely for the purposes of this survey. Instead, councils could consider setting up a trained team of staff who could man a telephone helpline and users requiring help could be signposted towards this on the covering sheet of the questionnaire.

4.54 Whoever carries out the interviews would need to attend a briefing at which the aims and objectives of the survey are explained and guidance is given about administering the interviews exactly as worded so as not to bias respondents’ replies. Interviewers should also be required to sign a confidentiality pledge. Those service users who do need a face-to-face interview should be asked to sign a consent form before the interview begins.

4.55 Interviewers should not deviate from the scripts provided at Appendix G. There are instructions at the beginning of the interview script which must be followed. The scripts also include gaining consent of the service user to take part in the survey which must be obtained before the interviewer begins to ask the questions. Consent forms are available at Appendix G.

4.56 Inevitably some of the service users who are selected to take part in a survey will be too frail, ill or disabled (physically or cognitively) to respond even if questionnaires are administered to them face-to-face. Councils should decide each case on its merits. They may then find that people who are not capable of filling in a self-completion questionnaire may request either a face-to-face or telephone interview. However, these alternative methods of data collection should not be the norm for all service users and should only be used where requested by the service user. If the service user does not have the capacity to consent to take part however, then they should be removed from the sample and replaced.

4.57 Selected service users who are incapable of responding even when special steps are taken to accommodate their frailty, illness or disability should be treated in returns to NHS Digital as non-responses rather than being ineligible and should be retained within the eligible population count. If anyone selected for inclusion in the sample dies before the survey is carried out however, they should be excluded from the data return.
4.58 If the council is notified when the questionnaires are sent out that a service user lacks capacity then they should firstly ensure this capacity check has been performed in line with the guidance provided in the letter to care home and supported living managers, i.e. they should ensure the check has been performed in respect of whether the service user has the capacity to take part in a survey. If the council is satisfied the capacity check has been performed correctly then the service user may be replaced if there is still time to select a replacement and send out a questionnaire. If not, then the service user should be coded as a non-response.

4.59 It may be helpful to check your records for information about a service user’s preferred means of communication, thus hopefully increasing the response rate. For example:

- Is the user likely to be able to complete a postal questionnaire unaided? If not;
  - Is there an informal carer living in the home or an advocate who is already known to the service user who could help them complete the questionnaire? If there is an informal carer living nearby it is hoped that they will be able to help the client complete the questionnaire.
  - Do you need to arrange assistance/advocate for this service user?
  - Does the service user require a large-print questionnaire?
- Does the service user require the questionnaire translated into a language other than English or the provision of an interpreter?

4.60 Much of this information may be available from your service user database; if not, a check of files may be required.

**Incentives**

4.61 In the past some councils have chosen to use incentives to encourage response to user experience surveys. NHS Digital carried out some analysis of those councils using incentives by comparing their response rates with a group of similar councils who did not use an incentive. The analysis discovered that the use of incentives did not seem to have an impact on the overall response rate but there was some evidence that it increased response rates for some ethnic minority groups.

4.62 If you still do wish to offer an incentive however, then it is important that it is equally attractive to all, for example, high street gift vouchers. If councils are concerned about response rates from a particular sub-group of service users then there are more suitable methods of encouraging those individuals to respond, for example the use of interpreters where English is not a first language or providing a translated questionnaire where appropriate.

4.63 Councils who decide to offer an incentive should also consult “Budgeting for involvement: Practical advice on budgeting for actively involving the public in research studies” produced by the National Institute for Health Research\(^6\), which they should already be familiar with.

**Mailing out and returning questionnaires**

4.64 Questionnaires for the survey have been designed for self-completion by respondents. A covering letter is also available. This should be sent on headed paper and it would be an advantage to add the Director of Adult Social Services’ signature at the bottom of the cover page with your corporate logo at the top. The term “Social Services” may be

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substituted with another term throughout the questionnaire, should you feel that a different description, taking into account joint teams, would be more meaningful to respondents.

4.65 In order to reinforce the message that the answers respondents provide will not be shown to occupational therapy staff, care workers or others providing them with help, consideration should be given to having completed questionnaires returned to a department other than Adult Social Services and having this department collate the survey results.

**Maximising the value of the survey data (MAX)**

4.66 Anecdotal feedback from local authorities indicated that data from both the Adult Social Care Survey and the Survey of Adult Carers in England were not being used to inform local policy-making and practice as the government intended. The MAX project was set up to address the issues underlying this and to find ways to support local authorities to make better use of the survey data. Further details on the background to the MAX project are available [here](#).

4.67 Evidence collected from local authority staff through the fact-finding stage of the project identified a number of tools and guides that the MAX project team could develop to both encourage engagement with the surveys, and also to support stakeholders during each phase of the survey process. These will be developed in collaboration with LA staff where possible to produce two toolkits. Local solutions identified during the phase one activities will also be shared, where permitted, with other LA colleagues through case studies and information sharing events. Further details regarding how MAX can help local authorities is available [here](#).

4.68 MAX aims to support local authorities throughout the survey project. This begins in the preparation phase, with guidance provided to help councils with local engagement and planning, before proceeding to provide support for both analysis and reporting. Further details about the MAX project are available via [http://www.maxproject.org.uk/](http://www.maxproject.org.uk/).

**The role of council staff**

4.69 Anyone directly involved in the provision of services to the service user should not help them to complete the questionnaire. The reason for this is that service users may be discouraged by their presence from voicing criticisms of the service they receive, while the staff might unconsciously bias the results while helping; this includes council staff such as social workers, care workers or personal assistants who should also be discouraged from helping.

4.70 An exception to this is for service users in care homes or supported living establishments, where it is the preference of the service user or where it is the only way in which it is possible for a service user to participate using a questionnaire. In these circumstances, staff may provide assistance to complete the questionnaire, though this should not be standard practice due to concerns that they could have undue influence over responses. To help mitigate these risks, we suggest that councils are proactive in offering alternative forms of help to service users, or by encouraging friends and relatives to assist them. This is covered further in 'Alternative formats of the questionnaire and help to participate' (paragraphs 6.11 to 6.17).

4.71 Advocacy services could be used, however the use of advocates was examined as part of the research project which fed into the design of the Adult Social Care Survey and it was found that advocates could only really help if they knew the person well. This is therefore likely to be an expensive process to set up purely for the purposes of this survey. Instead, it is important for councils to brief all relevant staff about where
service users can get help, so that they can respond constructively to requests for help without giving it themselves.

4.72 Whatever role they play, staff need to be committed to the aims and objectives of the survey. An understanding on their part, of what the survey is trying to achieve and how the results of the survey will be used, is likely to be of key importance in gaining their commitment. Furthermore, staff should be made aware of the survey and its aims so that, if asked, they are able to encourage response and allay concerns that response may affect services received. Another way of getting staff to ‘own’ the survey would be to ensure that they have access to the analysis of the results of the surveys and have some involvement in making use of them.

Confidentiality

4.73 The inclusion of a statement about confidentiality at the beginning of the model questionnaire is important. It is necessary to assure service users that staff within a council cannot find out whether or not they completed the questionnaire, and if they did, how they answered the various questions.

4.74 In order to achieve the confidentiality commitment you will need to consider how information is handled within the council. In particular, there is a need to strictly control access to the list of service users’ details used to send out the questionnaire and linked to their answers by means of the numbering system. Computer files need to be password protected and/or stored on a secure server, and only those involved in mailing out the questionnaire and responsible for either pre-coding the questionnaires or setting up codes for the analysis should have access. Completed questionnaires should be kept securely in locked cabinets.

4.75 We are often asked how long councils should retain copies of completed questionnaires. Once NHS Digital has published the final survey report it is very unlikely we will come back with future validation queries unless an error in the published report is discovered. Councils should therefore follow their local protocol for keeping questionnaires, and they should also consider whether they are likely to take part in any follow up studies in which case it may be helpful to keep the questionnaires for longer. Some councils have given more information on how they store their questionnaires which is available on the NHS Digital website at: http://content.digital.nhs.uk/social-care/running-and-using-surveys

4.76 The questionnaires will also need to include a code so the returned questionnaire can be mapped back to the service user so the additional non-questionnaire information requested can be provided on the data return spreadsheet. Councils can do this in whichever way they think is the most appropriate but typically this is done via a mail merge procedure.

4.77 If a service user removes their unique code by for example tearing off the corner of the questionnaire which contained it, these respondents should still be included in your data return. You should mention the number of respondents doing this in the ‘Survey Process Information’ tab of the data return (section: Completeness of survey data). You should however still be able to answer some of the mandatory fields for these respondents such as whether a translated version was used etc. This will then enable these responses to be included in as much of the summary analysis as possible.

What to do if service users indicate they are having serious problems

4.78 It is acceptable to breach the confidentiality clause in circumstances where:
• The respondent indicates that their health and safety is at risk, in response to question 7a.
• The respondent indicates that their health and safety is at risk, including being hurt or harmed, in response to any other survey question or through free text comments.
• The responses of the individual indicate that they are experiencing a serious issue with any aspect of their care.
• The respondent uses the questionnaire to make a comment about an aspect of their care and the comment shows a clear expectation that this will be followed-up by the local authority.

4.79 Contact should be made with the respondent (but not by a social worker or the person’s care worker) in the first instance to check whether they are happy for their comments to be passed on to an appropriate member of staff to be looked into further. Once this consent has been obtained local authorities should follow local protocol for dealing with the issues raised.

Data sharing

4.80 Where services are outsourced, councils should ensure that the relevant systems and agreements for data sharing and protection are established with the relevant parties. Some councils for example, have experienced problems persuading partner organizations (who are responsible for the provision of services) to share contact details with them in order to enable councils to send out questionnaires. It is recommended that data sharing requirements are written into contracts when setting up such arrangements to avoid this situation.

4.81 Where required, councils should also satisfy themselves that service users are made aware that data sharing with third parties may be required to ensure both the smooth running of the assessment and delivery process, and for evaluating the performance of providers and councils via mechanisms such as surveys.

Outsourcing the survey

4.82 In determining whether to outsource elements of the survey to a third party, councils should refer to their local information governance arrangements in the first instance, as they will need to ensure that all relevant information governance issues are considered throughout the process of exploring, making and implementing an outsourcing decision. This includes ensuring that any third party operates by an acceptable code of conduct, particularly around the issue of confidentiality, such as the Market Research Society Code of Practice.

4.83 Under the Data Protection Act, and in running the survey, councils are likely to be acting as a data controller. Data controllers are able to outsource tasks, under clear instruction and with strict controls, to third parties who then act as data processors in carrying out the agreed work. Further guidance regarding the steps and issues that councils should consider when making and implementing an outsourcing decision can be found by reviewing the materials provided by the Information Commissioners Office.\(^7\)

4.84 One aspect of the survey that could be outsourced for example is the use of a data capture company to scan completed de-identified questionnaires into a dataset format.

This approach may assist councils with meeting submission deadlines by removing the need to enter data manually.

**Questions and answers**

**Question:** We would like to make some minor amendments to the layout and content of some of the documentation that accompanies the survey – can we do this?

**Answer:** While amendments to any documentation are usually not recommended, in some cases minor ones can be allowed – on the provision that they do not in any way alter the message that is being communicated. Doing so would lead to a lack of comparability in council results. However, you must send any suggested amendments to NHS Digital first for approval before implementing them.

The overall package of letter and questionnaire is approved by the Social Care Research Ethics Committee (SCREC) so there is a danger that not using them may lead you to be running a survey which does not have ethical approval.

**Question:** Can we make amendments to some of the questions/responses so they can be more easily understood by our local community?

**Answer:** As above, changes are not usually recommended. However, in some instances the names of services delivered vary across local regions so amendments may be made to some responses. Similarly, depending on the ethnic groups represented in a local area, alterations to the options presented may be permissible, provided that these can be grouped back to the standard list for final submission. Proposed amendments must however be sent to the NHS Digital for approval before being implemented.

NB Changes to the wording of the actual questions is not allowed.

**Question:** Can we include other information (e.g. promotional leaflets advertising carer support services) in the survey when it is mailed out?

**Answer:** Other information should not be sent out along with the survey. Anecdotal evidence suggests that upon opening such mail and seeing other information such as leaflets can lead to the entire contents of the envelope being dismissed which will increase non-response.

**Question:** We would like to capture some additional information that is not asked as part of the survey. Can we add extra questions to the survey?

**Answer:** The addition of extra questions is permissible. However, we would suggest any questions remain closely associated with the overall theme of the survey and do not stray into other areas of practice. Please send any suggested additions to NHS Digital prior to incorporating them to your survey. Data captured from any additional questions should not be returned to NHS Digital.

Please also ensure that you do not try to collect excess information as this can have a negative impact on response rates. The survey should also not be
used to assess reaction to proposed new services as this can often lead to the
carer or service user expecting something to change to their care and support
package as a result of their survey response. Information such as this is best
collected via your other interactions with carers and service users.

Any questions added locally should be taken through your local research
governance procedures for approval, as they will not have been through the
Social Care Research Ethics Committee (SCREC).

Question: Are we able to administer the survey via the internet?

Answer: No. In order to maintain comparability of results between councils it
is important that every council gives respondents the same set of options for
completion as is stated in the guidance. Whilst some councils may have
systems in place, others may not and are therefore not able to provide
respondents with that opportunity. Using the internet would mean your results
are not comparable with others and we would have to flag this when
publishing the results.

The ONS Methodology Advisory group were also consulted over running
social care user experience surveys over the internet, amongst other reasons
they quoted low levels of access to the internet for over 65’s and costs for
councils as reasons for not using this method⁸. This is however something
that is being explored further, given the general direction of travel towards a
society that is increasingly connected with the internet.

5. Extract the Eligible Population data including auxiliary information

5.1 Local authority systems should be interrogated in order to extract the list of service users that make up the Eligible Population for the study. To be included a service user must, at the point that data are extracted, be in receipt of long-term support services funded or managed by the local authority following a full assessment of need. This includes part-funded and full cost paying clients, and is the same population of service users as those who would be reported in table LTS001b of the SALT return if this table was populated in relation to the chosen extract date rather than 31 March.

5.2 All eligible users should be included in an initial data extract. This extract should include all data necessary to ensure that:

- Service users can be sent the version of the survey relevant to their care setting (i.e. in the community or a care home), by post.
- It is possible to identify those service users who should not be included in the sample, such as those who lack the capacity to give informed consent to participate. Information about which service users should not be included in the sample is provided in paragraph 5.34.
- It is possible to identify the most appropriate way to make initial contact with the service user and which version of the questionnaire to send them (e.g. easy-read, large print, or another language).
- All fields on the ‘Eligible Population’ and ‘Service User Data’ sheets of the data return to be submitted to the NHS Digital can be populated as fully as possible (i.e. all the information in the data return that is not collected from the questionnaires).

5.3 Once the extract has been taken all data should be checked for completeness, accuracy and currency. It is particularly important to ensure that:

- The data for age, primary support reason and support setting (i.e. residential or community-based) are complete and accurate, as these are used to assign individual service users to a stratum (see paragraphs 5.9 to 5.16 for further information about stratified sampling).
- Postal address information is complete, accurate and current.
- Note that data about service users that will be returned to NHS Digital in the data return (for example age, primary support reason, support setting) should be correct as at the date that the Eligible Population was extracted i.e. if one of these items has changed since the extraction date then it should not be updated in the extracted data.

5.4 Depending on the completeness and quality of the data extracted, it may be possible at this stage to flag service users who, if selected, would have to be removed and replaced from the sample, to ensure they are not selected to receive a questionnaire (see paragraphs 5.34 to 5.37 for further information about and the criteria for removing and replacing service users in the sample).

5.5 The initial extract may be taken at any time between 30 September and 31 December 2016.
5.6 Subsequent to the extraction of the Eligible Population data, it may be discovered that some service user records were not fully up-to-date at the time of extraction. It is possible that if timely data had been available then some subjects in the extract would not have been included (for example, if a person had died or moved away before the sample was drawn). In these cases the subjects that would not have been included if the data were up-to-date should be removed from the Eligible Population and consequently cannot be included in the sample.

Determine the required sample size

5.7 The survey uses data from a sample of service users to make inferences (or estimates) about the whole population. These estimates are subject to a degree of uncertainty that can be expressed as a ‘margin of error’. The margin of error of an estimate is related to the proportion of the population that responds to the survey – as this proportion increases, the margin of error decreases. Therefore, the margin of error can be reduced by increasing the survey sample size and/or response rate. This section of the guidance provides information about how to work out the size of sample that will be needed to meet the requirement that the survey results have a margin of error of less than ±5 per cent.

5.8 In order that users of the NHS Digital publication have an understanding of the degree to which the data are robust, margin of error data for each council will be provided in an annex table as part of the publication. In addition, councils that attain fewer than the minimum number of responses needed to meet the margin of error requirement may be named in the data quality section of the NHS Digital report so that anyone using the data is aware of the differences.

Stratified random sampling

5.9 The sampling method used for the survey is known as stratified random sampling. This involves splitting the Eligible Population into discrete groups, known as strata, and drawing an independent sample from within each stratum. It is advantageous to use stratified random sampling when sub-populations vary considerably as it can reduce the sampling error of any population statistics which are estimated from the survey data. This is likely in this survey as there is a wide range of different service users accessing different services and support in different settings.

5.10 This approach then helps ensure that the final estimates presented in the final NHS Digital publication are reflective of the eligible population as a whole and also enables NHS Digital to verify that the proportional breakdown of the sample used, and the responses received, are reasonably aligned with the stratified structure of the eligible population.

5.11 Stratification also provides the opportunity for councils to sample a different proportion of users in each strata if they wish (e.g. oversample in some of the smaller strata which may be of interest to them) and thereby increase the precision of any survey estimates for that sub-population.

5.12 The use of stratified random sampling requires the introduction of a weighting process that adjusts the survey data to represent the population from which the sample was drawn. Prior to 2015-15, these weights were calculated by dividing the eligible population at stratum level for the local authority, by the count of respondents for the stratum; the same weights were therefore applied for all questions in each stratum for a local authority. From 2014-15 onwards however, a unique set of weights are calculated for each question by dividing the eligible population, at stratum level for the local authority (as before), by the count of usable responses to that question, at stratum level.
for the local authority. Although the impact of the change is minimal, this calculation produces more accurate results.

5.13 For example, Table 1 below shows the responses to the question about control over daily life; the data are not weighted.

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Description</th>
<th>As much Control as I want</th>
<th>Adequate Control</th>
<th>Some Control</th>
<th>No Control</th>
<th>Response Count</th>
<th>No response to question¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LD – all ages</td>
<td>25</td>
<td>35</td>
<td>15</td>
<td>10</td>
<td>85</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Non LD, 18-64</td>
<td>10</td>
<td>35</td>
<td>25</td>
<td>7</td>
<td>77</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Non LD, 65+, Res and Nurs Care</td>
<td>30</td>
<td>55</td>
<td>35</td>
<td>15</td>
<td>135</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>Non LD, 65+, CBS</td>
<td>175</td>
<td>125</td>
<td>90</td>
<td>70</td>
<td>460</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>240</td>
<td>250</td>
<td>165</td>
<td>102</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percentage¹ 31.7% 33.0% 21.8% 13.5%

¹. Non-responses are excluded from the percentage calculations.
5.14 Table 2 then shows the calculation of weights, and the data from Table 1 multiplied by those weights:

Table 2: Weighted responses to control over daily life question for one local authority

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Description</th>
<th>Eligible population for Local Authority, by stratum (a)</th>
<th>Responses to this question for Local Authority, by stratum (b)</th>
<th>Stratum Weight (a/b)</th>
<th>As much Control as I want</th>
<th>Adequate Control</th>
<th>Some Control</th>
<th>No Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LD – all ages</td>
<td>300</td>
<td>85</td>
<td>3.5</td>
<td>88.2</td>
<td>123.5</td>
<td>52.9</td>
<td>35.3</td>
</tr>
<tr>
<td>2</td>
<td>Non LD, 18-64</td>
<td>225</td>
<td>77</td>
<td>2.9</td>
<td>29.2</td>
<td>102.3</td>
<td>73.1</td>
<td>20.5</td>
</tr>
<tr>
<td>3</td>
<td>Non LD, 65+, Res and Nurs Care</td>
<td>300</td>
<td>135</td>
<td>2.2</td>
<td>66.7</td>
<td>122.2</td>
<td>77.8</td>
<td>33.3</td>
</tr>
<tr>
<td>4</td>
<td>Non LD, 65+, CBS</td>
<td>900</td>
<td>460</td>
<td>2.0</td>
<td>342.4</td>
<td>244.6</td>
<td>176.1</td>
<td>137.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,725</td>
<td>526.5</td>
<td></td>
<td></td>
<td>592.6</td>
<td>379.9</td>
<td>226.0</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30.5</td>
<td>34.4</td>
<td>22.0</td>
</tr>
</tbody>
</table>

Note that calculations in this table are based on unrounded data rather than the rounded data displayed.

5.15 The effect of weighting can be seen by comparing the last row of Table 1 with the last row of Table 1. For example, the proportion of people who have as much control as they want is 31.7% for the non-weighted data and 30.5% for the weighted data.

5.16 It is very important that eligible population figures are reported accurately to enable correct weights to be derived and in order to ensure overall estimates are robust.

Assign service users to a stratum

5.17 In order to calculate the number of respondents needed to meet the ±5 per cent margin of error requirement, each service user within the Eligible Population will need to be assigned to a stratum, based on their individual characteristics.

5.18 The stratification used for this survey is shown in Table 3 and a flow chart demonstrating how to assign services user to a stratum is shown in Figure 2.

Table 3: Stratification of the Eligible Population of service users

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Primary Support Reason</th>
<th>Age</th>
<th>Service Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Learning Disability Support</td>
<td>Any</td>
<td>Any</td>
</tr>
<tr>
<td>2</td>
<td>Any excluding Learning Disability Support</td>
<td>18-64</td>
<td>Any</td>
</tr>
<tr>
<td>3</td>
<td>Any excluding Learning Disability Support</td>
<td>65 and over</td>
<td>Permanent residential or nursing care</td>
</tr>
<tr>
<td>4</td>
<td>Any excluding Learning Disability Support</td>
<td>65 and over</td>
<td>Community based services (including supported living)</td>
</tr>
</tbody>
</table>
Figure 2: Flow chart for assigning services users to a stratum

1. Is the service user’s primary support reason ‘Learning Disability Support’?
   - Yes → Assign to stratum 1
   - No → Next step

2. Is the service user aged between 18 and 64 years (inclusive)?
   - Yes → Assign to stratum 2
   - No → Next step

3. Is the service user in permanent residential or nursing care?
   - Yes → Assign to stratum 3
   - No → Assign to stratum 4
**Sample size calculator spreadsheet**

5.19 Once all service users in the Eligible Population have been assigned to a stratum, it is necessary to estimate how many service users will need to be included in the sample from each stratum in order to achieve the required margin of error. This can be done using the sample size calculator spreadsheet provided by NHS Digital at: [http://content.digital.nhs.uk/ascs1617](http://content.digital.nhs.uk/ascs1617).

5.20 On the worksheet entitled ‘Sample Size Calculator’, the number of eligible service users in each stratum should be entered into the appropriate column in the first table in the worksheet (“Fulfilling Minimum Requirements by Strata”). Estimated response rates for each stratum should also be entered into the appropriate column. Local authorities should use response rates from previous surveys to inform these estimates wherever possible. It is advisable however to under-estimate these anticipated response rates, as if these are not achieved, it is possible that the overall margin of error requirement will not be met.

5.21 Once the population figures and anticipated response rates have been entered into the appropriate cells, the spreadsheet will calculate the sample size required for each stratum to achieve the required overall margin of error of ±5 per cent. It will also show the level of accuracy that will be obtained for the results in each stratum, based on the anticipated response rates.

5.22 An example calculation performed using the sample size calculator is shown in Table 4 below. This shows that for a local authority with an Eligible Population of 12,000 service users, 373 completed questionnaires need to be returned in order to meet the minimum margin of error requirement (±5 per cent).

<table>
<thead>
<tr>
<th>Table 4: Example sample size and margin of error calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stratum</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>All</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

5.23 Taking account of both how the service users are distributed across the strata, and the anticipated response rates, this shows that the required sample size is 856 (= 63 + 170 + 156 + 467).

5.24 The level of accuracy that will be obtained is given in the last column. In this example the overall level of accuracy (±5 per cent) is met. The level of accuracy for each stratum however is much lower, varying from ±7.1 per cent to ±17.3 per cent. Where councils plan to use the stratified data for local analysis, these wider margins of error are likely to make findings less conclusive, with any differences observed less likely to be statistically significant given the broader confidence intervals that will be associated with each response estimate.
5.25 It is possible however to ‘oversample’ in any stratum in order to reduce the margin of
error within that stratum. This may be beneficial if there is a particular research interest
in the experiences of service users within any of the strata. The second table on the
Sample Size Calculator worksheet (“Oversampling to Improve Precision in Stratum
Results”) calculates the required sample size within a stratum based on a chosen level
of precision. An example calculation can be seen in Table 5 below. This follows on
from the calculation shown in Table 4, and shows that in order to decrease the margin
of error in Stratum 1 to ±5 per cent, the sample size for this stratum needs to increase
from 63 to 557.

5.26 Note that it is not acceptable to send out fewer than the number of questionnaires
needed in each stratum to meet the minimum requirement (i.e. it is not permitted to
‘under sample’ in any stratum, even if this is intended to ‘offset’ oversampling in
another), and a check is built into the spreadsheet to identify situations where this
occurs. Local authorities should aim to meet the minimum requirement in terms of the
number of returned questionnaires required in each stratum as this will ensure that the
overall requirement on the number of returned questionnaires is met.

Table 5: Example calculation for reducing the margin of error within a stratum

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Description</th>
<th>Eligible Population</th>
<th>Anticipated response rate</th>
<th>Margin of Error Required</th>
<th>Number of returned questionnaires you need to meet requirement in grey cells</th>
<th>Sample Size - Actual number of questionnaires you need to send out based on anticipated response rate</th>
<th>Sampling interval needed if you want to select every nth user</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LD – all ages</td>
<td>1000</td>
<td>50%</td>
<td>5.0%</td>
<td>278</td>
<td>557</td>
<td>One in every 1.8 cases</td>
</tr>
<tr>
<td>2</td>
<td>Non LD, 18-64</td>
<td>3000</td>
<td>55%</td>
<td>10.0%</td>
<td>93</td>
<td>170</td>
<td>One in every 17.65 cases</td>
</tr>
<tr>
<td>3</td>
<td>Non LD, 65+, In Residential and Nursing Care</td>
<td>2000</td>
<td>40%</td>
<td>12.2%</td>
<td>62</td>
<td>156</td>
<td>One in every 12.82 cases</td>
</tr>
<tr>
<td>4</td>
<td>Non LD, 65+, Community Based Services</td>
<td>6000</td>
<td>40%</td>
<td>7.0%</td>
<td>187</td>
<td>467</td>
<td>One in every 12.85 cases</td>
</tr>
</tbody>
</table>

Selecting the primary sample

5.27 To ensure that the results of the survey are representative of all service users, the
sample should be selected by a process known as systematic random sampling. This
involves identifying a random starting point in a list of service users, and then selecting
that and every subsequent nth individual from the list to be in the sample. For the ASCS
there are four distinct lists of service users, one for each stratum.

5.28 A random starting point and required sampling interval for each stratum are calculated
in the Sample Size Calculator spreadsheet on the worksheet entitled ‘Selecting the
Sample-minimum’ (or, if oversampling in any of the strata, the worksheet entitled
‘Selecting the Sample-boost’). It is not necessary to enter any data into these
worksheets as they are pre-populated based on the data used to calculate the required
sample size.
5.29 An example output from the ‘Selecting the Sample-minimum’ worksheet is shown in Table 6 below. This demonstrates that for stratum 1, the seventh, 22nd, etc. service users need to be selected in order to achieve a sample size of 63 from 1,000 service users. For stratum 4, the sixth, 18th, etc. service users are needed to produce a sample of 467 from 6,000 service users, etcetera.
### Table 6: Extract from the Selecting the Sample-minimum worksheet, showing the random start and sampling intervals required for each stratum

<table>
<thead>
<tr>
<th>Stratum</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>LD – all ages</td>
<td>Non LD, 18-64</td>
<td>Non LD, 65+, In Residential Care</td>
<td>Non LD, 65+, Community Based Services</td>
</tr>
<tr>
<td>The number of service users you are drawing your sample from (also called the ‘eligible population’)</td>
<td>1000</td>
<td>3000</td>
<td>2000</td>
<td>6000</td>
</tr>
<tr>
<td>Sample Size - Actual number of questionnaires you need to send out</td>
<td>63</td>
<td>170</td>
<td>156</td>
<td>467</td>
</tr>
<tr>
<td>Sampling interval needed if you want to select every nth user</td>
<td>15.87</td>
<td>17.65</td>
<td>12.82</td>
<td>12.85</td>
</tr>
<tr>
<td>Random Start</td>
<td>7</td>
<td>10</td>
<td>13</td>
<td>6</td>
</tr>
</tbody>
</table>

The record that should be selected from your eligible population within each stratum:

<table>
<thead>
<tr>
<th>Elig Pop Number</th>
<th>Flag</th>
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<th>Flag</th>
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</tbody>
</table>
Selecting a reserve sample (if required)

5.30 Service users identified as being unsuitable for inclusion within the sample (but who remain included within the eligible population) may have been excluded from the sampling frame prior to selecting the sample. If so, a reserve sample should not be required.

5.31 If determining the eligibility for inclusion of all members of the eligible population is not felt to be feasible, it’s likely that some of the service users selected in this initial sample will need to be removed and replaced (see paragraphs 5.34 to 5.37 for information about sample substitution).

5.32 This can lead to an iterative (and potentially time-consuming) process of taking ‘top-up’ samples in order to identify replacement service users. Where local authorities are able to produce a reasonable estimate of the number or proportion of service users in each stratum who will need to be replaced (for example, by looking at the numbers replaced in previous years) it may be more efficient to select a reserve sample at the same time as the initial sample.

5.33 To use the Sample Size Calculator to identify the sampling interval needed to select a reserve sample:

- Remove those in the initial sample from the list of eligible service users to create an eligible population subset.
- Calculate the new population size for each stratum (the original population size minus the original sample size – these totals should match the record level data contained within the eligible population subset created in the step above) and enter these into the first column of the “Fulfilling Minimum Requirements by Strata” section of the Sample Size Calculator.
- Calculate the expected number of service users to be replaced (for example, by looking at the numbers replaced in previous years) plus x per cent, where x is an inflation factor designed to ensure adequate numbers of service users are available on the reserve sample to cover removals from the original sample. Enter the required reserve sample sizes for each stratum into the ‘Sample Size’ column of the “Fulfilling Minimum Requirements by Strata” section of the Sample Size Calculator by overwriting the existing formulae.
- See the “Selecting the Sample-minimum” worksheet for updated random start and sampling interval results.

Remove and replace service users in the sample (if required)

5.34 Once the initial sample has been selected it should be checked for service users who should not be sent a survey for one or more of the following reasons:

- The service user is known to have stopped receiving long-term support services since the extract was taken (i.e. they would not be in the Eligible Population were a new extract taken). This includes those service users who have died or moved out of the local authority area since the extract was taken.
- It is known that the service user will be in hospital at the time the survey is being sent out.
- The service user is in prison or in a detention centre.
• The service user is in residential or nursing care or supported accommodation and is known to lack the mental capacity to consent to participate in the survey (see paragraph 4.16 for further information).

• The service user is known to have a Court-appointed Deputy, indicating that they lack the mental capacity to consent to take part.

• There is an open safeguarding alert or investigation that involves the service user.

• The service user is in active dispute with the local authority at the time the survey is being sent out and it is felt that sending them a questionnaire could be perceived as being unduly provocative or insensitive. Note that it is not acceptable to remove service users on the basis that they have a reputation for complaining about services as this would introduce bias to the results.

• The service user or their carer/advocate has contacted the council in the past expressing a preference to opt out of surveys or to complain about receiving a survey.

5.35 Where the Eligible Population includes people from whom a response cannot be expected (e.g. because they have subsequently moved away, died, or gone to hospital for an extended period) then they should not be sent a questionnaire; they should be removed from the sample and substituted with another person. Note that the person remains part of the Eligible Population used to calculate the sample size needed in order to meet the required margin of error (see paragraphs 5.7 and 5.8), and the data reported to NHS Digital.

5.36 If a number of service users in the sample have recently been asked to participate in a local authority-run survey it is possible that surveying them again may lead to ‘survey fatigue’ and have an adverse impact on response rates. It may therefore be desirable to remove them from the sample for the ASCS. Local authorities proposing to remove and replace service users for this reason should contact the user survey team at NHS Digital (via socialcaresurveys@nhs.net) to discuss whether this is permissible. A number of factors will be considered, including whether the local authority will be able to meet the margin of error requirement, and whether removing the affected users could introduce bias into the sample (e.g. if all those affected had common characteristics, such as their primary support reason). Note that a service user appearing in the sample for the ASCS in consecutive years would not be considered to cause survey fatigue and would not be a legitimate reason to remove them from the sample.

5.37 Any service user removed from the sample for the reasons listed in paragraph 5.34 must be replaced with another service user from the same age group, primary support reason and service setting. For example, if a service user aged 18-64, in receipt of community-based services for mental health support is removed from the sample then they must be replaced with another service user who shares these characteristics. This is to ensure that the final sample is representative of the population.

Finalising the sample / creating a top-up sample

5.38 Once the sample has been finalised and questionnaires issued, nobody should be removed from either the sample or the Eligible Population; this includes service users that could have been removed after the sample was drawn due to the reasons described in paragraph 5.34.

5.39 The only event that can result in a change to the sample once questionnaires have been issued is the addition of people to the sample, where a top-up sample is required,
for example where response rates haven’t been as anticipated and the overall margin of error requirement looks unlikely to be met.

5.40 As with the initial sample, any top-up sample should be drawn using systematic random sampling, but rather than drawing the samples within each stratum, they should be drawn from within the same groups of service users as outlined above (i.e. matching age group, primary support reason and service setting). Where a reserve sample was drawn at the same time as the initial sample, this reserve list may be used to identify like-for-like replacements as an initial alternative to drawing top-up samples.

5.41 Service users in the top-up or reserve samples will need to be checked against the criteria listed in paragraphs 5.34 to 5.37 before they can be added to the sample as a replacement. The process of removing and replacing service users may therefore be an iterative one. It is also possible that the supply of service users within a category may become exhausted, making it impossible to replace them on a like-for-like basis. In this situation service users should be matched as closely as possible in respect of age group, primary support reason and support setting, using the preferences ranked in Table 7 below.

5.42 Note that service users who have been removed from the sample must not be removed from the Eligible Population count.

### Table 7: Ranked preferences for replacing service users in the sample when a complete match is not possible

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Group</th>
<th>Primary Support Reason</th>
<th>Service Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Different</td>
<td>Same</td>
<td>Same</td>
</tr>
<tr>
<td>2</td>
<td>Same</td>
<td>Different*</td>
<td>Same</td>
</tr>
<tr>
<td>3</td>
<td>Same</td>
<td>Same</td>
<td>Different</td>
</tr>
<tr>
<td>4</td>
<td>Different</td>
<td>Different*</td>
<td>Same</td>
</tr>
<tr>
<td>5</td>
<td>Different</td>
<td>Same</td>
<td>Different</td>
</tr>
<tr>
<td>6</td>
<td>Same</td>
<td>Different*</td>
<td>Different</td>
</tr>
<tr>
<td>7</td>
<td>Different</td>
<td>Different*</td>
<td>Different</td>
</tr>
</tbody>
</table>

*First choose the largest subclass within the same primary support reason. Where this is also exhausted choose the largest primary support reason.

5.43 As outlined above, depending on the size of the Eligible Population and the quality of local records it may be that it is less resource intensive to check the Eligible Population in full for those service users who would be removed from a sample, and ensure that none of these individuals are included in the final list from which the initial sample is selected.
6. Administering the survey

Managing the sample dataset

6.1 Building on the Eligible Population data extracted during section 5, it is advisable for councils to include all of the data items listed in Appendix E (“Data to be return to NHS Digital”) from their stored records, as well as any information necessary to support the smooth running of the survey (such as those outlined in paragraphs 5.1 to 5.6).

6.2 This data should be stored in a survey database or spreadsheet. It may also be useful for you to add local variables; whilst NHS Digital does not need to receive these variables, you may wish to perform more detailed analysis locally.

Assign serial numbers to those in the sample

6.3 Once the final sample has been established each service user should be allocated a unique serial number to be used to identify them throughout the survey process. This should not be the same as the client or customer number used on local authority care records, nor any number that could be used to identify the individual (for example, do not use National Insurance Number or NHS Number).

6.4 Each serial number must be unique to each service user and should include a code for your council as well as for each respondent. You could consider building other pieces of information that may be useful for the administration of the survey into the serial number, for example codes that reflect local area or regional teams, etc. which may facilitate managing follow-ups and/or analysis of the data at sub-council level.

6.5 The serial number must be included on the questionnaire sent to the service user (see paragraphs 6.1 and 6.2) and on the reminder, as well as on whatever spreadsheet or system local authorities use to log and record responses to the survey, to ensure they are recorded against the right individual.

Determine which questionnaire to send to each service user

6.6 There are several versions of the ASCS questionnaire:

- A standard version for those in permanent residential or nursing care.
- A standard version for those in receipt of community-based services.
- An easy-read version for those in permanent residential or nursing care.
- An easy-read version for those in receipt of community-based services.
- A large-print version for those in permanent residential and nursing care.
- A large-print version for those in receipt of community-based services.
- A large-print easy-read version for those in permanent residential and nursing care.
- A large-print easy-read version for those in receipt of community-based services.
- Translated versions of the community-based services questionnaire.

6.7 Before sending out any survey materials to participants, local records should be checked to ensure that the service user is sent the version of the questionnaire and covering letter that is most appropriate for them. This helps to increase the chances of achieving a good response rate.
6.8 In most cases a standard version of the questionnaire should be used – which one is dependent upon whether the service user is in permanent residential or nursing care, or in receipt of community-based services (including those in short-term residential care who are expected to return to their own home).

6.9 Easy-read versions of the questionnaires are provided. These have been developed primarily for those service users with a learning disability and should be used for all those in stratum 1 (unless otherwise requested by the service user), as well as any service user in strata 2-4 who is known to have a learning disability or is known to have requested the easy-read version in the past. The easy-read versions are specific to the service user’s support setting, i.e. there is a version for those in residential care and a version for those receiving community-based support.

6.10 The large-print versions of the questionnaires should be used for services users about whom it is known they would not be able to respond to a standard questionnaire, or for those who are known to have requested large-print materials in the past. These versions of the questionnaire are specific to the service user’s support setting.

6.11 Translated versions of the questionnaire are provided for those who would not be able to participate using the English versions. Translations provided are based on the community-based version of the questionnaire, but should also be used for those in residential or nursing care who require the translated materials.

6.12 A ‘translation request leaflet’ is provided with the survey materials. This is designed to inform participants that the questionnaire is available in other formats on request and should be sent to service users along with the questionnaire and introductory letter. As outlined in paragraphs 4.38 to 4.43, wherever possible the first language of respondents should be recorded as part of councils systems, and as part of the survey database or spreadsheet, to enable service users whose first language is not English to be sent the appropriate translated version of the survey materials from the outset.

**Alternative formats of the questionnaire and help to participate**

6.13 Local authorities should identify service users in their sample who will need access to alternative formats not provided by NHS Digital and take steps to ensure these are available on request. Examples might include:

- Providing a recording containing a spoken version of the questionnaire.
- Providing the questionnaire as a document file for visually impaired people.
- Providing the questionnaire in braille.
- Providing the questionnaire in languages where a translation is not already provided by NHS Digital.

6.14 Some service users will not be able to complete a questionnaire independently, regardless of format. Local authorities should make provision to support these individuals to participate by, for example:

- Arranging for a family member or an informal carer to help the service user complete the questionnaire. This could, for example, include the helper reading the questions and response options aloud and recording the responses. It could also include the helper translating the responses into another language. There are instructions on the questionnaire to guide the family member or carer in how to help.
• Arranging for an advocate to help the service user to complete the questionnaire. This should only be done where the service user has an existing relationship with the advocate.

• Arranging for the questionnaire to be administered as an interview (see paragraphs 6.15 to 6.17 for important information about using interviews).

• Arranging assistance from a professional interpreter, including a sign language interpreter (see paragraphs 4.40 – 4.43 for further information about providing interpretation services).

• Using experienced staff to resource a telephone helpline that service users can call to ask questions about the survey.

6.15 Anyone directly involved in the provision of services to the participant should not help them to complete the questionnaire. This is because respondents may not feel able to give their true opinion and this would bias the results. This includes council staff such as social workers, care workers and personal assistants who should also be discouraged from helping.

6.16 The exception to the rule described in paragraph 6.13 is that for service users in care homes or supported living establishments, where it is the preference of the service user or where it is the only way in which it is possible for a service user to participate using a questionnaire, staff may provide assistance to complete the questionnaire. Having care home or supported living establishment workers assist with the completion of the questionnaire should not be standard practice due to concerns that they could have undue influence over responses. Measures to mitigate this are included in the letter to care home and supported living managers (see ‘Appendix G: Survey materials’) and the instructions on the questionnaires.

6.17 At the request of the service user, and where it is not possible to find appropriate support to enable them to complete a postal questionnaire, the survey may be administered as an interview, either by telephone or face-to-face (note that service users with a learning disability may be interviewed face-to-face but not by telephone). Interviews should be used by exception: the number of interviews completed should be small in relation to the size of the sample (generally this would be expected to be less than five per cent).

6.18 Interview scripts are provided via the links in ‘Appendix G: Survey materials’. These will need to be customised by the local authority, as described in paragraphs 4.17 - 4.7. The person conducting the interviews should be trained and experienced at this. The interviewer must explain the purpose of the survey to the service user prior to asking them any questions, and must gain informed consent before proceeding. Where the interview is face-to-face, the participant must be asked to sign the consent form (see ‘Appendix G: Survey materials’).

6.19 Some potential respondents may have limited literacy skills and may therefore need to have the questionnaire administered through a face-to-face interview with a professional interpreter. Interpreters must be able to translate questions accurately and speak to respondents in a colloquial version of their language. They should be well briefed about the aims of the survey and must sign a confidentiality statement to share the individual’s responses with the person in the local authority with responsibility for administering the survey only. In addition to giving consent to participate in the survey the respondent will need to give express consent for the interview to be administered by the interpreter.
Send out and book in questionnaires – the fieldwork period

6.20 Questionnaires should not be sent out before 16 January 2017 and it is recommended that the fieldwork period is complete (i.e. that all questionnaires have been issued) by 10 March 2017.

6.21 If a local authority finds that it cannot comply with these fieldwork dates then NHS Digital should be informed in advance via socialcaresurveys@nhs.net. Deviation from the standard fieldwork dates may affect the comparability of results between councils therefore councils that conduct the majority of their fieldwork later than the recommended final date may be named in the data quality section of the report so that anyone using the data is aware of the differences. It is important that any delay does not impact on the ability to meet the deadline for returning data to NHS Digital.

6.22 Sufficient time must be allowed for sending out a reminder letter (which should be accompanied by another copy of the questionnaire) to non-respondents no later than three weeks after the initial mailing was sent.

6.23 A system will be required for booking in returned questionnaires and recording whether they have been completed in full, in part, or left entirely blank. Receipt of a returned questionnaire should be logged promptly so that service users who have already returned their questionnaires (including those who have returned blank questionnaires) are not sent a reminder.

6.24 Local authorities with larger samples may find administration of the survey more manageable by sending out questionnaires in up to four waves, thus spreading the workload over a number of weeks. An example timetable showing how the questionnaires can be sent out in four waves is provided in Table 7.

### Table 7: Example timetable for sending out questionnaires and reminder letters and questionnaires in four waves

<table>
<thead>
<tr>
<th>Week commencing</th>
<th>16 Jan</th>
<th>23 Jan</th>
<th>30 Jan</th>
<th>6 Feb</th>
<th>13 Feb</th>
<th>20 Feb</th>
<th>27 Feb</th>
<th>6 Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Send out questionnaires</strong></td>
<td>Week 1 Sample</td>
<td>Week 2 Sample</td>
<td>Week 3 Sample</td>
<td>Week 4 Sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Initial deadline (end of week)</strong></td>
<td>Week 1 Sample</td>
<td>Week 2 Sample</td>
<td>Week 3 Sample</td>
<td>Week 4 Sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Issue reminders</strong></td>
<td>Week 1 Sample</td>
<td>Week 2 Sample</td>
<td>Week 3 Sample</td>
<td>Week 4 Sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.25 If the serial number has been removed from a returned questionnaire it will almost certainly not be possible to identify which service user has responded. In cases where the returned questionnaire contains sufficient information to allow the service user to be assigned to a stratum with reasonable confidence then a new record should be created at the bottom of the data return and the responses recorded. A returned easy-read questionnaire suggests that the service user has a learning disability and will be in stratum 1. A residential questionnaire suggests either stratum 2 or 3 depending on age, and a community-based questionnaire suggests either stratum 2 or 4, again depending on age. It will therefore be necessary to look at responses, including free text boxes, for any information that provides insight as to the age of the respondent. The number of records added to the data return for this reason should be provided in the first box on the 'Validation Tables' worksheet in the data return. If it is not possible to assign a stratum then the response should be disregarded.
Ensure recipient wishes are recorded and respected

6.26 Where a service user makes contact expressing a preference to opt out of surveys or to complain about receiving a survey this must be recorded so that they can be excluded from future surveys (see paragraph 5.34).

Follow-up where questionnaires have not been returned

6.27 To help maximise response to the survey, a reminder letter with another questionnaire and relevant guidance should be sent to service users who have not returned a questionnaire (either completed or blank) by the return date given by the local authority. It is recommended that this should be no later than three weeks after the questionnaire was first sent.

6.28 Even where local authorities have already met the ±5 per cent margin of error requirement, a reminder should still be sent. This will help to reduce non-response bias, as well as ensure that the methodology is consistent across local authorities, thus producing comparable data.

6.29 Where the initial response rate has been low and there is concern that the margin of error requirement will not be met, local authorities can choose to use the reminder letter to advertise the option of participating in the survey through an interview, as this may help to increase response. Alternatively, local authorities may choose to take a top-up sample from the Eligible Population list, if time allows. The sample should be drawn on the same basis as the original sample.

6.30 Service users should be sent only one reminder.

Feeding back to service users

6.31 It is best practice to allow service users to see the results of the survey and making a direct link between participation and results may help to boost response rates.

6.32 An additional tick box has been added so service users can request a copy of the results. Councils can then either mail out a copy of any local level analysis they carry out or wait until NHS Digital publish the results of the survey later in the year.

6.33 Councils who do send out copies of their local level analysis may also wish to provide a link to, or send a copy of, the national survey report when this is published later in the year. Alternatively, councils could make findings available via their websites to cut down on the costs of printing and posting these documents. Printed copies may still need to be made available on request.

Further research

6.34 An optional question appears at the end of the questionnaire asking respondents if they wish to express an interest in taking part in further research. This is good survey practice as it allows follow-up research about issues raised in the survey which may be undertaken by the local council or others. This will provide a list of respondents who are willing to take part, thus bypassing the need to recruit them.

6.35 It is important to stress however that any future use of a list of service users who answer positively to this question must still include an initial process by which the list is checked to ensure they are still able and willing to take part in the further research project.
7. Transfer questionnaire data to the data return

Data to be submitted

7.1 The data required for submission to NHS Digital are outlined in Appendix E: Data to be returned to NHS Digital.

7.2 Gender, age, ethnic group and primary support reason of the cared for person should be recorded for all individuals in the sampling frame as they are important for gauging how representative the respondents are of all those sampled.

7.3 The data returned to NHS Digital should be of good quality. Where data is of a particularly low quality (in terms of completeness, conforming to required formats or internal consistency), this may lead to councils being named in the data quality section of the final NHS Digital report in order that anyone using the data is aware of any known potential anomalies. Please refer to Appendix E for information about data validation.

7.4 Data can be transferred to the data return either manually or by scanning. A case study about scanning survey questionnaires into the data return is available in the ‘Best practice’ area of the survey resources page (http://content.digital.nhs.uk/social-care/running-and-using-surveys). Please open the zip folder and refer to cases UES-A6 (scanning).

Demographic data

7.5 Gender, age, and ethnicity should be collected from council records wherever possible. Previous surveys have shown that nearly all councils are able to do this and this will reduce the burden of data gathering on councils. If you cannot provide this information from your records however, then the demographic questionnaires available should be used.

7.6 Note that you may collect more detailed information on participants’ ethnic groups (further breakdown of the main ethnic groups into subgroups, for example “White British”, “White Irish”, and so forth), so long as this information can be collapsed back into the main ethnic groups shown on the questionnaire, and returned to NHS Digital in this format.

7.7 This survey also collects religion and sexual orientation data. These should only be supplied however, from council records and must not be added to the questionnaire. This is because there is concern that adding these questions may adversely affect the response rate, particularly if they are the only demographic questions in the survey. This information should therefore be collected via local operational processes rather than via a national survey. If you are not able to provide this information then please insert the “missing” code of -9 to inform us that you have purposefully coded this as missing.

7.8 It is acknowledged that this may be in contrast to your preferred approach to gathering equality information, but we must stress that it is not appropriate for these questions to be included on the questionnaires for the reasons set out above. Instead councils should gather this information via other surveys or processes they may have and then make sure this information is added to their service user database so it is then available for further runs of the survey. Any councils unsure about collection of data on religion or sexual orientation should contact NHS Digital via socialcaresurveys@nhs.net.
7.9 Councils who do wish to gather data on sexual orientation (via for example local operational processes) should look at the questions developed by the Office for National Statistics. Questions are available within these materials that councils can use within self-completion and interviewer-led surveys, although it should be noted that no testing for the impact on response rates when using the self-completion approach has been conducted.

**Validate the data return**

7.10 The data return should be checked prior to submission. Checks should include, but should not be limited to: all survey data are included, worksheets have not been corrupted by the addition or removal of columns, there are no blank rows in the main data worksheet, and all data correctly represent administrative records and questionnaires as appropriate.

7.11 NHS Digital provides an Excel macro, called the Survey Data Return Validator, which can be used to check the validity of the data in the data return. This is available from the survey web page on the NHS Digital website: see paragraph 1.8 on page 7. The Survey Data Return Validator includes instructions for use.

7.12 It is highly recommended that the Survey Data Return Validator is used to check the data return, and that validation issues are addressed, prior to submission to NHS Digital.

**Submitting data to NHS Digital**

7.13 Data must be submitted to NHS Digital no later than 10 May 2017.

7.14 The data submission portal will be confirmed nearer the submission deadline.

7.15 In addition to the data return, NHS Digital requires blank copies of your final questionnaires. These will provide a further check on whether or not the survey has been carried out in line with this guidance and allow NHS Digital to identify themes emerging in the additional questions that councils are asking. Note that these should be emailed to directly at socialcaresurveys@nhs.net and should not be submitted via the data submission portal.

7.16 We also welcome comments on the survey process, for example:

- thoughts on how it might be improved
- suggestions of practice to share with others
- other questions that might be collected nationally

7.17 These can be captured via a contextual questionnaire which will form part of the data return and which can be found in the “Survey Process Information” tab.
Questions and answers

**Question:** When including the ‘Mandatory’ information of the Service User (the sections in yellow on the data return), should these details relate to when the survey is sent out or the point of extract?

**Answer:** These details should be recorded at the point of extraction unless otherwise stated in the description of the data item.

**Question:** Do we need to fill in the ‘mandatory’ details of people who do not respond to the survey?

**Answer:** Yes; this information is used to see if particular groups are more likely to not take part in the survey than others.
Appendix A: Business case and relationship with ASCOF

Policy Context

A.1 As a sector, we need to understand more about how services and support are affecting the outcomes in people’s lives. Personalisation by definition means putting the user at the heart of care planning and provision and it is critical to have high quality information to aid our understanding of the impact and outcomes achieved, to enable choice and inform services development and improvement. A robust survey programme, collecting the views of the people who use services and support, is the best and most appropriate vehicle to achieve this.

A.2 The Care Act 2014 consolidates past legislation and regulation but continues to strive for greater transparency, accountability and personalisation in health and social care.

A.3 Key to supporting implementation of the Act is the need for outcome-focused intelligence.

Uses of the Survey

A.4 The Personal Social Service Adult Social Care Survey (ASCS) is the most significant pool of personal outcome information for those receiving local authority-funded or managed adult social care. It is an important resource for reporting what has been achieved for local people, supporting development and improvement of local services and enabling people to make better choices about their care. It features heavily in the Adult Social Care Outcomes Framework (ASCOF), providing data for the outcome measures listed in paragraph A.8.

A.5 It is important to be able to see at national level how well services are meeting user and carer needs. However, data from the survey is not intended to be used solely to monitor performance through national outcome measures but also to be used locally to inform delivery of service and support and to monitor and develop standards. We recognise that surveys are an important means for obtaining this information. We understand that some councils may undertake regular feedback via their agreements with service providers but this survey will give a greater insight into outcome for users and provide a consistent basis for comparing results across different areas.

A.6 The survey will provide assured, benchmarked local data on outcomes to support local services to think about ways of improving outcomes in a very challenging financial climate. It is constructed so that an individual outcome can be disaggregated into constituent groups. So, as well as providing an overall quality of life index, it will provide intelligence on whether specific groups experience better outcomes, whether services and support are meeting all outcome needs, and the value-added by social care services.

A.7 The survey, methodology and this guidance has been designed in consultation with the Social Services User Survey Group (SSUSG). SSUSG exists to recommend a programme of social services user experience surveys, develop their content and advise on the methodology. The group includes Department of Health (DH) policy leads, DH and NHS Digital statisticians, council representatives, the Care Quality Commission (CQC) and researchers from the Personal Social Services Research Unit (PSSRU). SSUSG reports to the National Data Collections Programme Board, which reports to the Data and Outcomes Board (DOB); DOB is co-chaired by the Association of Directors of Adult Social Services in England and the Department of Health. The
survey has DH and Association of Directors of Adult Social Services (ADASS) approval.

A.8 This survey will be used to populate the following outcome measures in the ASCOF:

- 1A Social care related quality of life.
- 1B The proportion of people who use services who have control over their daily life.
- 1I1 The proportion of service users who report that they have as much social contact as they would like.
- 1j (placeholder) Adjusted Social care-related quality of life – impact of Adult Social Care services.
- 3A Overall satisfaction of people who use service with their care and support.
- 3D1 The proportion of service users who find it easy to find information about services.
- 4A The proportion of people who use services who feel safe.
- 4B The proportion of people who use services who say that those services have made them feel safe and secure.

Appendix B: How much the survey will cost

B.1 It is not possible to say how much the survey will cost you. Councils will have sample sizes that vary and the staff they choose to employ to manage the survey are likely to differ also. These factors along with those such as the structure of your service user records will all have a bearing on costs.

B.2 Councils are likely to be able to estimate how much they will have to spend by considering not only the stages that need to be gone through in order to complete the survey but also the following:

- **Staff time:** surveys are staff intensive activities. You might consider appointing a project manager to ensure all the necessary stages of the survey progress according to timetable and to take responsibility for selecting the sample and negotiating with social workers. The issue of how evidence on lack of capacity to consent to take part in the survey will be provided will need to be dealt with by those who know the prospective respondent. More routine activities could be allocated to other staff, for example checking the sample, getting all the necessary documents printed, sending out questionnaires and reminders, monitoring response and booking in returned questionnaires. More specialist activities such as local level analysis of the results could be allocated to trained staff.

- **Stationery:** not only will copies of questionnaires have to be printed but also covering letters and reminder letters to service users in the sample. Envelopes will have to be provided and stuffed, address labels will have to be attached and postage paid.

- **Other costs:** in the few occasions when the respondent requests for the questionnaire to be administered by telephone or face-to-face, the cost of phone bills and interviewers needs to be taken into account.

B.3 Councils will also be able to draw on their experience of running previous surveys.
Appendix C: The advantage of confidentiality over anonymity

C.1 On the front cover of each of the model questionnaires is a confidentiality pledge which promises respondents that, with one proviso, the answers they give will not be passed on to their care workers, their social worker or anyone else responsible for providing them with their services. The proviso comes into force if respondents reveal that their health and safety is at risk, e.g. they are being hurt or harmed in any way by anything and anybody, or if they have a serious complaint that needs to be dealt with. This pledge is necessary because certain staff within a council could find out whether or not service users in the survey sample had completed their questionnaires, and if they had completed them, how they had answered the various questions.

C.2 If respondents were to be guaranteed anonymity rather than confidentiality there would be no serial numbers on the questionnaires to identify the people who had completed them. The main advantage of anonymity is that it removes any fears that respondents may have of being identified and the service they receive being affected as a result. On the other hand, surveys that guarantee confidentiality are easier to manage and control than those that promise anonymity. A big advantage of confidentiality is that only respondents who have not returned questionnaires need to be sent reminders and encouraged to take part in the survey. If respondents are given anonymity, reminders have to be sent to all eligible sample members, irrespective of whether or not they have already returned a questionnaire. Further advantages are that response rates for different user groups can be compared, and action taken in respect of those cases where respondents indicate that they are being harmed or mistreated in any way. It also enables returned questionnaires to be mapped to data taken from administrative systems such as services received, cost of care package and demographic data.

C.3 By using the content of the standard materials to make it clear to respondents the circumstances under which they may be identified, whilst also guaranteeing that the answers they provide will not be passed on to social workers or care workers or other staff or organisations, respondents should be assured that confidentiality, rather than anonymity, represents an acceptable approach.
Appendix D: The strengths and weaknesses of postal questionnaires, face-to-face interviews and telephone interviews

Postal questionnaires

D.1 The overriding advantage of postal questionnaires is that they are relatively cheap to administer and easier for non-survey organisations to administer than face-to-face interviews or telephone interviews. In addition, they can reach those people with whom face-to-face or telephone interviewers find it hard to make contact. They also allow respondents more time to consider both the questions and their answers.

D.2 Response can be adversely affected if the questionnaire is badly designed, hard to read and if the way it is laid out makes it difficult for respondents to navigate through it. Care also needs to be paid to any documents accompanying questionnaires such as covering letters and explanatory leaflets. Response will also be low if people who have not returned their questionnaires are not sent a reminder. However, a well-designed questionnaire and a well-planned system for mailing out reminders can result in acceptable response rates.

D.3 Respondents to postal surveys often find even the most rudimentary routing e.g. ‘go to question 8’ difficult to deal with. As a result the structure of postal questionnaires has to be kept simple and this limits the topics that can be asked about.

D.4 While face-to-face interviews are generally appropriate for most potential survey respondents, postal questionnaires may not be suitable for people who are very frail, blind or partially sighted or who have problems reading. For this reason it is important that your samples of users are checked by someone with knowledge of service users’ capabilities and needs in order that appropriate arrangements can be made to enable all eligible respondents to take part in the survey.

D.5 Finally, there is no guarantee with a postal questionnaire that the person to whom it is addressed will be the person who fills it in.

Face-to-face interviews

D.6 The main advantage of face-to-face interviews is that they can accommodate a larger number of questions than a postal questionnaire as well as a more complex structure. In addition interviewers can use their skill to maximise response by making the survey seem worth taking part in and by negotiating with potential respondents about when to carry out interviews. As a result, surveys based on face-to-face interviewing generally achieve higher response rates than postal surveys.

D.7 The main disadvantage of face-to-face interviews is their cost. Another disadvantage is that interviewers, by their very presence, may influence respondents’ answers. This effect is mediated by the respondents’ desire to please their interviewer and can result in their providing answers that they think will be socially acceptable. Finally, the responses people give in an interview can be affected by the presence of other people. For this reason it is preferable for face-to-face interviews to be conducted in private, though of course this is not always possible.

D.8 Those service users who do need a face-to-face interview should be asked to sign a consent form before the interview begins.
Telephone surveys

D.9 Telephone surveys are more expensive to run than postal surveys but considerably cheaper than surveys based on face-to-face interviews. They can produce higher response rates than postal surveys and can handle relatively complex routing but it is generally recommended that telephone interviews be limited to no more than about 15 minutes in length. A further limitation is that questions with large numbers of response options do not work over the telephone and visual aids such as show cards cannot be used. Ideally, telephone interviews should be carried out by professional or at least well-trained interviewers.

D.10 Note that service users with a learning disability may not be interviewed by telephone (see paragraph 6.15).
Appendix E: Data to be returned to NHS Digital

D.1 NHS Digital provides a data return template for the submission of ASCS data; this can be accessed via.

D.2 The data return should be sent to NHS Digital via a secure online file-transfer system. NHS Digital will contact all known ASCS contacts in local authorities to provide access to this system, ensuring that at least one named individual in each local authority registers for an account. Data must not be submitted by any other medium. Data returns sent to NHS Digital by email will be deleted without being opened.

D.3 Data should be provided for the full sample of services users who have been sent a questionnaire. Any service user that has been sent a questionnaire but does not return it should be coded as a non-responder. Records for non-respondents should include as much of the non-questionnaire data as possible. See ‘Appendix H: Glossary’ for further clarification regarding coding responses and non-responses on the data return.

D.4 Any completely blank rows (e.g. where a service user has been removed from the final sample due to one of the valid removal reasons described in this document such as having gone into hospital between the sample being finalised and the survey being sent out) should be removed. There is no need to adjust serial/reference numbers when deleting records i.e. the serial/reference numbers do not need to be consecutive.

D.5 During the course of the survey local authorities may add columns to the data return to record information for use locally, such as responses to locally added questions. Any columns added by local authorities must be removed before data are sent to NHS Digital.

D.6 The data return includes some data validation and conditional formatting to highlight validation issues. Councils should avoid deleting or overriding these validations.

D.7 It is recommended that local authorities use the ‘Survey data return validator’ tool prior to data submissions; this is available for download from the NHS Digital website.

D.8 NHS Digital will check the validity of data submissions and provide feedback to councils who may then have the opportunity to resubmit data. Where council data contain significant data quality issues it is likely that they will be named in the data quality section of the final NHS Digital report to ensure that anyone using the data is aware of any potential anomalies.

D.9 In addition to the data return, the final materials used by local authorities to complete the survey should be sent to NHS Digital. This is to allow NHS Digital to identify whether the survey has been completed in compliance with this guidance, and to look for themes in the additional questions included by local authorities. Documents should be sent to NS Digital by email, at socialcaresurveys@nhs.net. These documents tend to be large – it may be necessary to send these either in a compressed/zip folder, or in a number of separate emails.
Service User Data

D.10 In addition to fields for question response data, the ‘Service User Data’ worksheet in the data return includes fields relating to running the survey, data about the questionnaire recipients, and administrative data.

D.11 The mandatory and voluntary fields included on the return are:

- Method of Collection should also be recorded for all service users when sending out the questionnaires
- Whether the service user has responded or not
- Gender of service user
- Age (in years) of service user
- Ethnicity of service user
- Sexual orientation of service user
- Religion of service user
- Primary Support Reason of service user
- Support setting of the service user
- Mechanism of delivery of services provided to the service user i.e. Direct Payment only, Part Direct payment, LA managed personal budget, LA commissioned services only.
- Whether the Service User is a Full Cost Client
- Complete Cost of Care Package:
  - Gross annual budget on services in financial year, to the nearest £
  - Does this budget include any contributions made by the service user?
  - Does this budget include any equipment costs?
  - Does this budget include any care home fees?
  - Does this budget include other streams of funding outside of social care (e.g. from the Independent Living Fund) which are seen as part of the service user’s budget?
  - Has the service user received any centrally funded services not included in the budget?
  - Please provide information on the types of centrally funded services the user has received and any other information regarding the cost of the package
- Reported Health Conditions of the cared-for person. This data should be recorded as it appears in council records, and as mandated in the equalities and classification framework: that is, the two mandatory reported health conditions (Autism (excluding Asperger Syndrome / High Functioning Autism), and Asperger Syndrome / High Functioning Autism) must be included for where these are flagged for the service user, with the remaining conditions being voluntary.
- Whether an advocate has been used

Note that age, gender and ethnicity can be added to the questionnaire if you cannot obtain it from council records. Note that sexual orientation and religion must not be added to the questionnaire in any circumstance.
• Whether they need an interpreter
• Which language was used
• Which version of the questionnaire was used (community / residential & nursing, easy-read)
• Whether the service user is a replacement for someone who has been excluded for any reason
• Whether this person responded to the original mailing or a reminder

Questions

1. Overall, how satisfied or dissatisfied are you with the care and support services you receive?

2a. Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?

2b. Do care and support services help you to have a better quality of life?

2c. Which of the following statements best describes how much choice you have over care and support services you receive?

3a. Which of the following statements best describes how much control you have over your daily life?

3b. Do care and support services help you in having control over your daily life?

4a. Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?

4b. Do care and support services help you in keeping clean and presentable in appearance?

5a. Thinking about the food and drink you get, which of the following statements best describes your situation?

5b. Do care and support services help you to get food and drink?

6a. Do care and support services help you in keeping your home clean and comfortable?

6b. Do care and support services help you in keeping your home clean and comfortable?
7a. Which of the following statements best describes how safe you feel?

7b. Do care and support services help you in feeling safe?

8a. Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

8b. Do care and support services help you in having social contact with people?

9a. Which of the following statements best describes how you spend your time?

9b. Do care and support services help you in the way you spend your time?

10. Which of these statements best describes how having help to do things makes you think and feel about yourself?

11. Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?

12. In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?

13. How is your health in general?

14[a]. By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.
   - Pain or discomfort

14[b]. By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.
   - Anxiety or depression

15[a]. Please place a tick in the box that best describes your abilities for each of the following questions.
   a. Do you usually manage to get around indoors (except steps) by yourself?

15[b]. Please place a tick in the box that best describes your abilities for each of the following questions.
   b. Do you usually manage to get in and out of a bed (or chair) by yourself?

15[c]. Please place a tick in the box that best describes your abilities for each of the following questions.
   c. Do you usually manage to feed yourself?
15[d]. Please place a tick in the box that best describes your abilities for each of the following questions.

d. Do you usually deal with finances and paperwork – for example, paying bills, writing letters – by yourself?

16[a]. Please place a tick in the box that best describes your abilities for each of the following questions.

a. Do you usually manage to wash all over by yourself, using either a bath or shower?

16[b]. Please place a tick in the box that best describes your abilities for each of the following questions.

b. Do you usually manage to get dressed and undressed by yourself?

16[c]. Please place a tick in the box that best describes your abilities for each of the following questions.

c. Do you usually manage to use the WC/toilet by yourself?

16[d]. Please place a tick in the box that best describes your abilities for each of the following questions.

d. Do you usually manage to wash your face and hands by yourself?

17. How well do you think your home is designed to meet your needs?

18. Thinking about getting around outside of your home, which of the following statements best describes your present situation?

19[a]. Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

a. Yes, from someone living in my household

19[b]. Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

b. Yes, from someone living in another household

19[c]. Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

c. No

20[a]. Do you buy any additional care or support privately or pay more to 'top up' your care and support?

a. Yes, I buy some more care and support with my own money

20[b] Do you buy any additional care or support privately or pay more to 'top up' your care and support?

b. Yes, my family pays for some more care and support for me
20[c]. Do you buy any additional care or support privately or pay more to 'top up' your care and support?
   c. No

21. Did you have any help from someone else to complete this questionnaire?

22[a]. What type of help did you have?
   a. I didn't have any help

22[b]. What type of help did you have?
   b. Someone else read the questions to me

22[c]. What type of help did you have?
   c. Someone else translated the questions for me

22[d]. What type of help did you have?
   d. Someone else wrote down the answers for me

22[e]. What type of help did you have?
   e. I talked through the questions with someone else

22[f]. What type of help did you have?
   f. Someone answered for me, without asking me the questions

**Eligible Population**

1. The Eligible Population worksheet collects data required in order to calculate the weights needed for analyses, to calculate confidence intervals, and to assess response rates. It is very important that this data is completed accurately to ensure weights and overall estimates are calculated correctly.

**Validation Comments**

2. A ‘Validation Tables’ worksheet has been included in the data return to help validate the data in the ‘Service User Data’ sheet. This also provides a series of comment boxes for you to complete should your return have missing data. This is where you should record any explanations for any boxes left blank within any part of the ‘Service User Data’ sheet. This is required to remove unnecessary validation queries from NHS Digital.

**Survey Process Information**

3. The ‘Survey Process Information’ sheet contains a contextual questionnaire which is used by NHS Digital to understand how local authorities have experienced the completion of the survey and to inform development of the survey. There is also scope within this section for councils to provide feedback to NHS Digital which can be used to inform the future development of the survey.
Appendix F: Providing budget data

E.1 The provision of budget data is voluntary.

E.2 The amount reported should reflect the planned annual budget allocated to a person for their care and support. Supplementary information about the value of the total annual budget is requested; this is to ensure comparability across councils.

E.3 The costs associated with receipt of the following forms of support should not be included in the budget:
   - Reablement services.
   - Professional support services.
   - Equipment services (i.e. price of equipment items, provision of equipment and ongoing maintenance costs).
   - Care home fees (for temporary/respite or long-term stays).

E.4 The data return has columns for indicating whether the reported budget includes equipment or care home fees (for temporary/respite or long-term stays); this is to ensure comparability across local authorities. These costs should not be included, but there may be cases where it is not possible to break out these costs from the budget allocated to each person.

E.5 The cost reported should be the equivalent of the planned annual budget allocated to the person; a full economic costing of each service is not required, nor is the contract amount for services or actual expenditure at an individual-level.

E.6 The cost reported should be the budget including the contribution to care costs made by the service user. To ensure the budget for each individual is the total individual budget, councils are asked to record for each individual whether the annual budget recorded includes the contribution made by the user.

E.7 The cost reported should be the planned annual budget for the financial year 2015-16. The planned annual budget need not be the same as the actual annual expenditure, since actual expenditure may vary in response to fluctuating needs. However, it should reflect the final agreed care package or personal budget negotiated using the resource allocation system following the most recent needs assessment or review.

E.8 The cost reported should reflect the amount of resources planned to be provided to a user over the financial year:
   - Where users have a personal budget, the annual agreed amount of that budget over the financial year should be reported.
   - Where users’ support is not self-directed, it is recommended that councils extract the care package for a week (where the week is chosen to coincide with the extraction date for the rest of the council-provided data) and multiply the cost of these services by 52.18 (the average number of weeks in a year, accounting for leap years) to get the planned annual budget.

E.9 The cost reported should include additional monies from streams of funding outside of social care (e.g. Independent Living Fund, Health, Supporting People) if these are used to jointly fund social care support. Councils are also asked whether the reported budget includes additional monies, to ensure comparability.

E.10 In cases where individual-level costs are not available for services because, for example, the council operates a block contract for services or services are provided in-house, the cost of these services should be excluded from the total annual budget.
This is because an estimated cost (for example dividing the value of the block contract by the number of recipients) would not reflect the intensity of provision. Councils are asked to record whether the user receives any other services that are not included in the total annual budget and to note which services were excluded.

E.11 The examples that follow are intended to help clarify how to record individual-level budgets within the data return.
Example 1

Person A is assessed as being eligible for community-based support. It is agreed that the person is entitled to an annual personal budget of £25,000, which is managed by the local authority. The financial assessment requires Person A to contribute towards the costs of her care. Person A therefore pays 25% of the costs i.e. £6,250 and the council pays 75% i.e. £18,750. All of the money in the person budget comes from social care.

Note: the fact the service user contributes themselves does not feature in the following calculation as we need to know the entire size of the budget and it is not relevant how the money is provided.

Note: The planned costs for reablement, equipment and care home fees should be excluded in column X where this is practically possible. ILF and other streams of funding outside of social care should be included in column X where this is practically possible.

Columns Z, AA and AB will be used to identify any differences across councils in the reporting of these costs. This will be used to improve the comparability of data collected across councils.

The following should therefore be entered into the spreadsheet:

<table>
<thead>
<tr>
<th>X</th>
<th>Y</th>
<th>Z</th>
<th>AA</th>
<th>AB</th>
<th>AC</th>
<th>AD</th>
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<tbody>
<tr>
<td>Complete Cost of Care Package</td>
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</tr>
<tr>
<td>Planned annual budget in 2015-16 to the nearest £</td>
<td>Does the annual budget, given in column X, include the contribution made by the user? (Including where that contribution is 0% (£0))</td>
<td>Are any equipment costs included in the annual budget given in column X?</td>
<td>Are any care home fees included in the annual budget given in column X?</td>
<td>Are any other streams of funding outside of social care (e.g. from the Independent Living Fund) included in the budget given in column X?</td>
<td>Has the service user received any centrally funded services that are not included in the budget given in column X?</td>
<td>Please provide information on the types of centrally funded services the user has received that are not included in the budget</td>
</tr>
<tr>
<td>A</td>
<td>25,000</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Example 2

As part of their agreed care package, Person B is receiving 12 hours of home care per week (£15/hr) and goes to 2 day care sessions per week (£30/session). During the year Person B has also received two items of equipment (annual maintenance costs are £500 and the items of equipment cost £12 and £300). The financial assessment requires Person B to contribute towards the costs of her care. Person B therefore pays 33% of the costs and the council pays 66%.

Note: the fact the service user contributes themselves does not feature in the following calculation as we need to know the entire size of the budget and it is not relevant how the money is provided. The costs of equipment also do not feature in the calculation.

If home care is purchased at a rate of £15 per hour, day care sessions at a rate of £30 per session, the planned annual budget should be calculated as:

Weekly budget: (£15*12hrs)+(£30*2sessions)=£240 per week
Annual budget: £240/week * 52.18 = £12,523.

The following should therefore be entered into the spreadsheet:

<table>
<thead>
<tr>
<th>X</th>
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<th>AB</th>
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<tr>
<td><strong>Complete Cost of Care Package</strong></td>
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</tr>
<tr>
<td>Planned annual budget in 2015-16 to the nearest £</td>
<td>Does the annual budget, given in column X, include the contribution made by the user?</td>
<td>Are any equipment costs included in the annual budget given in column X?</td>
<td>Are any care home fees included in the annual budget given in column X?</td>
<td>Are any other streams of funding outside of social care (e.g. from the Independent Living Fund) included in the budget given in column X?</td>
<td>Has the service user received any centrally funded services that are not included in the budget given in column X?</td>
<td>Please provide information on the types of centrally funded services the user has received that are not included in the budget</td>
</tr>
<tr>
<td>B</td>
<td>12,523</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
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</tbody>
</table>
Example 3

Person C is assessed as needing an annual personal budget of £3,100. As a result of the financial assessment he does not make any contribution towards the costs of his care. The personal budget is managed by the local authority and funds 2 day care sessions per week, as well as an item of equipment. He also receives some monies from the Independent Living Fund (£2,400) which he uses to pay for 3 hours of home care a week. The person has a Learning Disability and has a weekly support meeting with his care manager (professional support). Person C has also received 2 weeks of respite care in a care home during the year, for which care home fees of 1,500 were paid.

*Note: Since the costs of the item of equipment cannot be disentangled from the personal budget they are implicitly included in the calculation. By contrast the care home fees can be disentangled from the budget and are not included in the calculation below.*

The planned annual budget should be calculated as: 3,100+2,400 = 5,500.

The following should therefore be entered into the spreadsheet:

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<tr>
<th>X</th>
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<th>AC</th>
<th>AD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned annual budget in 2015-16 to the nearest £</td>
<td>Does the annual budget, given in column X, include the contribution made by the user?</td>
<td>Are any equipment costs included in the annual budget given in column X?</td>
<td>Are any care home fees included in the annual budget given in column X?</td>
<td>Are any other streams of funding outside of social care (e.g. from the Independent Living Fund) included in the budget given in column X?</td>
<td>Has the service user received any centrally funded services that are not included in the budget given in column X?</td>
<td>Please provide information on the types of centrally funded services the user has received that are not included in the budget</td>
</tr>
<tr>
<td>C</td>
<td>5,500</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
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</table>

*Note: The inclusion of equipment costs in the budget is recorded in column Z. Professional support is not recorded in column AC as these costs were not expected to be included in the budget. Although Person C does not make any contribution to the costs of his care, a 1 has been entered in column 2. This is because the annual budget given is the Planned cost; it includes the zero contribution made by the user.*
Example 4

As part of their agreed care package, Person D is receiving home care from an agency with which the council has a block contract and goes to 2 day care sessions per week (£30/session). The financial assessment requires Person D to contribute towards the costs of her care. Person B therefore pays 20% of the costs and the council pays 80%.

Note: *The fact the service user contributes themselves does not feature in the following calculation as we need to know the entire size of the budget and it is not relevant how the money is provided. The costs of home care are not included in the calculation since the hours of care provided and the cost per hour for Person D are unknown. This is noted in column AC and AD.*

If day care sessions at a rate of £30 per session, the planned annual budget should be calculated as:

Weekly budget: £30*2sessions=£60 per week
Annual budget: £60/week * 52.18 = £3,130.8

The following should therefore be entered into the spreadsheet:

<table>
<thead>
<tr>
<th>X</th>
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<th>AC</th>
<th>AD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned annual budget in 2015-16 to the nearest £</td>
<td>Does the annual budget, given in column X, include the contribution made by the user?</td>
<td>Are any equipment costs included in the annual budget given in column X?</td>
<td>Are any care home fees included in the annual budget given in column X?</td>
<td>Are any other streams of funding outside of social care (e.g. from the Independent Living Fund) included in the budget given in column X?</td>
<td>Has the service user received any centrally funded services that are not included in the budget given in column X?</td>
<td>Please provide information on the types of centrally funded services the user has received that are not included in the budget</td>
</tr>
<tr>
<td>D</td>
<td>3,131</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Home care services
Example 5

Person E has dementia and has an informal carer who provides much of her support. She is also assessed as being eligible for social care support. It is agreed that she is entitled to an annual personal budget of £15,000, which is managed by her informal carer on her behalf. The personal budget was designed to provide day care sessions and respite care in a residential care home. The financial assessment requires Person E to contribute towards the costs of her care. Person E therefore pays 30% of the costs i.e. £4,500 and the council pays 70% i.e. £10,500. All of the money in the person budget comes from social care.

Note: the fact the service user contributes themselves does not feature in the following calculation as we need to know the entire size of the budget and it is not relevant how the money is provided. Since the personal budget is designed to cover respite residential care, the budget implicitly includes care home fees, which it is not possible to disentangle from the total budget. This is reflected by the 1 in column AA.

The following should therefore be entered into the spreadsheet:

<table>
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<th>X</th>
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<th>AB</th>
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</tr>
<tr>
<td>Planned annual budget in 2015-16 to the nearest £</td>
<td>Does the annual budget, given in column X, include the contribution made by the user?</td>
<td>Are any equipment costs included in the annual budget given in column X?</td>
<td>Are any care home fees included in the annual budget given in column X?</td>
<td>Are any other streams of funding outside of social care (e.g. from the Independent Living Fund) included in the budget given in column X?</td>
<td>Has the service user received any centrally funded services that are not included in the budget given in column X?</td>
<td>Please provide information on the types of centrally funded services the user has received that are not included in the budget</td>
</tr>
<tr>
<td>E</td>
<td>15,000</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
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</tbody>
</table>
Questions about the budget data

Q. Should the budget calculations always be based on the service the client is receiving as at 30th September or when the Eligible Population extract was taken from systems, even if the service is changed at a later date?

A. The budget information should not be confused with expenditure. For the survey, the amount that has been budgeted for the service user for the whole financial year rather than the amount that has been spent on services to date is required. Therefore this should be the amount of money that has been budgeted for that person following their most recent assessment/review. Councils may have different practices and may only complete a financial assessment once in the year and this is the information that should be included in the budget data items for this user. However if councils complete a financial assessment at every review when a change of services is deemed necessary, then this is the information that would be included in your data return.

Q. How should situations where an individual starts using services part-way through the financial year be handled?

A. The reported annual planned budget will be used as an estimate of the intensity of services at the time of the data extraction. Any fluctuations in individual-level budgets over time will not be reported.

If the person has a personal budget, the annual budget agreed at the last review should be reported.

If the person is receiving traditional services, we recommend that councils extract the care package for a week (where the week is chosen to coincide with the extraction date for the rest of the council-provided data) and multiply the cost of these services by 52.18 to get the planned annual budget.
Appendix G: Survey materials

Model questionnaires

F.1 There are different versions of the model questionnaires on the website along with some model demographic questions at: http://content.digital.nhs.uk/ascs1617. They are:

- Model Questionnaire – for those resident in the community
- Model Questionnaire – for those in residential and nursing care
- Model Questionnaire – easy-read for those resident in the community
- Model Questionnaire – easy-read for those in residential and nursing care
- Model Questionnaire – large print for those resident in the community
- Model Questionnaire – large print for those in residential and nursing care
- Model Questionnaire – large print easy-read for those resident in the community
- Model Questionnaire – large print easy-read for those in residential and nursing care
- Model Questionnaire – demographic questions
- Model Questionnaire – easy-read demographic questions
- Model Questionnaire – large print demographic questions
- Model Questionnaire – large print easy-read demographic questions

F.2 Translated versions of the community-based questionnaire are also made available on the website for people whose primary language is not English. If councils cannot find the language required within this set they are able to commission local versions to be translated and distributed.

F.3 Note that the easy-read versions do not have to be printed in colour.

Sample letters and forms

F.4 Sample letters and forms are also available:

- Standard covering letter to accompany both the residential / nursing and community versions of the questionnaire
- Large print version of the standard covering letter
- An easy-read version of the covering letter, to accompany the easy-read versions of the questionnaires
- An easy-read, large-print version of the covering letter, to accompany the easy-read versions of the questionnaires
- Letter to send to care home and supported living managers to check capacity
- Letter to send to care home and supported living managers to encourage response
- Reminder letter
- Easy-read reminder letter
• Large-print reminder letter
• Large-print easy-read reminder letter
• Consent form for face-to-face interviews
• Consent form for face-to-face interviews for users with a learning disability
• Translation request sheet – enables recipients to request a translated version of the questionnaire

**Interview scripts**

F.5 Five interview scripts are also provided:

• Face-to-face interview script for those resident in the community
• Face-to-face interview script for those in residential and nursing care
• Face-to-face interview script for those with a learning disability
• Telephone interview script for those in residential and nursing care
• Telephone interview script for those resident in the community

F.6 There are instructions at the beginning of the interview scripts which must be followed. The scripts also include gaining consent of the service user to take part in the survey which must be obtained before the interviewer begins to ask the questions. A consent form to record this is available.

F.7 Note that telephone interviews should not be offered to service users with a learning disability (see paragraph 6.17).
Appendix H: Glossary

The terms listed below are used in this document and other NHS Digital survey materials.

**Eligible Population:** all people meeting the inclusion criteria at the time the survey snapshot is taken. See section ‘Extract the Eligible Population data including auxiliary information’ (page 26). The Eligible Population includes those who are removed from the sample as described in paragraphs 5.34 to 5.37

**Sampling Frame:** the subset of the eligible population with ineligible respondents removed.

**Sample:** the subset of the Sampling Frame to whom questionnaires are sent.

**Auxiliary Information:** data that enable correct administration of the survey. For example this includes data that allow the most appropriate version of the questionnaire to be sent and to identify who should be excluded from the survey. See sections ‘Extract the Eligible Population data including auxiliary information’ on page 26 and ‘Appendix E: Data to be returned to NHS Digital’ on page 53.

**Primary Sample:** the main survey sample, see section ‘Selecting the primary sample’ on page 322.

**Reserve Sample:** an additional sample, taken at the same time as the primary sample, that acts as a data source where service users from the primary sample need to be substituted. See section the section entitled ‘Selecting the primary sample’ on page 322.

**Response:** a response should be recorded on the data return for a questionnaire returned that includes answers to at least one of questions 1 to 22 (mandatory or optional) from the questionnaire documents supplied by NHS Digital. See below regarding question 23.

**Non-Response:** a non-response should be recorded on the data return for:

- A questionnaire returned completely blank.
- A questionnaire returned containing only answers to locally-added questions and/or optional question 23 (‘We may be asking some people to take part in follow-up research for this study in the next year or so. Would you be happy to be invited to take part in more research?’).
- A questionnaire that is not returned.

**Stratified Sampling:** a sampling technique where the population is divided into different subgroups (strata); subjects are selected at random, proportionally, from each of the strata

**MAX:** Maximising the Value of Survey Data in Adult Social Care. A project funded by the Department of Health via the Quality and Outcomes of Person-centred Care Policy Research Unit (QORU). The aim of the project being to find ways to maximise the value of both the Adult Social Care Survey and the Survey of Adult Carers in England, for local authorities.