

MAX PLANNING GUIDE

IMPLEMENTING STRATEGIES TO IDENTIFY AND FULFIL LOCAL INFORMATION NEEDS USING ADULT SOCIAL CARE AND CARERS SURVEY DATA

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THE MAX PLANNING GUIDE SHOULD BE READ IN CONJUNCTION WITH THE SURVEY GUIDANCE PROVIDED BY NHS DIGITAL. PLEASE NOTE THAT THE LINKS INCLUDED IN THIS GUIDE WILL ONLY WORK IF YOU ARE LOGGED IN TO THE MAX TOOLKIT.

Terms used in this guide: ASCOF (Adult Social Care Outcomes Framework); ASCS (Adult Social Care Survey); PSS SACE (Personal Social Services Survey of Adult Carers in England [or Carers' survey]).

INTRODUCTION

Local information needs can be thought of as the information that decision-makers and practitioners within your organisation require to guide the design and delivery of local adult social care services and support. For example, *what is the impact of our services on reported outcomes? Which of our service users are reporting unmet needs, and why? What can we do to improve reported outcomes?*

The Adult Social Care Survey (ASCS) and Carers Survey (PSS SACE) have been developed to fulfil some of these local information needs – and the key objectives of the Adult Social Care Outcomes Framework (ASCOF)¹ which, in turn, supports the modernising adult social care agenda – and collect data that can be used to:

Monitor the success of local interventions in improving outcomes (e.g. by demonstrating the extent to which the existing services and support enable service users enjoy a better quality of life);

Identify priorities for making improvements (e.g. by establishing which service users are reporting unmet needs or dissatisfaction, and potential explanation and/or solutions); and

Inform longer term service improvements (e.g. by identifying potential approaches for improving outcomes that can be built in to local outcome-based commissioning models and strategic plans).

¹ See Adult Social Care Outcomes Framework (ASCOF) 2017/18 handbook of definitions (Department of Health). Available to download at <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions>

Subject to approval by NHS Digital, local authorities (LAs) can add further questions and make sample frame adjustments to ensure that the data collected by the ASCS and PSS SACE can answer other local concerns and/or be used to perform particular types of analysis.²

TRANSFORMING ASCS AND PSS SACE DATA INTO MEANINGFUL MANAGEMENT INFORMATION: HOW THE MAX TOOLKIT CAN HELP

The ASCS and PSS SACE are conducted annually and biennially respectively by all local authorities (LAs) in England and are completed by large and representative samples of adult social care services users and carers.³ The surveys may, therefore, be one of the largest – if not, the largest – pieces of local research that your organisation conduct with these groups, and can provide a wealth of invaluable information.

The data collected by the surveys are also used to populate thirteen indicators in the adult social care outcomes framework (ASCOF) which, under the Care Act 2014, LAs are encouraged to use to guide the monitoring, evaluation, planning and delivery of local outcomes-focused services. The surveys may, therefore, also support your organisation to fulfil their statutory duties.

Taking steps to identify the information needs of decision-makers and practitioners in your organisation, therefore, can help you to establish and implement the strategies required to improve the local relevance and value of your ASCS and PSS SACE datasets for local service improvements. This, in turn, will help you to ensure that the considerable time and resources allocated to the surveys are utilised effectively.

² See the NHS Digital social care user surveys webpages for more details

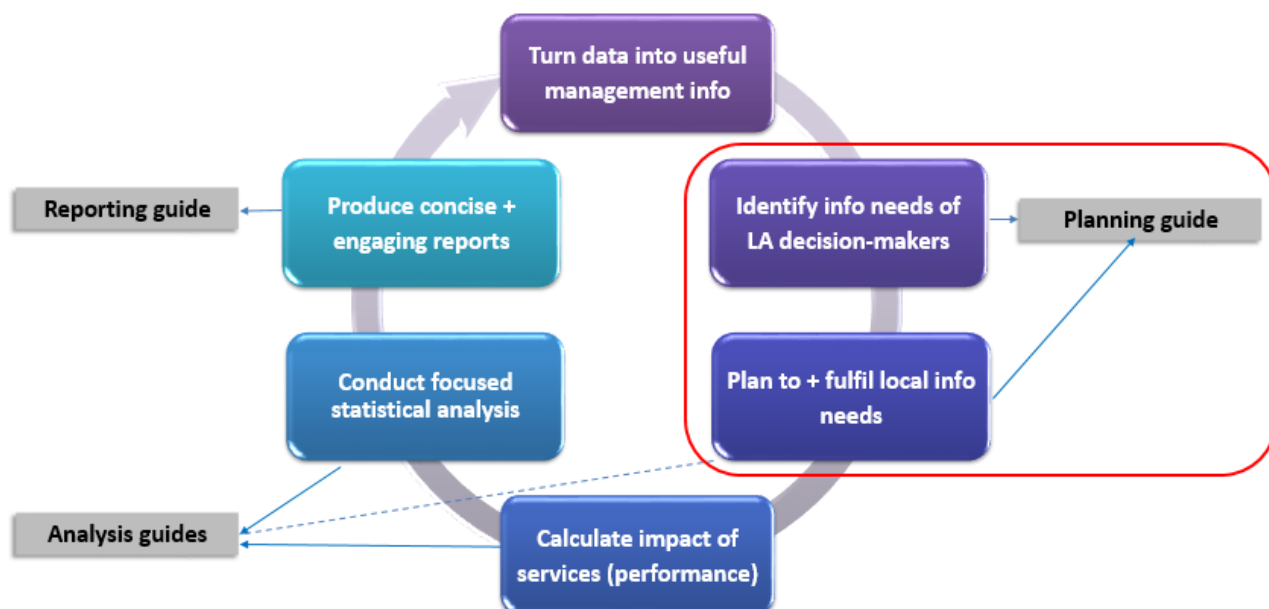
<http://content.digital.nhs.uk/socialcare/usersurveys>

³ 73,165 service users out of a sample of 204,825 completed the 2015/6 ASCS, while 57,380 carers out of a sample of 131,105 completed the 2014/15 PSS SACE (sources: ASCS 2015/6 survey report

<http://content.digital.nhs.uk/catalogue/PUB21630/pss-ascs-eng-1516-rpt.pdf> and PSS SACE 2014/5 report <http://content.digital.nhs.uk/catalogue/PUB18423/per-soc-ser-sur-ad-car-eng-2014-15-rpt.pdf>).

The MAX toolkit has been developed in consultation with LA staff to support you and other LA analysts/survey administrators to improve the local relevance and value of ASCS and PSS SACE data for local decision-making and service improvement activities – in other words, *transform the survey data into meaningful management information* - and overcome barriers associated with collecting and using survey data.⁴ The MAX planning guide forms part of the first of three elements of the MAX toolkit (see Figure 1) and draws together local practices and the practices recommended in the wider change management and stakeholder engagement literature.

Figure 1: the MAX toolkit



The MAX planning guide focuses to two activities – identifying and fulfilling local information needs – and is accompanied by a series of planning and engagement tools. These tools are referenced where relevant throughout the guide and you will need to be logged in to the MAX toolkit to use the links.

⁴ See Heath et al. (2015) *How can MAX help local authorities to use social care data to inform local policy?*, available for download at <https://www.maxproject.org.uk/reports/>

Planning the key stages of the survey of the survey process – and implementing additional strategies throughout – can help you to improve the relevance and value of your ASCS and PSS SACE datasets for local decision-making and service improvements. To help you to make a plan, the main activities recommended in the MAX toolkit and the stages at which they should be implemented during the survey process are summarised in Table 1, along with links to the relevant guides.

Table 1: the key steps to transforming ASCS and PSS SACE data into meaningful management information

1: PLANNING THE KEY STAGES OF THE SURVEY PROCESS [PLANNING STAGE]	
IDENTIFY LOCAL INFORMATION NEEDS <ul style="list-style-type: none"> Engage with stakeholders Conduct document review Draw on general info needs noted during P1 ESTABLISH HOW TO FULFIL LOCAL INFORMATION NEEDS <ul style="list-style-type: none"> Add local questions / modify sample frame Plan focused analysis Identify supplementary sources of data Create concise and useful reports 	<u>PLANNING GUIDE</u>
2: CONDUCTING FOCUSED EXPLORATORY AND FURTHER ANALYSIS [ANALYSIS STAGE]	
EXPLORE DATA <ul style="list-style-type: none"> Establish general trends in reported outcomes Measure the impact of services on QOL Develop profiles Identify areas of potential interest or concern 	<u>ASCS GUIDE</u> <u>PSS SACE GUIDE</u>
CONDUCT FURTHER ANALYSIS <ul style="list-style-type: none"> Explore and identify statistically significant relationships between survey variables and differences between respondent groups 	<u>ASCS GUIDE</u> <u>PSS SACE GUIDE</u>
3. PRODUCING FOCUSED AND USEFUL REPORTS [REPORTING STAGE]	
<ul style="list-style-type: none"> Determine key messages Establish most appropriate method of communication Write report Disseminate and engage 	<u>REPORTING GUIDE</u>

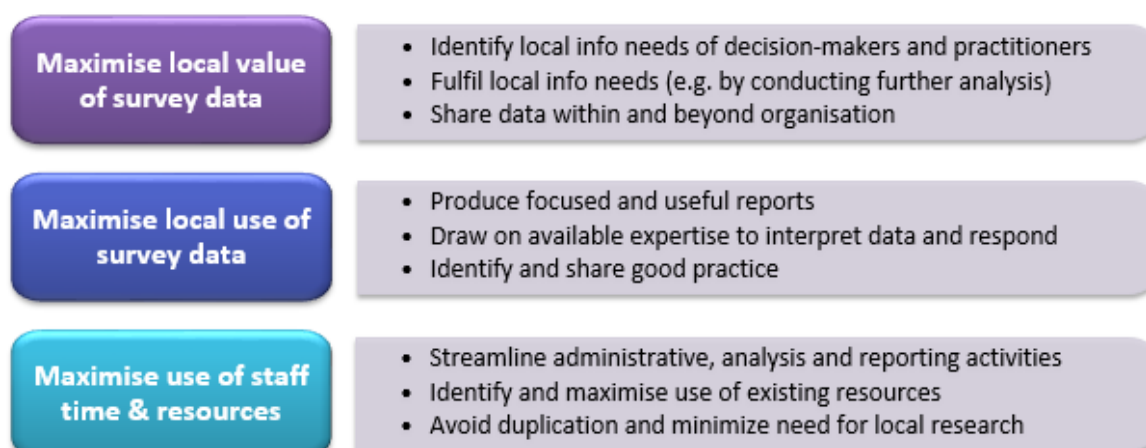


Further information about the MAX toolkit can be found in the [MAX toolkit overview](#). Additional guidance on getting started with planning is provided in **Appendix 1**.

PLANNING THE SURVEY PROCESS

The first step in planning – or, more specifically, building an ASCS or PSS SACE strategy plan – is to clarify **what you want to achieve** during the collections and **how you will achieve it**. The primary aim of planning the survey process is to maximise the relevance, value and use of ASCS and PSS SACE data for local decision-making and service improvement activities; specifically by identifying and fulfilling local information needs. A secondary aim, however, is to maximise the use of staff time and existing resources (e.g. by streamlining survey-related activities, minimising the need for local research). The key objectives and activities that are applicable to all LAs who conduct the surveys are summarised in Figure 2 and may serve as a useful starting point.

Figure 2: the ASCS and PSS SACE strategy plan: key objectives and activities





The [ASCS and PSS SACE strategy plan vision](#) summarises these objectives and activities, but can be modified to reflect local priorities.

The second step is to establish **when the key activities should be implemented during the survey process** and **whom you need to engage with** to fulfil the objectives. This will help you to organise your time more effectively. A provisional ASCS and PSS SACE plan is provided in Table 2.

Table 2: planning the key stages of the survey process – what you need to do, when and with whom

Activity	When	Stakeholder group(s)
Planning stage		
Organise effective administration of survey	Before surveys are circulated to potential respondents	Administrators
Identify local information needs and establish strategies to fulfil them		Consumers
Add local questions / modify sample frame		Consumers
Increase response rates from care home residents		Gatekeepers
Analysis and interpretation stage		
Review findings of initial analysis (EDA) and identify areas for further analysis	After EDA	Consumers
Interpret findings of further analysis (i.e. what they mean in practice)	After further analysis	Consumers, experts
Reporting stage		
Share analysis findings and/or local practice		Consumers
Share analysis findings and/or local practice		Consumers

The value of stakeholder engagements

Engaging with the relevant people in your organisation (i.e. potential ASCS and PSS SACE stakeholders) early on in and throughout the survey process can yield a number of benefits, and is therefore a recommended activity. Stakeholders are the individuals or groups within and beyond your organisation who can support the survey process and/or use the data collected by the surveys to inform their decision-making and service improvement activities, and include **administrators**, **potential consumers**, **gate keepers**, and **experts** (see Figure 3).

Figure 3: potential ASCS and PSS SACE stakeholders.



Identifying and engaging with the right people and at the right time can be challenging. We developed a short, supplementary [engagement guide](#) in response to the barriers and local practices noted during our earlier research activities with LA staff and this can be accessed [here](#). You may also find the [importance of planning and stakeholder engagement](#) presentation useful.

IDENTIFYING LOCAL INFORMATION NEEDS

It's not about presenting a survey; it's about what people need to know do develop the business [Manager]⁵

Identifying the information needs of potential consumers of ASCS and PSS SACE data⁶ within your organisation – in other words, determining what kinds of information they need from the surveys to inform their decision-making and/or to develop the business– is the first step to maximising the local relevance and value of your datasets. It will help you to establish and implement the most appropriate strategies for fulfilling local information needs (e.g. adding local questions, modifying the sample frame to support planned analysis) and focus your analysis and reporting activities during later stages of the survey process (e.g. by guiding the types of analysis you need to conduct and report upon).

A number of strategies can be used to identify local information needs using ASCS and PSS SACE data (see Table 3), and the most appropriate option will be determined by the stage of the survey process, and the time, opportunities and resources available to you. Where possible, we would recommend that you identify local information needs early on in the planning stage of the survey process – ideally several months before the surveys are circulated to potential respondents – as this will enable you to implement local modifications to the surveys and/or sample frame, if required. Identifying information needs during the analysis stage, however, can also be very beneficial and will still provide you with opportunities to implement other strategies to improve the local relevance and value of your datasets; in particular, through focused analysis and reporting efforts.

⁵ This quote was taken from a telephone interview conducted during the initial fact-finding stage of the MAX project. The full findings of these activities are summarised in the MAX working paper, which is available to download at <https://www.maxproject.org.uk/reports/>

⁶ Potential consumers of ASCS and PSS SACE data include operational and strategic managers and commissioners, who may use the data to inform their decision-making and performance improvement activities, and front-line staff and practitioners, who may use the data to improve their day-to-day practice.

Table 3: strategies for identifying local information needs with ASCS and PSS SACE data

Strategy	Planning	Analysis	Reporting
Engage with potential 'consumers' [recommended]	✓	✓	
Conduct a document review	✓	✓	
Refer to general information needs	✓	✓	

ENGAGE WITH POTENTIAL CONSUMERS OF SURVEY DATA

Earlier MAX project activities showed that potential consumers of ASCS or PSS SACE data have very clear ideas about their information needs but potentially do not share these with the staff responsible for the administration and analysis of the surveys. Speaking directly to potential consumers – for example, by attending an appropriately-timed senior management meeting – will help you to establish what they need to know.

Engaging with potential consumers throughout the ASCS and PSS SACE process can yield a considerable number of benefits and, for this reason, is potentially the most effective strategy. As well as helping you to identify local information needs, for example, such consultations can also provide you with opportunities to prioritise these needs and establish the most appropriate strategy for fulfilling them using survey data.

Examples of LA practice

An analyst in one LA attended a senior management team several months prior to the circulation of the ASCS and found out that managers were interested in knowing whether their plans to switch to an online complaints system would be favourably received by services users. Additional questions added to the survey subsequently uncovered a majority preference for the current telephone-based system [see LA examples in the fulling information needs section for further information].

Discussions in another LA highlighted an interest in assessing the awareness of a newly implemented service for carers. An additional question added to the PSS SACE subsequently found that nearly 70% of respondents did not know about the service, which suggested that further promotional was required.

Please see the [LA practice summary](#) for further examples.



Further guidance on how you can identify local information needs through stakeholder engagements is provided in the [MAX engagement guide](#).

CONDUCT A DOCUMENT REVIEW

An alternative or complementary approach to identifying local information needs is to review the key reports produced within your organisation. For example, the current Joint Strategic Needs Assessment (JSNA) and/or the local account, and the findings from previous surveys and local research. Most of these documents and reports are available online (e.g. via your LA website or intranet) and can help you to identify the kinds of information that decision-makers and practitioners might find useful.

Example of LA practice

An analyst in one LA reviewed the findings from a local survey and noted a higher incident of service users feeling unsafe than recorded in the previous ASCS. In order to explore this discrepancy and identify possible explanations, the analyst (with permission from their LA colleagues and NHS Digital) added a multiple choice question and comments box after the existing safety question. Further analysis of respondent comments found that many service users felt unsafe due to a general fear of neighbourhood crime and falling (e.g. in their homes or outside).

Please see the [LA practice summary](#) for further examples.

Table 4 summarises the kinds of questions that you might like to consider when conducting a document review and some of the sources of potentially useful information.

Table 4: questions to consider when conducting a document review and potential sources of information

Question	Source(s)	Recommendations
<i>What are the objectives and priorities for my organisation?</i>	JSNA, local account	Strategy documents can be a good starting point for your review as these will usually include details about the current issues facing service users within your remit (and the organisation as a whole), as well as a comprehensive overview of current and future plans for service delivery and improvements. If time is limited, focus on these documents first.
<i>How have we performed historically?</i>	Previous survey reports	Considering all aspects of performance may help you to establish how further analysis can be used to identify potentially useful local practice (e.g. that can be shared within your organisation) and the reasons for poor reported outcomes which, in turn, can be used to establish remedial action. Reviewing these documents will also help you to track how performance has changed over time.
<i>Are there any local issues currently affecting social care?</i>	Findings from local research	LA decision-makers often conduct local surveys and consultations (e.g. focus groups) with smaller samples of service users. Identifying the issues reported during the course of these activities will help you to establish the types of analysis that you could conduct to determine whether these issues are also reported by the wider service user population.

FOCUS ON GENERAL INFORMATION NEEDS

If you are unable to identify local information needs through direct engagements or a document review, then the general information needs described by potential consumers of ASCS and PSS SACE data involved in earlier MAX project activities may serve as a useful starting point (see Table 5).

Table 5: general local information needs

Information	Description
Performance data	Meaningful comparisons of ASCOF data (e.g. over time, between LAs and the national average). <u>Note</u> : such benchmarking activities should move beyond direct comparisons and include the findings from further analysis, which may help to explain any noted differences or trends.
‘Interesting’ findings	Areas of marked change, dissatisfaction and/or unmet need where further investigation or action may be required (in exploratory data analysis reports), or, where further analysis has already been conducted, the most notable findings.
Contextual data	Supplementary information that can support the interpretation of quantitative findings (e.g. respondent comments, data from LA records and/or local research)



More detailed guidance is provided in the analysis and reporting guides, all of which are available in the MAX toolkit. You may also find the [creating engaging reports of analysis findings](#) presentation useful.

FULFILLING LOCAL INFORMATION NEEDS

A number of strategies can be implemented to fulfil local information needs using ASCS or PSS SACE data and existing resources. The most appropriate strategy (or strategies) will depend on your local information needs, the resources available to you and the stage of the survey process. These strategies – and the most appropriate time to implement them during the survey process – are summarised in Table 6.

Table 6: strategies for fulfilling local information needs with ASCS and PSS SACE data

Strategy	Planning	Analysis	Reporting
Add local questions*	✓		
Modify the sample frame*	✓		
Conduct further analysis		✓	
Draw on supplementary sources of info		✓	
Produce a concise report			✓

* Subject to approval by NHS Digital

ADD LOCAL QUESTIONS TO THE SURVEY

Local questions and comments boxes can be added to the surveys, subject to NHS Digital approval, to answer local research questions. For example, *Why do some of our service users feel unsafe? What changes (if any) do we need to make to our current information strategy?*

NHS Digital provides guidelines on the kinds of local questions that are acceptable, and hosts a question bank that contains a range of potentially useful options. You may want to consult the question bank first before developing your own questions.

Examples of LA practice

At the request of the management group, one LA analyst included three additional questions after the (existing) ease of finding information question in the ASCS to ask respondents about the current complaints process, their preferred method of making a complaint, and whether they would use an online complaints form. Subsequent analysis found that just under a quarter of respondents did not know how to make a complaint and that nearly three-quarters of respondents said that they would not use an online complaints form, preferring to call the call-centre, wither themselves or using an advocate. These findings suggested that the current complaints process needed to be promoted more and/or be made more accessible, and that plans to develop and implement an online complaints system should be reviewed.

Three questions were added to the PSS SACE in another LA to explore the relative importance of particular services and supports, and the kinds of services that carers would like to receive in the future. The issues with contingency and emergency plans for carers identified during subsequent analysis were used to revise the audit process and improve operations, and to inform the concurrent retendering of carers' services.

Please see the [LA practice summary](#) for further examples.



The NHS Digital website provides the question bank and a sample size calculator, both of which can be accessed via <https://digital.nhs.uk/>

MODIFY THE SURVEY SAMPLE FRAME

Modifications to the survey sample frame can also be made, subject to NHS Digital approval, to help ensure that the data collected by the ASCS or PSS SACE is sufficient to conduct the

analysis you need to answer your local research questions. Such modifications may also help you to streamline the sampling process, in particular by allowing you to reduce the need to resample.

The size of the sample is particularly relevant to the analysis of between-group differences (e.g. to establish whether certain client groups report better or worse outcomes than other client groups), and guidance on how to establish the suitability of your sample size, including a sample size calculator, is provided by NHS Digital.⁷

Example of LA practice

Regional | District leads and commissioners in one large LA wanted to learn more about local variations in practice and the reported outcomes of service users in different areas. As samples of specific service user groups were usually small, they decided to modify the ASCS sample frame (with permission from NHS Digital) to ensure that the larger samples sizes needed to support planned analysis were collected. The findings from further analysis confirmed district-level variations and issues (e.g. in unmet needs, quality of life) and were used as a springboard for discussions at regional meetings. Examples of local practice were also shared where relevant.

Please see the [LA practice summary](#) for further examples.



NHS Digital website provide sample size guidance and a calculator, both of which can be accessed via <https://digital.nhs.uk/>

⁷ Considering the kinds of analysis you would like to conduct with your ASCS and PSS SACE dataset will help you to establish whether modifications to the survey sample frame are required. The further analysis guides provided in the analysis element of the MAX toolkit may help you to identify the kinds of analysis that would fulfil local information needs.

CONDUCT FURTHER ANALYSIS

More in-depth statistical and thematic analysis of ASCS and PSS SACE data may be used to fulfil local information needs. For example, *are any of our service users / carers reporting unmet needs and, if so, why? What can we do to improve the reported outcomes of service users / carers who use our services?*

Our earlier project activities found that, while survey reports tended to focus primarily on the reporting of descriptive statistics (e.g. frequencies and percentages of response options), LA decision-makers often conducted their own in-depth analysis and used the qualitative data from the surveys to interpret their findings. Our activities also found that organisations who used ASCS and PSS SACE data to guide local decision-making and service improvements also used a focused and mixed-methods approach.⁸

Examples of LA practice

‘No help’ responses in the ASCS (i.e. respondents do not receive additional help from a family member, neighbour or friend etc.) were combined with ADL ratings by an analyst in one organisation to identify people who may require additional assistance/services now or in the future. The findings were circulated within the LA to inform longer term strategic planning. Similar analysis was also conducted on PSS SACE data in another organisation (using reported physical ailments of both carer and cared-for person and other survey responses).

District-level comparisons of service user-reported outcomes identified areas of unmet need and local practice in two organisations. These were shared within and beyond the LAs, and served as a springboard for discussions about potential causes and remedial actions.

Sub-group comparisons of the reported outcomes of different respondent groups were conducted by an analyst in another organisation to examine the variables that influence safety and social care-related quality of life (SCRQOL). The analysis findings were circulated to

⁸ See Heath et al. (2015) *How can MAX help local authorities to use social care data to inform local policy?* and *Further analysis of ASCS and PSS SACE data: Case studies of local authority (LA) practice*, both available at www.maxproject.org.uk

the senior management team and were used to inform the development of action plans and services improvements by the Safeguarding Adults Board.

Please see the [LA practice summary](#) for further examples.



The analysis element of the MAX toolkit contains guides, Excel-based tools and training resources (including step-by-step instructions and online training videos) that can help you to conduct more in-depth statistical analysis of your ASCS and PSS SACE datasets.

DRAW ON SUPPLEMENTARY SOURCES OF DATA

A wide range of supplementary information can be used to ‘fill the gaps’ in ASCS and PSS SACE data and may help to fulfil local information needs and support interpretation of analysis findings. Such information is often freely available online or within your organisation (e.g. population segmentation tools, LA records, local research and consultations) and can be referred to once exploratory and further analysis has been conducted.

All of the commissioners interviewed during earlier project activities discussed their use of supplementary data sources to complete ‘*the jigsaw of evidence*’. These sources included local research and consultations; population segmentation tools such as POPPI, PANSI, MOSAIC; IPC data; provider data and research; and public health and census and household survey data.

Examples of LA practice

Findings from the ASCS were combined with LA data to explore links between rurality, social isolation and poor transportation, and identify the types of additional services that could be provided in smaller towns. Findings were fed back to a project on developing assets in the local community, and were used to inform commissioning and future service design.

Initial analysis conducted in one LA showed that some service users were reporting that the services they were receiving were not helping to make them feel safe. Managers referred back to practice files and audit data, and found evidence to suggest that service users may not have been aware when safeguarding processes were put in place. These findings were used to inform changes to existing front-line practice.

Please see the [LA practice summary](#) for further examples.

PRODUCE A CONCISE REPORT

Reports are a valuable tool of communication and are key to ensuring that your analysis findings are shared with the right people in your organisation and can therefore be used to fulfil local information needs.

Ensuring that your reports are well designed and contain the right information is essential. Some of the decision-makers (i.e. potential consumers) involved in our earlier research activities, however, pointed out that the ASCS and PSS SACE reports that they received, which were usually based on descriptives analysis and direct ASCOF comparisons, were not useful. As a consequence, they often disregarded these reports and conducted their own analysis.



The [MAX REPORTING GUIDE](#) was developed in response to these issues and can help you to create focused and useful reports of your analysis findings. This is accompanied by a [SUPPLEMENTARY REPORTING GUIDE](#) which amalgamates recommended practice in the field of data visualisation and can help you to create useful tables and charts, and avoid some of the more common reporting errors. You may also find the [creating useful and engaging reports](#) presentation useful.

DISCLAIMER

The MAX toolkit and website are based on independent research commissioned and funded by the NIHR Policy Research Programme (Maximising the value of survey data in adult social care (MAX) project and the MAX toolkit implementation and impact project). The views expressed on the website and in publications are those of the author(s) and not necessarily those of the NHS, the NIHR, the Department of Health and Social Care or its arm's length bodies or other government departments.

FURTHER READING

BSR's Five-Step Approach to Stakeholder Engagement – a concise and informative guide available for download at https://www.bsr.org/reports/BSR_Five-Step_Guide_to_Stakeholder_Engagement.pdf

Commissioning for Better Outcomes: a route map – a valuable guide that can be used by LAs to support sector-led improvements in commissioning. Available for download at <https://www.local.gov.uk/commissioning-better-outcomes-route-map-updated-edition>

Stakeholder Engagement: A Road Map to Meaningful Engagement – a more detailed guide, available for download at <http://www.som.cranfield.ac.uk/som/dinamic-content/media/CR%20Stakeholder.pdf>

A range of useful tips and tools can be found here: www.stakeholdermap.com

APPENDIX 1: GETTING STARTED WITH PLANNING

NEW TO THE SURVEYS?

The Adult Social Care Survey (ASCS) and Personal Social Services Survey of Adult Carers in England (PSS SACE or, more commonly, the Carers survey) have been designed to generate data that can be used locally, regionally and nationally to inform policy and decision-making, and to improve the reported outcomes and services for local populations of adult service users and carers. The data from both surveys are used to populate 11 indicators in the Adult Social Care Outcomes Framework (ASCOF) (see Table 7 below).

Table 7: ASCOF domains populated by ASCS and PSS SACE data

Domain		Qs	Survey
1A	Social care-related quality of life (SCRQOL)	3a-11	ASCS
1B	The proportion of people who use services who have control over their daily life	3a	ASCS
1D	Carer-reported quality of life	7-12	PSS SACE
1I	The proportion of people who use services and carers who reported that they had as much social contact as they would like.	8a 11	BOTH
1J	Adjusted social care-related quality of life – impact of Adult Social Care Services	NA	ASCS
3A	Overall satisfaction of people who use services with their care and support	1	ASCS
3B	Overall satisfaction of carers with social services	4	PSS SACE
3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	18	PSS SACE
3D	The proportion of people who use services and carers who find it easy to find information about support	12 16	BOTH

4A	The proportion of people who use services who feel safe	7a	ASCS
4B	Proportion of people who use services who say those services have made them feel safe	7b	ASCS

Questions based on 2016/17 version of the ASCS and PSS SACE



Further information about the development of the surveys can be found in our [ASCS](#) and [PSS SACE](#) development summaries.

NEW TO ANALYSIS?

Conducting further statistical and thematic analysis is key to transforming ASCS and PSS SACE data into meaningful management information. The MAX toolkit includes tools, step-by-step instructions and training resources to help you to conduct cross-tabulations, chi square analysis, independent t-tests and analysis of variance (ANOVA). Survey-specific adjustment calculators, which produce a more accurate measure of the impact of services on adult service users (or carers) reported quality of life, are also provided.



The analysis guides and training resources can be accessed on the restricted access pages of the [MAX toolkit](#).

Thematic analysis is not covered in the MAX toolkit, but you may find the following guide useful.

Hancock B, Ockleford E & Windridge K (2007) *An Introduction to Qualitative Research* [Online], NIHR Research Design Service for the East Midlands / Yorkshire and the Humber. Available from: http://www.rds-yh.nihr.ac.uk/wp-content/uploads/2013/05/5_Introduction-to-qualitative-research-2009.pdf [Accessed 11 May 2017].

APPENDIX 2: SUMMARY OF FINDINGS FROM INITIAL DISCUSSIONS / DESK BASED DOCUMENT REVIEW

Source	Notes	Local information need(s)
JSNA	<i>Objective = to improve accessibility of information about services</i>	<i>Which groups are reporting difficulties with finding information, and what might explain this?</i>

APPENDIX 3: SUMMARY OF LOCAL INFORMATION NEEDS AND STRATEGIES FOR FULFILLING THEM

Draft question / Information need	Rationale	Preferred data type	Proposed or planned analysis	Strategy to fulfil information need
<i>Why don't service users feel safe?</i>	<i>Last ASCS noted the low impact of services on helping service users feel safe</i>	<i>Qualitative</i>	<i>Thematic analysis</i>	<i>Add comments box to safety question. Could also explore relationships with other variables (e.g. self-reported health)</i>