Personal Social Services: Adult Social Care Survey England

Information and guidance for the 2024-25 survey year

Published November 2024

Improving lives with data and technology

Document filename:	**Adult Social Care Survey**		
Project / Programme	**Adult Social Care**		
Data Product Manager	**Martin Grund**	Status	**Final**
Owner	**Liz Selfridge / Tim Gill**	Version	**3.0**
Author	**Liz Selfridge / Tim Gill**	Version issue date	**12/11/2024**

Document management

Revision History

Version	Date	Summary of Changes
3.0	12 November 2024	Final Release Key dates updated – Final deadline 11 June 2024
2.0	24 October 2024	Final release Dates confirmed. Councils are permitted to add six additional questions; previously approved questions or questions from the question bank without seeking approval from NHS England. New questions must still be sent to NHS England for approval.
1.0	08 July 2024	First release Dates to be confirmed. Councils no longer need to send blank copies of their materials to NHS England for them to be reviewed. Councils are permitted to add six additional questions from the question bank without seeking approval from NHS England. The Report Health Condition (RHC) Autism Spectrum Disorder (ASD) is now mandatory and the RHCs Autism and Aspergers have been removed.

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Martin Grund	Data Product Manager	12/11/2024	3.0
Martin Grund	Data Product Manager	24/10/2024	2.0
Liz Selfridge	Principal Information Analyst	08/07/2024	1.0

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Martin Grund	Martin Grund	Data Product Manager	12/11/2024	3.0

Glossary of Terms

Term / Abbreviation	What it stands for

Document Control:

Contents

Introduction

1.1 This document sets out the guidelines for conducting the Personal Social Services Adult Social Care Survey (ASCS). Councils with Adult Social Services Responsibilities (CASSRs) in England are required to conduct this annual postal survey of those to whom they provide services. The Care Act 2014 consolidates past legislation and regulation but continues to strive for greater personalisation along with improved transparency and accountability (see Appendix A). ASCS asks users about their quality of life, the impact of services on their quality of life, and their general health and well-being.

1.2 The data collected are sent to NHS England 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 B for further details. These data will be used to inform and support policy and decision making at both the local and national level; to improve care, services and outcomes for local populations.

1.3 The survey was developed in conjunction with the Social Services User Survey Group (SSUSG). For more information see Appendix C.

1.4 If you are conducting the survey, then you must read the main body of this document in full before commencing work. More general information about the survey is included in the appendices.

1.5 It is vital that councils adhere to this guidance as closely as possible to ensure that the survey results from different CASSRs and regions are genuinely comparable. Also, the research design and materials have been approved by the Social Care Research Ethics Committee (SCREC) and any deviation may lead councils to fall outside its remit.

1.6 For the avoidance of doubt, it is confirmed that the national data opt-out will not apply to the 2024-25 Adult Social Care Survey. Further work is underway with local authorities to support the implementation of national data opt-out across health and care. Further information and updates are provided on the national data opt-out webpages.

1.7 You may believe that you are faced with exceptional circumstances which makes it necessary to deviate from this guidance, for example if questionnaires cannot be distributed and returned in the given fieldwork period. In such instances NHS England must be contacted and approval sought before any action can be taken.

1.8 If NHS England believes that councils have changed materials or practices in a manner which has compromised the robustness or comparability of the survey results, then it may be necessary to note these incidences in the Data Quality section of the survey report. This will enable anyone who uses the data to understand its strengths and weaknesses and to assess its usefulness for themselves.

1.9 If you have any criticisms or suggestions for improvements, or if you are unclear about what to do then please contact us.

1.10 You can reach the adult social care user survey team at NHS England by email socialcare.statistics@nhs.net or by contacting the NHS England contact centre on 0300 303 5678 or email enquiries@nhsdigital.nhs.uk. The preferred method of initial contact is via email.

1.11 The changes are highlighted in yellow in the pdf version of the guidance. A summary of key dates, changes and frequently asked questions are included as an appendix within this guidance.

Figure 1: The survey process and associated timescales

Inform and engage senior management and obtain permission to send out questionnaires to users

Finalise questionnaires and materials

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

Extract the Eligible Population data including auxiliary information

Check eligible population data for completeness, accuracy and currency

Remove from the eligible population figure those users known to have been incorrectly included due to records being out of date.

Eligible population can be extracted at any time between **30 September and 31 December**

Determine the required sample size

Select the primary sample

Select the reserve sample (if you wish at this point)

Determine which questionnaire to send to each service user

Identify those service users who should not be sent a questionnaire due to the reasons listed in 3.32

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 non-respondents

Select the top-up sample to compensate for low responses (if a reserve sample has not already been determined) if necessary.

Top up sample if necessary

Questionnaires should be sent out from **6 January 2025**. NHS England recommends that fieldwork is completed by **7 March 2025.**

Transfer questionnaire data to the data return

Validate the data return

Submit data to NHS England

ASCS data for 2024-25 should be submitted to the NHS England by **7 May 2025.**

1. Overview

2.1 This section briefly reviews issues which CASSRs should consider from the outset of the project. It covers the importance of maximising response rates and lists the materials to be used by the council in undertaking the survey. It also covers the issues of engaging staff and public, maintaining confidentiality and relationships with third party providers.

Maximising response rates

2.2 As you read through this guidance it should become clear that the survey design is largely aimed at maximising the response rates. This is because surveys do not draw information from the whole population they represent. Instead, the views of those who participate in the survey are used to estimate the views and experiences of everyone.

2.3 It is natural that any estimate is subject to a degree of uncertainty, which is expressed statistically as a ‘margin of error’. The higher that the proportion of survey respondents is in relation to the total user population, the lower the margin of error. The requirement for the ASCS is that the results have a margin of error of less than +/- 5 per cent. This means that if 50% of survey respondents say they are very satisfied with the services they receive, we can be reasonably confident that the figure for all eligible users from that council will be between 45% and 55%. More information about margin of error calculations are available in paragraphs 3.39 to 3.46.

2.4 It is also important to maximise response to mitigate the problem of non-response bias, which occurs if there are significant differences between people who do and do not participate in a survey. If for example, those who are more likely to respond to a satisfaction survey are also more likely to be dissatisfied with the services they receive, then the results will overestimate the general level of dissatisfaction amongst users. The higher the level of non-response, the greater this overestimation shall be. Simply increasing the sample size, without changing the response rate, cannot mitigate this problem.

2.5 The need to maximise response rates underpins the design of the materials. The questionnaire and covering letters are written to help users understand that participation is a worthwhile activity. These documents guarantee confidentiality and highlight the steps to take if users need help to complete the survey. The layout of the materials is aimed at helping respondents easily negotiate the questionnaires, for example by using Calibri font in 14-point to make the documents easy to read (see Appendix D for more details).

2.6 Consideration has also been given to enabling as wide a range as possible of potential participants to respond, including those whose who are not fluent in English, people with sensory and other impairments, people with limited literacy skills and anyone who might find it difficult to complete a questionnaire by themselves. In addition to the self-completion questionnaires NHS England has produced a range of materials (see Available materials below). Councils are also expected to give due consideration to the diversity of needs of the users in their area in terms of provision of materials and assistance.

2.7 In past years, some CASSRs have chosen to use incentives to encourage responses to the survey. NHS England carried out some analysis on question responses for councils that used incentives compared to those that did not offer incentives. The analysis discovered that the use of incentives did not seem to have an impact on the overall response rate but there were differences in the question responses. To try and ensure the data is as comparable as possible, CASSRs are advised not to use incentives.

Available materials

2.8 In addition to this guidance NHS England has posted the following materials for CASSRs' use on the Adult Social Care Survey, 2024-25, https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/adult-social-care-user-survey-ascs-2024-25

- Questionnaires
- Face-to-face and telephone interview script
- Demographic questionnaires
- Cover and reminder letters
- Letters to care home managers
- Consent form
- Translation request sheet
- Sample size calculator
- Draft and non-protected survey data return

2.9 The questionnaires have different versions for service users who are resident in the community and for those in residential and nursing care.

2.10 Most of the materials for service users include large print and easy read versions. Translated versions of the questionnaires and letters are available in 17 languages. For a full list see Appendix E.

2.11 If the first language of the service user is known, then the translation request sheet does not need to be sent out with the questionnaire(s).

2.12 Councils may also wish to use the MAX toolkit, which is designed to maximise the local usefulness of the survey (see Appendix F).

2.13 Further information sources are listed in Appendix G.

Engaging council staff

2.14 Given their essential role in conducting the survey, council staff need to be committed to its aims and objectives. An understanding on their part of the aims of the survey is likely to be of key importance in gaining their commitment. Furthermore, staff who are not directly involved with the survey but work with service users, should be made aware of the survey and its aims. This way, if asked by service users, they may encourage response and allay concerns that response may affect services received. Another way of getting all 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.

2.15 Senior management must also be informed about the survey. It is an ethical requirement that participating CASSRs obtain senior management permission prior to sending out questionnaires to service users. Generally, it is in councils' interests that senior management are informed of the need to undertake the survey and engaged as early as possible. This way due consideration can be given to allocating resources to the survey administration (see Appendix H) and to maximising the usefulness of the data obtained to the council.

2.16 CASSRs may have to carry out a local ethical review if they do not run the survey in the way outlined in this guidance document, or if they choose to include additional questions in the questionnaires (see paragraphs 3.18 to 3.24 for information about additional questions).

Advance publicity

2.17 Councils should also consider engaging the public, especially service users, as early as possible. Giving the survey advance publicity should aid the response rate. This leads potential respondents to expect to receive a questionnaire and gives them some idea of what the survey is trying to achieve. Councils might issue a general press release through the local press or through relevant local user group networks. It may also be useful to let local Service User Organisations know about the survey, so they can publicise it with users. A leaflet with a notice to service users may also encourage people to respond.

Confidentiality

2.18 It is essential that the confidentiality of participating service users is assured. Council staff, other than those administering the survey, cannot know whether individuals have completed a questionnaire or how questions were answered. The questionnaires, covering and reminder letters all contain assurances of confidentiality.

2.19 A unique code will need to be generated by councils so that returned questionnaires can be mapped back to the participant. This will enable survey teams to follow up those who have not initially responded to the survey, and to bring together information from a variety of data sources. CASSRs will therefore need to consider how information is handled within the council. Due attention must be paid to the new General Data Protection Regulation (GDPR) which has been in operation since May 2018.

2.20 In particular, access to the list of users' details used to send out the questionnaire will need to be strictly controlled. 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 must have access. Unsecured email must never be used to send content which includes the names or other personal details of users. Completed questionnaires must be stored securely in locked cabinets.

2.21 Councils must retain paper copies of the questionnaires until the publication of the final 2024-25 ASCS report. After this point you are free to securely dispose of paper copies, although you may wish to hold on to them for longer if you believe for example, that participants are likely to take part in any follow up studies. The treatment of paper and scanned copies must be in line with your local Information Governance procedures and meet the requirements of the GDPR.

Outsourcing the survey

2.22 Councils may consider outsourcing elements of the survey process to a third party. For example, a data capture company might be used to scan completed de-identified questionnaires into a dataset format. This approach may help councils to meet submission deadlines by removing the need to enter data manually.

2.23 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. Again, councils will need to attend to the new GDPR.

2.24 In running the survey, councils are likely to be acting as a data controller, outsourcing tasks, under clear instruction and with strict controls, to third parties who then act as data processors in carrying out the agreed work. Councils therefore are responsible for ensuring that any third party operates by an acceptable code of conduct, particularly around the issue of confidentiality.

Data sharing with service providers

2.25 If any of the user 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 have experienced problems persuading partner organisations, responsible for the provision of services, to share contact details 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.

2.26 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. As with outsourced survey partners, this issue must be considered in the context of the GDPR.

2. Preparing the Survey

3.1 This section covers the actions CASSRs need to take to prepare the survey before questionnaires are sent out to participating users. Ahead of this fieldwork period councils must complete a variety of tasks, including making necessary amendments to written materials, determining the eligible population and generating administrative information. Councils also have the option to include additional questions from the question bank for local research purposes. Please see the 'Additional Questions' section of the guidance for further details.

Finalising materials

3.2 CASSRs need to customise the materials provided by NHS England. Sections which require amending are identified with red text and yellow highlighting (all highlighting must be removed once amendments are completed).

3.3 Councils may also adapt the materials to match the formats they use to produce and process their other publications. This may include for example, making changes to enable the use of specialist survey software in the production of, and scanning of, questionnaires. Any such amendments must be minor and **must not** be made unless prior consent has been given by NHS England.

3.4 Councils are no longer required to email blank versions of their letters and questionnaires to NHS England for review.

Letters to care homes

3.5 CASSRs will need to finalise two letters (ASCS letter to care home and supported living managers to inform or check capacity and ASCS letter to care home and supported living managers to encourage response) which are to be sent to the managers of residential and nursing care homes and supported living establishments. Where the CASSR hold information to assess if a resident has capacity to consent to the survey, this can be used, and the survey sent directly to the resident. In this situation, the CASSR just needs to inform the care home that the survey is taking place. If the CASSR does not hold information to allow them to assess if a resident has capacity to consent, the letter to care homes is used to identify service users who do not have the mental capacity to consent to participate in the survey. The letters also promote the survey to managers and encourage their active involvement in ensuring that questionnaires reach service users and that support is provided to allow service users to participate. Care home managers can inform councils that the service user has permanent loss of capacity. Where this has been indicated, the service user should be excluded from the sampling frame for all future surveys.

3.6 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 must be addressed to 'The Registered Manager' to ensure that they are opened. These letters may be sent before or after the initial sample has been selected (see paragraph 3.60).

3.7 CASSRs may choose to email the letters to the care home managers rather than sending them via post. If using emails, CASSRs must ensure that only secure email addresses are used for both sender and recipient. As outlined in section 2.20 unsecured email must never be used to send content which includes the names or other personal details of users.

Covering and reminder letters

3.8 CASSRs must also finalise the letters which are to be sent to the participants along with the questionnaires. The name of their social services department or relevant service user's team must be inserted into the text where indicated along with relevant dates. CASSRs must add contact details including a postal and email address and a telephone number. Also, a telephone number must be included for service users to access independent support and advice to help them complete the questionnaire. The council's corporate logo and the Director of Adult Social Services' signature must be added. No other format changes are permitted. No text may be withdrawn, added or amended.

3.9 In the covering and reminder letters, CASSRs are required to add contact details for the service user to make independent complaints. The contact details need to be independent of the Adult Social Care or Research team that is carrying out the survey. It is permittable to include contact details of the CASSRs complaint service provided this is independent of the survey.

3.10 Following the introduction of GDPR in addition to the cover letter, CASSRs must also provide additional transparency information to the service user to inform them of their rights. This information should be in the form of a separate printed information sheet and / or a link to the CASSRs online privacy / transparency notice. Further information on GDPR can be found on the Information Commissioner's Office website: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-to-be-informed/.

Questionnaires

3.11 An appropriate location for a unique serial number for tracking respondents must be identified. This is so that the non-questionnaire information can be added to the questionnaire data on the data return, although not so that council staff can identify the respondent (see paragraphs 2.18 to 2.21). This should be placed to minimise the opportunity for inadvertent removal by respondents.

3.12 Participating councils must also decide how many of the optional questions they wish to use. You may choose as many or as few as you wish and must remove those you do not use from the questionnaire. These include some optional free text questions as well as a question concerning participants willingness to participate in further research. If you choose to include an optional question in the standard survey, then it should also be included in the easy read and translated versions.

3.13 If an optional question is removed, the next question must be brought up so new white space is not added to the survey. If CASSRs choose not to use the optional questions, the question numbers should be changed to reflect this and so not cause confusion, i.e. if question 4b is not being used, question 4a should be renamed to question 4.

3.14 Certain changes to the questionnaires **must not** be made and are not permitted under any circumstances. These include:

- Deleting any mandatory question.
- Changing the wording of existing questions or response options.
- Changing 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.
- Adding council details, corporate logos or other council branding.
- 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).

3.15 Given that these unpermitted changes might undermine the survey results, then it is possible that if they occur they will be itemised in the Data Quality section of the survey report; to allow those who use the data to assess its strengths and comparability.

3.16 CASSRs must include contact boxes at the end of the survey to ask if the respondent wants to receive a copy of the report. CASSRs can either send the full NHS England report or a local version. The text next to the boxes can be amended to reflect what report the CASSR choose to send. A postal version of a report must be included as an option.

3.17 The materials sent to service users must include only those needed to complete the survey. The survey must not be used to send out any other information such as promotional leaflets.

Additional questions

3.18 As already noted, CASSRs may also add questions to the survey for local research purposes. Councils could consider including questions in conjunction with other councils in the same region to provide benchmarking data to support locally focussed improvements. The inclusion of locally relevant questions may encourage participation and improve response rates.

3.19 Additional questions may take the form of discrete questions or free text boxes seeking further information on existing questions.

3.20 Councils can add in up to a maximum of six additional questions into their survey, this includes questions from the 'Question Bank', previously approved questions, and new questions.

- previously approved additional questions, and questions from the question bank, do not need to be approved for use in the 2024-25 survey
- all new additional questions need to be requested for approval via the Additional Question Request form once approved they can be added to the survey
- previously approved questions are available for consideration in the question bank on the NHS England website
- the deadline for making new question requests is Friday 22nd November 2024

3.21 Questions must be subject to cognitive testing to ensure that they are understood by service users in the way that is intended, unless they are known to have been used in previous surveys. They must also be approved in accordance with local research governance arrangements, since they will not have been accounted for in the research ethics clearance given by SCREC.

3.22 When considering the inclusion of additional questions, the following should be kept in mind:

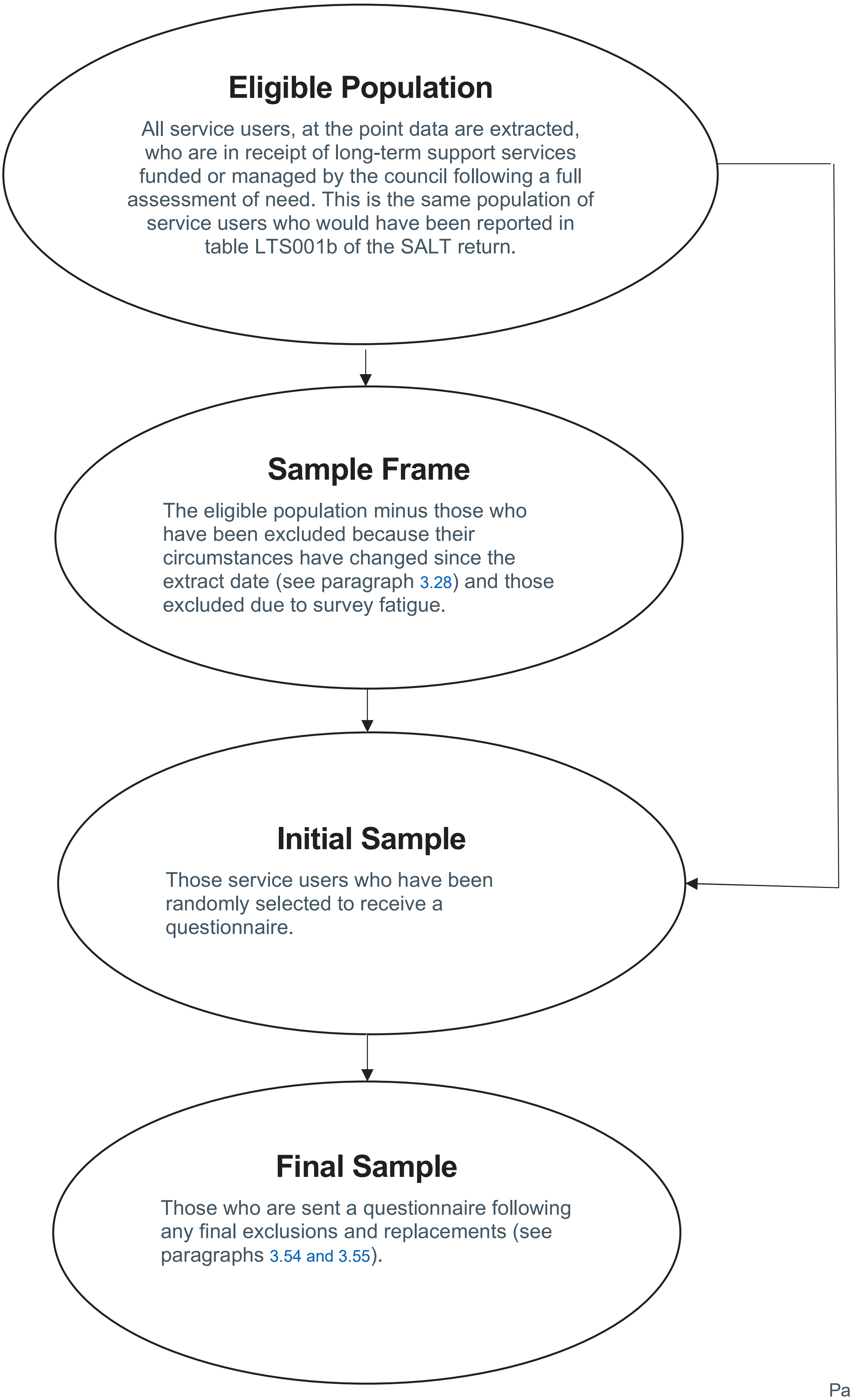
- When planning the use of additional questions from the question bank, thought should be given to why you are collecting the information and how it will be used. Unnecessary information should not be sought, as this would be an intrusion and a waste of the respondents' time.
- Consideration should be given to adding free-text boxes rather than additional questions with response options, in cases where there is a relevant approved free-text box in the question bank. These boxes allow respondents to provide contextual information which may be very relevant for local purposes.
- Councils should consider where best to place the additional questions. Ideally, additional questions should be placed towards the end of the questionnaire, before the final optional question on taking part in further research. This rule may be relaxed in circumstances where an additional question clearly follows on from an existing question, and where it is clear that its placement will not affect the understanding of subsequent questions.
- It is advised that additional questions are included in all versions of the questionnaire.

3.23 CASSRs should not include data from any additional questions in the data return submitted to NHS England.

Determining participation

3.24 CASSRs will need to determine the list of people who are eligible to participate in the survey (the eligible population), the group from which the sample is drawn (the sample frame) and the list of those to whom questionnaires are distributed (the sample).

Figure 2: Path from Eligible Population to Final Sample



All service users, at the point data are extracted, who are in receipt of long-term support services funded or managed by the council following a full assessment of need. This is the same population of service users who would have been reported in table LTS001b of the SALT return.

The eligible population minus those who have been excluded because their circumstances have changed since the extract date (see paragraph 3.28) and those excluded due to survey fatigue.

Those service users who have been randomly selected to receive a questionnaire.

Those who are sent a questionnaire following any final exclusions and replacements (see paragraphs 3.54 and 3.55).

Eligible population

3.25 On any date between 30 September and 31 December 2024 inclusive councils must extract the population of service users who are eligible to participate in the survey.

3.26 The eligible population is all those who would have been reported in table LTS001b of the SALT return if this were populated in relation to the chosen extract date rather than 31 March. 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 council following a full assessment of need. This includes part-funded and full cost paying clients.

3.27 Once the eligible population has been extracted councils should check that their records are correct, for example that all contact data are up to date.

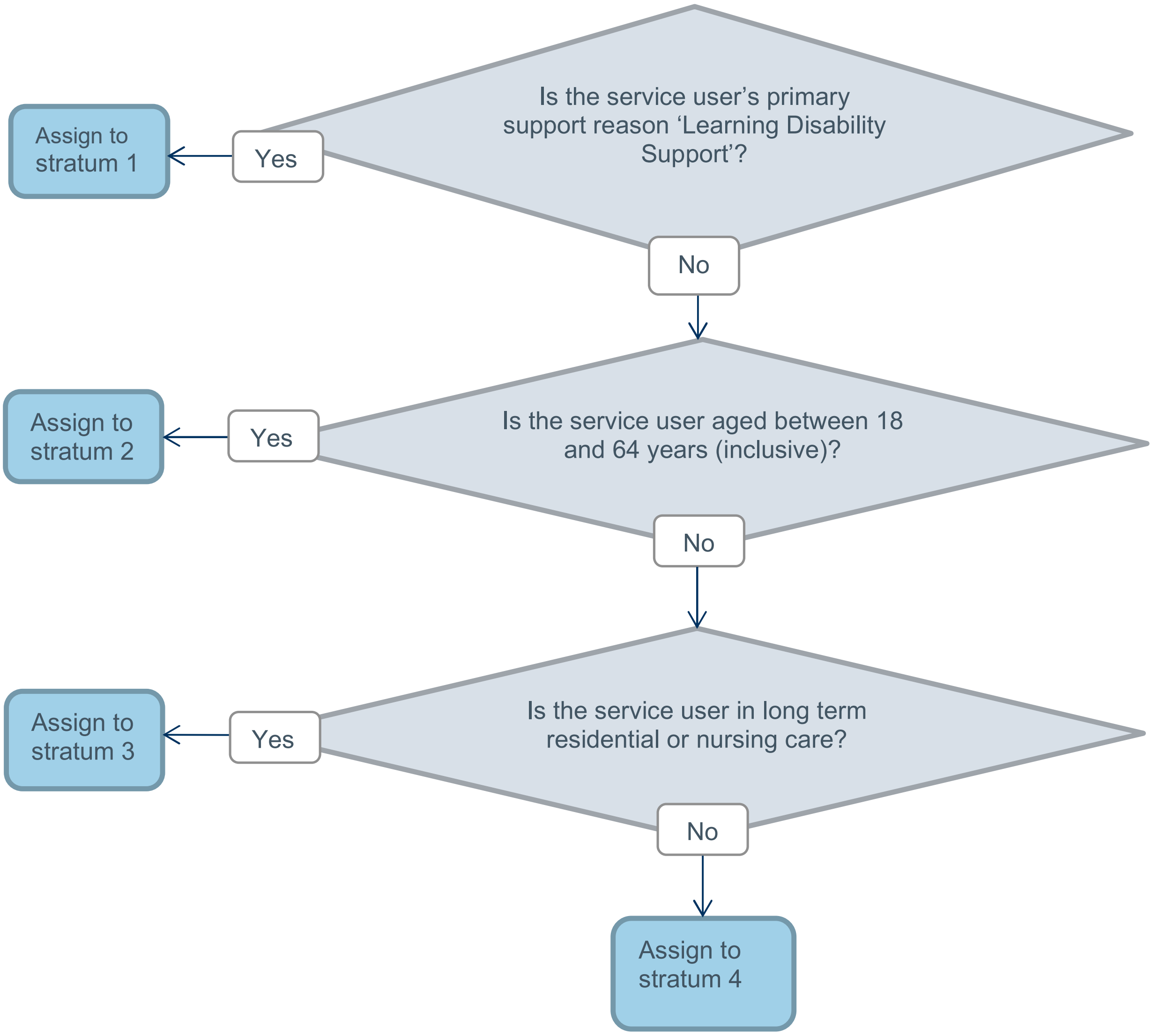
3.28 As the data is checked it may be discovered that some records were out of date at the time of extraction, and that some subjects in the extract should not have been included in the eligible population figure, for example if a service user had died or moved away **before the eligible population extract date**. In such cases the subjects must be removed from the eligible population figure.

3.29 Once the eligible population has been extracted it must be divided into discrete strata, so that the sample size may be calculated for each stratum and a systemic random sample may be drawn (see paragraphs 3.37 to 3.46). The ASCS divides the population into four strata which are derived from service users' primary support reasons, ages and support settings:

- Learning Disability Support – all ages – all settings
- Non-Learning Disability Support – 18-64 – all settings
- Non-Learning Disability Support – 65+ – Long-term residential or nursing care
- Non-Learning Disability Support – 65+ – Community based services (including supported living)

3.30 Figure 3 is a flow chart demonstrating how to assign each service user to a stratum.

Figure 3: Flow chart for assigning services users to a stratum



Sampling frame

3.31 At this stage, depending on the completeness and quality of the data extracted, councils might also wish to flag and exclude members of the eligible population who cannot be selected to receive a questionnaire, thereby creating a discrete sample frame. Those to be excluded include:

- Service users who have died since the data extract
- Service users who have moved away from the area since the data extract
- Service users who will be in hospital at the time of the survey
- Service users who are in active dispute with the council at the time the survey is being sent out. A dispute is defined as a complaint that cannot be resolved by the council and moves on to be handled outside of the council by the ombudsman.
- Service users who are involved in an open safeguarding alert or investigation
- Service users who have contacted, or whose carers/advocates have contacted, the council in the past expressing a preference to opt out of surveys or complain about receiving a survey (please note that the national data opt-out does not apply to the 2024-25 survey; see section 1.6 for further details)
- Service users who are in prison or a detention centre.
- Residential or nursing care home service users who are known to have permanent loss of capacity, as indicated by care home managers in their response to the letter to care homes.
- Service users who are known to lack the mental capacity to consent to participate in the current year's survey, this includes service users in the community, in residential or nursing care or supported accommodation. This information could be from a social care assessment.
- Service users who are known to have a Court Appointed Deputy, indicating that they lack the mental capacity to consent to take part. If a council cannot identify if the service user has a Court Appointed Deputy, for example the outcome of a court assessment is not known, then they should not be removed from the sampling frame.
- Service users under a Deprivation of Liberty Safeguard (DoLs) authorisation. If a service user is under a DoLs authorisation, then they have had a mental capacity assessment satisfied which says they lack capacity to make decisions about their care and so indicates they lack capacity to consent to take part in the survey.
- Service users who are registered within the council but are temporarily placed out of the council's area should remain in the Eligible Population and in the sampling frame if they are being funded by the council.

3.32 Note that it is not compulsory to undertake all these checks and exclusions at this point. However, if you wait until after the sample has been drawn those who are then excluded will have to be replaced on a like-for-like basis. It is likely that late in the survey process you will have to send out a larger number of questionnaires to service users drawn from a reserve or top up sample, to meet the required response rate.

3.33 You may also consider excluding eligible service users if they have recently participated in a survey and you believe that resurveying them could lead to “survey fatigue” and a low response rate. However, such service users may be removed only if councils can still achieve a sufficiently large sample size to meet the minimum requirement, and if removing the previous survey’s participants would not cause this survey’s sample to be biased. Bias could occur for example, if your previous survey focused on service users in a certain geographical area or people with a particular impairment. If you are unsure about introducing bias into your sample frame then you must contact NHS England for advice. 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.

3.34 It is essential that councils do not exclude service users on the basis that they have a reputation for complaining about services. This would seriously bias the results of the surveys and thus reduce their usefulness.

It is important to remember that any service users removed for the above reasons remain part of the eligible population figure, which is used to calculate the necessary response rate and is reported to NHS England.

Please note, this guidance has been checked following the introduction of GDPR and the guidance remains that if a service user chooses to be removed from the sampling frame they are still to be included in the eligible population.

3.35 If information is known that a service user currently lacks capacity to consent to take part in the survey, then the service user should be excluded from the sampling frame. This information could be from a social care assessment or other information provided by a Social Care professional. If information on the capacity of residents in nursing and residential care home is known, then this can be used, and councils do not need to include these residents in the letter to care homes.

Sample

3.36 The ASCS employs a stratified random sampling method because there is a wide range of service users accessing different services and support in different settings. By ensuring that participants are selected from each of the designated strata it is possible to ensure that the sample represents the range of the whole population, thereby minimising the sampling error of any statistics which are estimated from the survey data. This helps ensure the robustness of the estimates in the final NHS England publication and also enables NHS England 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.

3.37 Stratification also provides the opportunity for councils to sample a different proportion of users in each stratum 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 a particular sub-population of their users.

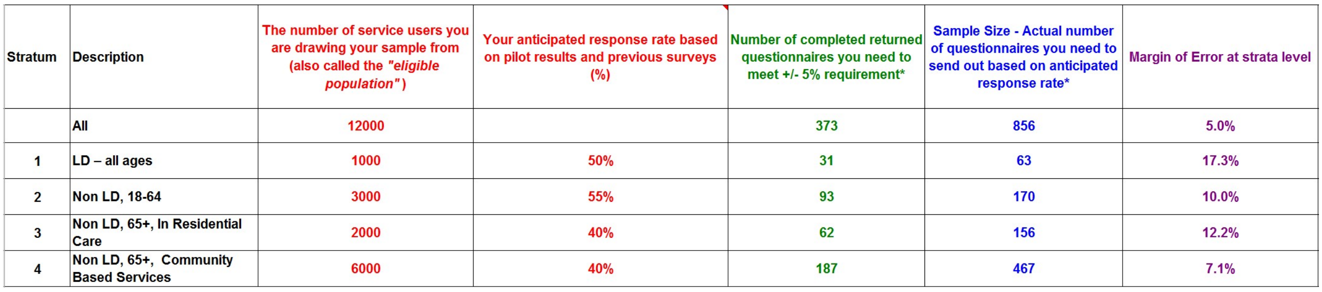
Calculating the sample size

3.38 Once all service users in the Eligible Population have been assigned to a stratum, CASSRs must estimate how many service users should be included in the sample from each stratum for the number of respondents to meet the required overall margin of error of less than +/-5 per cent. This can be done using the Sample Size Calculator for the Adult Social Care Survey provided by NHS England at: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/adult-social-care-user-survey-ascs-2024-25

3.39 You should enter the number of eligible service users in each stratum along with the predicted response rates for each stratum into the first table, Fulfilling Minimum Requirements by Strata. Response rates from previous ASCS surveys should be used 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.

3.40 An example calculation performed using the sample size calculator is shown in Table 1 below.

Table 1: Fulfilling Minimum Requirements by Strata



Stratum	Description	The number of service users you are drawing your sample from (also called the *"eligible population"*)	Your anticipated response rate based on pilot results and previous surveys (%)	Number of completed returned questionnaires you need to meet +/- 5% requirement*	Sample Size - Actual number of questionnaires you need to send out based on anticipated response rate*	Margin of Error at strata level
	All	12000		373	856	5.0%
1	LD – all ages	1000	50%	31	63	17.3%
2	Non LD, 18-64	3000	55%	93	170	10.0%
3	Non LD, 65+, In Residential Care	2000	40%	62	156	12.2%
4	Non LD, 65+, Community Based Services	6000	40%	187	467	7.1%

3.41 This shows that for a council with an Eligible Population of 12,000 service users, 373 completed questionnaires need to be returned to meet the minimum margin of error requirement (+/-5 per cent). Along with the anticipated response rates, this shows that the required sample size is 856 (= 63 + 170 + 156 + 467).

3.42 The margin of error that will be obtained is given in the last column. Note that whilst the overall margin of error is +/-5 per cent, the level of accuracy for each stratum is significantly lower, varying from +/-7.1 per cent for strata 4 to +/-17.3 per cent for strata 1. Hence if councils plan to use the stratified data for local analysis, these wider margins of error would make findings less conclusive.

3.43 Councils may therefore choose to 'oversample' in any stratum to reduce its margin of error and increase the precision of any survey estimates for that sub-population. The second table on the Sample Size Calculator worksheet, Oversampling to Improve Precision in Stratum Results, can be used to calculate the required sample size within a stratum based on a nominated level of precision.

3.44 An example calculation can be seen in Table 2 below. Following on from the calculation shown in Table 2, this 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.

Table 2: Oversampling to Improve Precision in Stratum Results

Stratum	Description	Eligible Population (prepopulated from table 1)	Anticipated response rate (prepopulated from table 1a)	Margin of Error Required	Number of completed returned questionnaires you need to meet requirement in grey cells*	Sample Size - Actual number of questionnaires you need to send out based on anticipated response rate*
1	LD – all ages	1000	50%	5.0%	278	557
2	Non LD, 18-64	3000	55%	10.0%	93	170
3	Non LD, 65+, In Residential Care	2000	40%	12.2%	62	156
4	Non LD, 65+, Community Based Services	6000	40%	7.1%	187	468

3.45 Note however that councils **must not** send out fewer than the number of questionnaires needed in each stratum to meet the minimum requirement. It is not permitted to 'under sample' in any stratum, even if this is intended to offset oversampling in another. CASSRs must aim to meet the minimum requirement in terms of the number of returned questionnaires required in each stratum as only this will ensure that the overall requirement on the number of returned questionnaires is met. A check is built into the spreadsheet to identify situations where under sampling occurs.

Selecting the sample

3.46 It is also necessary to ensure that the sample is randomly selected. The ASCS uses a process known as systematic random sampling. A random starting point in a list of service users is identified and then that and every subsequent nth individual is selected to be in the sample. Councils must randomly list the service users in each stratum (this may consist of members of the whole eligible population or a discrete sample frame depending on whether omissions have been done). A random starting point and required sampling interval for each stratum are calculated in the Sample Size Calculator spreadsheet. You will not need to input new data here as these tabs will be pre-populated, using the information entered to calculate the sample size.

3.47 At this point you may also choose to select a reserve sample, to act as a data source in cases where service users must be removed from the primary sample, or if you find that the response rate is insufficient to meet the margin of error requirement. By removing members of the initial sample from the sample frame and estimating the number of people you might need, you can use the sample size calculator to generate a reserve list.

3.48 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* worksheet for updated random start and sampling interval results.

3.49 Once the initial sample has been selected it should be checked for those who should be removed for the reasons described in paragraph 3.32. Even if checks and exclusions have already been made it is likely that between the eligible population extract date and the date the sample is generated some users will no longer be suitable participants, for example those who have moved away from the area or died.

3.50 Any service user removed from the sample for the reasons listed in paragraph 3.32 must be replaced with another service user from the same age group, primary support reason and support 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. Note that these conditions are more specific than stratum.

3.51 Replacement users will also need to be randomly selected, either from the pre-existing reserve sample or from a new reserve sample generated using the methods described above (see paragraphs 3.49). As with the initial sample, any top-up sample must be drawn using systematic random sampling, drawn from the matched age group, primary support reason and service setting. If the 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.

3.52 Service users in the top-up or reserve samples will need to be checked against the criteria listed in paragraph 3.32 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 3 below.

Table 3: Ranked preferences for replacing service users in the sample when a complete match is not possible

Rank	Age Group	Primary Support Reason	Support Setting
1	Different	Same	Same
2	Same	Different*	Same
3	Same	Same	Different
4	Different	Different*	Same
5	Different	Same	Different
6	Same	Different*	Different
7	Different	Different*	Different

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

3.53 Once these final checks and changes have been made you will have the list of those who are to be sent questionnaires.

3.54 Once the sample has been finalised and questionnaires issued, nobody can 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 3.32.

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, usually in cases where response rates haven’t been as anticipated and the overall margin of error requirement looks unlikely to be met.

Extracting administrative data

3.55 CASSRs should extract and check the administrative data from their stored records. This is the data which is to be included in the data return document in addition to the question responses. These are listed in Appendix I and include items such as the age, religion and the type of support provided to the service user.

3.56 It is important to remember that the data submitted to NHS England on the data return sheet must be correct as of the date the eligible population is extracted. If any information relating to a service user has changed since the extract date it must not be updated.

3.57 It may also be useful for councils to add local variables to the administrative data. Whilst these will not be returned to NHS England they might assist in local analyses. Councils are also advised to record the service users address and contact details and whether the service user has requested an interview. This information should help facilitate the smooth running of the survey.

3.58 This data should be recorded in a dedicated survey database or spreadsheet along with a unique serial number allocated by the council. You may wish to build other pieces of information that you might find useful into the code, for example local area or team codes.

Contacting care homes

3.59 At some point after the eligible population has been determined CASSRs must write to the managers of residential and nursing care homes and supported living establishments using the finalised version (see paragraphs 3.5 to 3.7) of the template letter *ASCS letter to care home and supported living managers to inform or check capacity*. This is to ask them to provide information about whether any service users lack the mental capacity to consent to taking part in the survey, or if this is known, to inform the care home about the survey. If the CASSR do not hold information locally to assess if the service user has capacity to consent to participate in the survey, then mental capacity checks must take place for service users in care homes and supported living arrangements (including shared living schemes and extra-care housing for people with dementia), to ensure compliance with the Mental Capacity Act 2005 (see http://www.legislation.gov.uk/ukpga/2005/9/contents for further information) and the SCREC ethical clearance for the survey. As outlined in section 3.36, if information on capacity is known for a residential or nursing home service user, for example through social care assessments, then councils do not need to request the information for this specific service user from their care home.

Some CASSRs have fed back that they have had a better response from care homes when they have phoned to contact them.

3.60 This letter can be sent at one of two stages:

- Before the initial sample is selected, in which case details must be requested for all council-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 services users included in the sample.

3.61 The advantage of sending this 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 relatively resource intensive and may not be practical for CASSRs which have a large number of service users in these settings.

3.62 Note, following the change to the capacity check letter, it is no longer necessary to assess the capacity of all service users each time the survey is run; if a service user is known to have permanent loss of capacity, they should be excluded from the sampling frame of future surveys.

3.63 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 frame and/or 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 council records are kept up-to-date.

3.64 The second letter, which is to 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 CASSRs.

Allocating the correct materials to participants

3.65 Firstly, councils will need to ensure that the correct versions of the questionnaires are allocated to participants depending upon whether they live in the community or residential and nursing setting.

3.66 In most instances the appropriate format for participants will be the standard English questionnaire. However, to maximise response rates and represent the full range of service users (see paragraph 3.37, councils must identify any people in their sample who will need access to alternative versions of the survey. CASSRs must check their records for information about a service user's likely communication needs, and whether it is likely that a service user would be able to complete a postal questionnaire unaided. If a service user cannot complete a postal questionnaire unaided:

- Is there someone who is already known to the participant who could help them complete the questionnaire?
- Is it necessary to arrange assistance for this service user?
- Does the participant require an easy read version of the questionnaire?
- Does the participant 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?

3.67 Much of the above information should be available from your service user database. If a service users record indicates that the letter and questionnaire should be sent to a carer, then the letter should be addressed to "care of" the service user.

3.68 The easy read versions have been produced for people with a learning disability and should be used for all service users in stratum 1, unless otherwise requested. They should also be used for any other service user who is known to have a learning disability or is known to have requested the easy-read version in the past.

3.69 It is possible that the support setting of some users will change between the date of the eligible population figure extraction and the dates the questionnaires are sent out. In such instances the questionnaire which applies to their current situation should be used. If for example, a respondent moves from a community setting into residential care then the residential questionnaire must be issued even though the recorded support setting remains community.

Providing assistance

3.70 As well as making additional formats available, councils will have to determine if other assistance is required, usually in response to calls to the additional help contact number on the cover and reminder letters (see paragraph 3.8). The council must ensure however, that if the participant needs help to complete the questionnaire that the helper is not involved in delivering services. This would breach confidentiality and decrease the likelihood of service users feeling able to voice criticisms of the service they receive, thereby biasing the survey results. It is acknowledged that this might be difficult to implement, especially in cases where service users habitually turn to staff for help. It is therefore recommended that councils are proactive in offering alternative forms of help to service users to complete a questionnaire, by encouraging friends and relatives to assist them.

3.71 As noted above it is possible to administer the survey as a face-to-face or telephone interview. This may be the appropriate course for example, for respondents who have sensory impairments or limited literacy skills. Interviews should only be offered to service users who request them in response to the initial mailing or reminder letter and where it is not possible to find appropriate support to enable them to complete a postal questionnaire. Overall the number of interviews completed should be small in relation to the size of the sample. Councils could also consider using advocacy services, although this is only recommended when a service user already has an ongoing relationship with an advocate.

Sensory impairments

3.72 CASSRs should have on record the information and communication needs of service users with sensory impairments now that organisations that provide publicly funded adult social care must conform to the Accessible Information Standard (see https://www.england.nhs.uk/publication/accessible-information-standard-overview-20172018/). In the case of people with sensory impairments consideration should be given to the best means to make initial contact and provide details of options for taking part. For example, it might be worth inviting people who are known to have severe visual impairments by telephone. Service users who might require assistance from a sign language interpreter could, if there were no alternative, be first approached by someone known to them, such as a social worker.

3.73 In addition to the easy read and large print versions supplied by NHS England, councils will have to make the questionnaire and covering letters available in any additional formats or languages that are requested by service users, including (but not limited to):

- Braille
- Audio for visually impaired people
- An electronic version of the questionnaire to be sent and returned via email. Note that this option is currently only open to service users who could not otherwise participate.

Please note that it is the council's responsibility to make the materials available in other formats to service users.

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.

Non-English speakers

3.74 It is recommended that all councils store details of the first language of their service users as part of their social care database along with their communication preferences. You must arrange for translated documents locally if you need languages other than those provided by NHS England (see Appendix E).

3.75 A summary on what documents to send out is below:

- Where the service users first language is known to be English – send the English version of the materials
- Where the service users first language is known and is not English – send the English version of the materials and the relevant translated materials
- Where the service users first language is not known by the council – send the English version of the materials and the translation request sheet.
- Where the service users preferred language is English (even if the first language is not English) – send the English version of the materials and the translation request sheet.

3.76 In some instances, councils could consider having the questionnaires administered as face-to-face interviews by interpreters (see paragraphs 4.6 to 4.8). Given that response rates to postal questionnaires from ethnic minorities are traditionally low, using interpreters may enable more users from this group to be included. 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.

3.77 Interpreters 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.

3. Collecting and returning the data

4.1 This section covers the final stages of the survey. Again, there are several tasks to consider, including distributing the questionnaires and cover letters to the final sample, sending reminder letters to those who have not responded to the initial posting, and adding service users to the sample if necessary, to meet the required response rate. This is also when councils will provide any assistance they deem necessary to help service users complete the survey. Councils will also record and check all data, before submitting the completed data return to NHS England. Councils will also have to consider whether any service user's responses indicate that their confidentiality should be breached to protect their health or safety.

Doing the fieldwork

4.2 The fieldwork period, which is the period when the questionnaires are distributed and collected, should begin on **6 January 2025** and be completed by the **7 March 2025**. A questionnaire, along with a copy of the covering letter and a pre-paid envelope to return the questionnaire, must be sent to each member of the final sample. Three weeks later a reminder letter must be sent to all those who have neither returned the questionnaire by the return date given by the council, nor contacted the council to indicate that they do not wish to participate in the survey. A second copy of the questionnaire should be included with the reminder letter.

4.3 Within this period (remember to give time for respondents to complete and return the questionnaires) councils have some latitude in how they schedule the fieldwork. Councils may choose to issue all questionnaires in one week and all reminders three weeks later. Alternatively, councils may consider developing a timetable in which questionnaires and reminders are sent out in waves, so that the workload is spread out over all the available weeks. An example timetable for issuing questionnaires and reminders in four waves is available in Appendix J.

4.4 Note that councils must send reminder letters to all those who have not replied to the issuing of the first questionnaire, even if the overall level of response is already sufficient to meet the confidence interval requirement. This must be done to counter non-response bias. Given that it is likely that the type of people who respond to the initial questionnaire post are different to those who would respond only once prompted by the reminder letter, adherence to this protocol is necessary to ensure consistency of results between CASSRs.

4.5 If there are insufficient responses after the reminders have been sent then councils have the option, if time allows, to draw from the reserve sample, or to generate an additional top up sample. It is recommended that councils consider this possibility when planning their fieldwork schedule. Although fieldwork should be completed by 7 March 2025, CASSRs can decide how long they will continue to accept the returned surveys for after the fieldwork period has ended. This will not affect the mandated deadline of **7 May 2025**. CASSRs should note how many surveys were accepted after the fieldwork period ended in their data return.

Interviewing respondents

4.6 If face-to-face or telephone interviews are administered to those who have requested them in response to the cover or reminder letters, then the following must be considered.

4.7 Interview scripts will need to be customised by the council, in the same manner as the cover letters and postal questionnaires (see paragraph 3.2 onwards). The person conducting the interviews should be trained and experienced. They should be briefed about the aims of the survey. It must be assured that they understand the importance of confidentiality and will ensure participant's confidentiality. It is expected that councils already have established practices in this regard.

4.8 If an interview is held, a more active approach to establishing informed consent is needed because of the increased level of intrusion involved. Before asking any questions, the interviewer must explain the purpose of the survey and stress that the service users can decide to withdraw their consent or stop the interview at any time. The interview scripts will guide the interviewer in this regard. If the interview is face-to-face, the participant must be asked to sign the consent form. CASSRs also need to ensure that interviewers follow local safeguarding policies when conducting face to face interviews.

Transferring data onto the data return

4.9 Using the unique code CASSRs will need to merge the questionnaire and administrative data and transfer them onto the data return workbook. You should read the *Instructions* worksheet before commencing this task.

4.10 All those who have been sent a questionnaire (the final sample) must be recorded on the data return. A response must be recorded for a questionnaire returned that includes answers to at least one of questions 1 to 23 (mandatory or optional) from the questionnaire documents supplied by NHS England. A non-response must be recorded for:

- a questionnaire that is not returned
- a questionnaire returned completely blank
- a questionnaire returned containing only answers to locally-added questions and/or optional question 25 (concerning participants' willingness to take part in further research)

4.11 There may be instances in which a respondent has answered a questionnaire in a contradictory manner. If two or more boxes are ticked for a question in which only one box should be ticked, then the response must be recorded as "Unknown" (-9). All other cases, for example if a respondent has chosen conflicting answers for a question that asks them to "tick all that apply" or for two different questions, must be recorded as reported.

4.12 If the serial number has been removed from a returned questionnaire it may still be possible to use the data. Though it is unlikely that the service user can be specifically identified it is likely that the returned questionnaire will contain sufficient information to allow the allocation of a stratum with reasonable confidence. For example, a returned easy-read questionnaire suggests that the service user has a learning disability and would 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.

4.13 In such instances a new record must be created at the bottom of the data return and the responses recorded. The number of records added to the data return for this reason must be provided in the final box on the Validation Tables worksheet in the data return. If a stratum cannot be assigned, then the response should be disregarded.

4.14 The CASSR should record which version of the questionnaire was used, i.e. either the original or the reminder. If the questionnaire was completed on the original version but after the reminder letter was sent out, the respondent should still be coded as replying to the original version. If the service user returns both the original and reminder version of the questionnaire, the CASSR should review which questionnaire was most completed and use this data in the data return. If the completion is the same for both questionnaires, then the reminder survey should be used.

Breaching confidentiality

4.15 It is at this point that councils may discover that service users have given responses suggesting that their health or safety is at risk. It is at the council's discretion to decide what should trigger a breach of the confidentiality clause. However, it is acceptable to do so in circumstances where:

- The respondent indicates that their health and safety is at risk, in response to question 7a, any other survey question or though 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 council.

4.16 Whilst the most negative response to question 7a would clearly indicate a threat to safety you might also consider that a combination of answers to other questions might constitute grounds for contacting the survey participant

4.17 Contact must be made with the respondent in the first instance to check whether they are happy for their comments to be passed on to an appropriate member of staff for consideration. Initial contact should not be made by a social worker or the person's care worker. Once consent has been obtained CASSRs should follow local protocol for dealing with the issues raised.

Checking the data

4.18 The data return must be checked prior to submission. You should be sure that 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.

4.19 The workbook contains features to help quality assure the data before submission to NHS England. Conditional formatting has been applied to the cells in the *Service User Data* worksheet to show where data are missing or may not be correct. The rules for these formats are detailed on the *Service User Data - Formats* worksheet. You should also review the *Validation Tables* worksheet which displays the results of aggregate checks on data input on the *Service User Data* worksheet. If a check yields a query for you to investigate, for example if data is missing or if a result falls outside its expected range, then the appropriate cell is shaded red until an explanation is input.

4.20 Councils must take care to avoid deleting or overriding these validations, especially if cutting and pasting data from other workbooks.

4.21 Once the data has been sent to NHS England, a validation report will be sent to the council. The report will be emailed to the email address provided in cell E6 of the 'Sign off Sheet' in the data return.

Submitting data to NHS England

4.22 The completed data return must be submitted to NHS England by the first mandated deadline, **7 May 2025**

4.23 The data will be collected by the Strategic Data Collection Service (SDCS) which is a secure data collection system. For queries on SDCS, please email Ssd.nationalservicedesk@nhs.net .

4.24 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

4.25 Some of your views can be communicated in the data return, especially the final comments box in the *Survey Process Information* tab.

4.26 NHS England will check the validity of data submissions and provide feedback to councils who will then be granted 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 England report to ensure that anyone using the data is aware of any potential anomalies.

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

A.2 The ASCS exists in a national policy context which strives for greater focus upon personalisation in health and social care. The Care Act 2014 consolidates past legislation and regulation but continues to strive for greater personalisation along with improved transparency and accountability.

A.3 'Personalisation' means putting the service 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.4 The Personal Social Service Adult Social Care Survey (ASCS) is the most significant pool of personal outcome information for those receiving council-funded or managed adult social care. It is an important resource in 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), populating the measures listed in Appendix B.

A.5 It is important to be able to see at national level how well services are meeting service user 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. Whilst some councils may undertake regular feedback via their agreements with service providers this survey gives a different insight into outcome for users and provide a consistent basis for comparing results across different areas. Recent feedback from councils has confirmed that NHS England user and carer surveys have played an important role in monitoring and improving local service provision.

A.6 The ASCS provides 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 provides intelligence on the outcomes experienced by specific groups, the extent to which services and support meet all outcome needs, and the value-added by social care services.

Appendix B: Populated ASCOF measures

B.1 This survey is used to populate the following outcome measures in the Adult Social Care Outcomes Framework ASCOF:

- 1A Social care related quality of life.
- 3A The proportion of people who use services who have control over their daily life (previously 1B).
- 5A part 1 The proportion of service users who report that they have as much social contact as they would like (previously 1I1).
- 1B Adjusted Social care-related quality of life – impact of Adult Social Care services (previously 1J).
- 1D Overall satisfaction of people who use service with their care and support (previously 3A).
- 3C part 1 The proportion of service users who find it easy to find information about services (previously 3D1).
- 4A The proportion of people who use services who feel safe.

  Please note, some of the metric IDs have changed following the release of the 2023-24 ASCOF handbook. Also, the previous metric 4B (the proportion of people who use services who say that those services have made them feel safe and secure) is no longer included in the ASCOF.

B.2 The definitions for these outcome measures can be seen on the DH website at https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions

Appendix C: The Social Services User Survey Group (SSUSG)

C.1 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.

C.2 The group includes Department of Health and Social Care (DHSC), NHS England statisticians, council representatives, the Care Quality Commission (CQC) and researchers from the Personal Social Services Research Unit (PSSRU).

C.3 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 DHSC and Association of Directors of Social Services (ADASS) approval.

Appendix D: Design and response

D.1 The main 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. They also allow respondents more time to consider both the questions and their answers. Hence to achieve acceptable response rates thought must be given to reducing the burden of participating in the survey, assuring the confidentiality of the participant and helping the participant to understand that taking part is a worthwhile activity. NHS England are exploring the possibility of developing and using electronic versions of the survey. Currently, CASSRs can only use electronic versions for those with a sensory impairment who could not otherwise participate.

D.2 The questionnaire is designed to minimise the burden on respondents. To make it easier to read the standard questionnaire for this survey it has been printed in a large, clear font – Calibri – and in 14-point type. A large print version is also available. In terms of content 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 employed consistently to help respondents find their way easily through the questionnaires.

D.3 Question routing has not been used in ASCS, because respondents to postal surveys often find even the most rudimentary routing, e.g. “go to question 8”, difficult to deal with.

D.4 The covering and reminder letters include 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. They also stress the importance of the information in informing local and national level policy.

Appendix E: Materials for participants

E.1 The following materials have been made available for use by NHS England:

- Questionnaire for people receiving community-based services
- Questionnaire for people in residential and nursing care
- Large print questionnaire for people receiving community-based services
- Large print questionnaire for people in residential and nursing care
- Easy read questionnaire for people receiving community-based services or for people in residential and nursing care
- Large print easy read questionnaire for people receiving community-based services or for people in residential and nursing care
- Demographic questions
- Large print demographic question
- Easy read demographic questions
- Large print easy read demographic questions
- 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 resident in the community
- Telephone interview script for those in residential and nursing care
- Cover letter
- Cover letter large print
- Cover letter easy read
- Cover letter large print easy read
- Reminder letter
- Reminder letter large print
- Reminder letter easy read
- Reminder letter large print easy read
- Consent form
- Letter to care home and supported living managers to inform or check capacity to consent
- Letter to care home and supported living managers to encourage response

- Translation request sheet
- Consent form for face-to-face interviews
- Consent form for face-to-face interviews easy read
- Sample size calculator
- Survey data return document
- Translated versions of the questionnaires and letters in 17 languages

E.2 Note that the easy read versions do not have to be printed in colour.

Translated materials

E.3 NHS England also provides translated versions of the questionnaire, cover and reminder letters and consent forms at https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/adult-social-care-user-survey-ascs-2024-25.

E.4 The languages provided are: Arabic, Bengali, French, Greek, Guajarati, Hindi, Italian, Mandarin, Polish, Portuguese, Punjabi, Somali, Spanish, Tamil, Turkish, Urdu and Vietnamese.

Appendix F: Maximising the value of the survey data (MAX)

F.1 Councils may find it useful to refer to the MAX toolkit which contains guides and tools (including Excel-based analysis tools and training materials) associated with the key stages of the survey process – planning, analysis and interpretation, and reporting – and is designed to support council staff to maximise the local relevance, value and use of data from the adult social care and carers' surveys to inform local performance improvements.

F.2 The individual elements of the MAX toolkit were developed in response to the barriers and practices reported by 139 staff from 95 CASSRs during earlier fact-finding activities and consultations, and amalgamates recommended practices for stakeholder engagement, analysis and reporting.

F.3 The MAX toolkit is designed to supplement the survey guidance provided by NHS England and is free to use. To find out more about the MAX project or to access the MAX toolkit please visit the project website www.maxproject.org.uk or email maxproject@kent.ac.uk.

Appendix G: Further information sources

G.1 The Adult Social Care Survey was reviewed in 2010-11 by the Office for National Statistics (ONS). Their report Review of Methodology for the National Adult Social Care User Experience Survey and the response from the Social Services User Survey Group (SSUSG) can be seen here http://webarchive.nationalarchives.gov.uk/20180307182308/http://content.digital.nhs.uk/media/10028/ONS-Review-of-Methodology-for-the-Adult-Social-Care-User-Experience-Survey/pdf/Paper_4_-_ONS_Review_of_Methodology_for_Adult_Social_Care_Survey.pdf

G.2 There are also a number of ways in which CASSRs can learn from each other, and from other organisations, in relation to completion of user surveys:

- The council 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).
- Linking with colleagues in other CASSRs, particularly those where survey results and ASCOF outcomes differ.

Appendix H: Elements to consider when assessing the cost of running the survey

H.1 Each CASSR should be able to estimate how much it will have to spend on the survey by drawing on its experience of running previous surveys as well as consideration of the process outlined in the guidance. Costs will involve:

- Staff time: surveys are staff intensive activities. CASSRs 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. 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 to carers in the sample and reminder letters. Envelopes will have to be provided and stuffed, address labels will have to be attached and postage paid.
- Other costs: on the few occasions when the respondent requests the questionnaire to be administered by telephone or face-to-face interview, the cost of phone bills and interviewers needs to be accounted for.

Appendix I: List of data items to be sent to NHS England

I.1 Below is what will be included in the *ASCS Data Return.* This is the information that will be collated nationally. The Data Return contains further guidance and a draft and unprotected version is available at: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/adult-social-care-user-survey-ascs-2024-25. Councils can use the draft and unprotected versions of the data return for internal use, but the final SDCS version must be used for the submission to NHS England. Any completely blank lines (for service users initially selected but subsequently removed from the sample before the questionnaires are distributed for the reasons listed in paragraph 3.32), must also be removed.

I.2 It does not matter if record numbers are no longer consecutive so long as councils know to whom each submitted record refers should NHS England raise a query.

I.3 Note that lines for non-respondents should not be removed and the items highlighted in yellow (mandatory fields) should be completed for non-respondents as well as for respondents. This will enable response bias to be assessed.

Service User Data

I.4 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.

I.5 Additional guidance on the unknown Ethnic Group codes is provided in the Service User Data – Codes worksheet of the Data Return.

I.6 The mandatory and voluntary fields included on the return are:

- Method of Collection must 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

Note that age, gender and ethnicity can be added to the questionnaire if you cannot obtain it from council records. However sexual orientation and religion must not be added to the questionnaire in any circumstance.

- 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.

  If a service user has mixed Mechanism of Deliveries, we advise the hierarchy previously used in SALT is used to assign the Mechanism of Delivery for the ASCS.
- Reported Health Condition (RHC) of the service user. This data should be recorded as it appears in council records. To bring recording in line with ICD-11, a new RHC ‘Autism Spectrum Disorder’ (ASD) has been added to the data return as a mandatory field. The previously used RHCs of ‘Autism (excluding Asperger Syndrome / High Functioning Autism)’ and ‘Asperger Syndrome / High Functioning Autism’ have been removed. All other RHCs are voluntary.
- Whether an advocate has been used
- 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. If you have said you don’t feel safe, can you please tell us why?

7c. 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. How often do you feel lonely?

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

14. How is your health in general?

15. By placing a tick in one box in each group below, please indicate which statements best describe your health state today.

a. Pain or discomfort
b. Anxiety or depression

16. 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?
b. Do you usually manage to get in and out of a bed (or chair) by yourself?
c. Do you usually manage to feed yourself?
d. Do you usually deal with finances and paperwork – for example, paying bills, writing letters – by yourself?

17. 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?
b. Do you usually manage to get dressed and undressed by yourself?
c. Do you usually manage to use the WC/toilet by yourself?
d. Do you usually manage to wash your face and hands by yourself?

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

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

20. 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
b. Yes, from someone living in another household
c. No

21. 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
b. Yes, my family pays for some more care and support for me
c. No

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

23. What type of help did you have?

a. I didn't have any help
b. Someone else read the questions to me
c. Someone else translated the questions for me
d. Someone else wrote down the answers for me

e. I talked through the questions with someone else
f. Someone answered for me, without asking me the questions

Eligible Population

I.7 On the *Eligible Population* sheet you will need to input data on:

- The eligible population broken down by age group, gender, primary support reason and support setting.

- The number of service users excluded from the sample.

I.8 These items of information are required 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

I.9 The *Validation_Tables* tab has been included in the data return to help validate the data within the *Service user data* sheet. This also provides a series of comment boxes to complete should the return have missing data. This is where explanations for any boxes left blank should be recorded. This is required to remove unnecessary validation queries from the NHS England.

Survey Process Information

I.10 The *Survey Process Information* sheet asks about the survey process and methodology, pertaining to for example, the minimum requirement for responses and the use of additional questions. There is also a space to make general comments about the survey. This information is used by NHS England to understand how CASSRs have experienced the completion of the survey and to inform future development.

Appendix J: Example fieldwork schedule

J.1 As noted in paragraph 4.2 councils have some flexibility in how they schedule the fieldwork. Councils may choose to issue all questionnaires in one week and all reminders three weeks later. Alternatively councils may send out the questionnaires and reminders in waves, so that the workload is spread out over a number, or all available, weeks. The following example timetable for issuing questionnaires and reminders in four waves so that the fieldwork can be completed by mid March.

The dates in table 4 are for example only, the fieldwork dates are still to be confirmed.

Table 4: A suggested timetable for sending out questionnaires and reminders in four waves

W/C	13 Jan	20 Jan	27 Jan	03 Feb	10 Feb	17 Feb	24 Feb	03 Mar	10 Mar
Qnaires sent out	Week 1 Sample	Week 2 sample	Week 3 Sample	Week 4 Sample					
Initial return date (end of week)			Week 1 sample	Week 2 Sample	Week 3 Sample	Week 4 Sample			
Reminder				To week 1 sample	To week 2 sample	To week 3 sample	To week 4 sample		

Appendix K : Key dates, changes and FAQs summary

This appendix highlights the key dates and changes in the 2024-25 Adult Social Care Survey (ASCS). It should be used alongside the guidance document above.

Key dates

Below is a summary of the key dates for the 2024-25 ASCS.

- Eligible population can be extracted any time between 30 September and 31 December 2024
- Fieldwork period is 6 January to 7 March 2025
- ASCS data return to be submitted to NHS England by 7 May 2025
- Data quality reports to be sent out by 21 May 2025
- Final deadline 11 June 2025

Changes to the 2024-25 materials

Below is a summary of the changes made to the 2024-25 materials. Please ensure you use the materials on the 2024-25 guidance page: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/adult-social-care-user-survey-ascs-2024-25

Data return

No significant changes have been made to the data return.

The Reported Health Condition (RHC) ‘Autism Spectrum Disorder’ is now mandatory and the RHCs Autism and Aspergers have been removed.

Questionnaires

No changes have been made to the questionnaires.

Letters

No changes have been made to the letters.

Additional question form

The Additional Questions Form has been updated from 2024-2025.

Frequently asked questions

Q1) Do we need to print the Easy Read questionnaire in colour?

Answer) No, as mentioned in section E2 of the guidance, the Easy Read version do not need to be printed in colour.

Q2) Can we add in an additional question that is not in the question bank?

Answer) Councils may add up to six additional questions from a combination of previously approved questions, questions on Question Bank and new questions. Only new questions need to be submitted to NHS England for approval.

Q3) How do we code contradictory answers?

Answer) If two or more boxes are ticked for a question in which only one box should be ticked, then the response must be recorded as “Unknown” (-9). If a respondent has chosen conflicting answers for a question that asks them to “tick all that apply” or for two different questions, the responses must be recorded as reported.

Q4) Do we need to send out paper copies of the report to service users?

Answer) Service users should have the option to request a paper copy of either the national or a local report. Councils can choose whether they want to send out the national or a local report. The question at the end of the survey has been amended to request the email address or the home address of the respondent in order for councils to be able to send out the report.

Q5) How long do we need to keep the paper copies of the questionnaires?

Answer) Councils must retain paper copies of the questionnaires until the publication of the final 2024-25 ASCS report. After this point you are free to securely dispose of paper copies, although you may wish to hold on to them for longer if you believe for example, that participants are likely to take part in any follow up studies. The treatment of paper and scanned copies must be in line with your local Information Governance procedures and meet the requirements of the GDPR.

Q6) Can we make changes to the questionnaire to reduce white space?

Answer) Councils need to customise the materials by amending the sections identified with red text and yellow highlighting. Any other changes need prior approval by NHS England. Section 3.14 of the guidance highlights the changes that are not permitted, these include changing the wording of questions, change the font or removing white space.

Q7) How long can we accept the questionnaires until?

Answer) Although the fieldwork should be completed by 7 March 2025, councils can decide how long they will continue to accept the returned surveys for after the fieldwork period has ended. This will not affect the mandated deadline. Councils should note how many surveys were accepted after the fieldwork period ended in their data return.