EXPLORING ASCS DATA

INTRODUCTION

The Adult Social Care Survey (ASCS) produces robust data that can be used to inform local performance and service improvements. However, navigating and making sense of the dataset can be challenging, particularly if the information needs of decision-makers within your organisation (i.e. potential 'consumers' of survey data) are not known.

Rather than spending considerable time exploring and describing the entire ASCS dataset,[1] you may find it more useful to focus your initial analysis on extracting and summarising the key features. The key features of potential interest and relevance to LA decision-makers are summarised in Table 1, and can serve as a starting point for further analysis.

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[1] A common analysis and reporting strategy noted during earlier research activities.

Table 1: overview of exploratory analysis strategy and relevant tools

Key features	Analysis strategy	What you will need
General trends in reported outcomes	Review and compare ASCOF scores.	Validated **NHS Digital data return** and **SCRQOL tool**
Impact of services on quality of life	Calculate the **adjusted social care related quality of life (SCRQOL)** scores.	**SCRQOL tool**
Service-user profiles	Summarise key characteristics of service-users.	Validated **NHS Digital data return** and **ASCS cross-tabulations and chi-square tool**
Areas of potential interest or concern	Identify findings that require further investigation (e.g. areas of potential unmet need or dissatisfaction, groups who may require further support)	

Tools highlighted in **green** are included in the MAX toolkit.

This summary has been developed in response to the issues and information needs noted during our earlier research and consultations with local authority (LA) staff and to more recent requests from existing toolkit users; it provides suggestions on how you might like to explore your ASCS dataset. Recommended analysis and reporting practice are briefly summarised where relevant, and further guidance is provided in the MAX toolkit.

> 💡 **Recommended strategy**
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> The **NHS Digital data return** automatically calculates the descriptives for the individual ASCS variables and the ASCOF scores [see the **validations tables tab** and **ASCOF measures tabs**] and can serve as a useful starting point for your analysis. The data can also be used to produce tables and charts for your analysis reports.

GENERAL ANALYSIS AND REPORTING STRATEGIES

The following strategies are drawn from recommended analysis and reporting practice, and also from feedback from survey report-recipients (e.g. managers, commissioners). They may help you to focus your initial explorations of your ASCS dataset.

Explore general trends and develop research questions before establishing a plan for further analysis. Analysis should be guided by research questions – in this instance, the questions and information needs of LA decision-makers that can be fulfilled with ASCS analysis findings. For example, *are any of our service-users reporting unmet needs?* If you have been unable to identify the local information needs in your organisation, you can use the questions posed in this guide to explore general trends.

It is not necessary to analyse and summarise the entire dataset.[2] Instead, focus descriptive analysis on key questions or areas of potential interest. Your overall aim should be to produce a concise summary of analysis finding so try to limit your descriptives overview, if produced, to 3-4 pages if possible (the data from validations table tab and any other potentially useful information, if required, can be included in appendices of reports or as a link in the main body of the report).

When **writing reports**:

- Consider using bullet-point statements, rather than full sentences, and include both percentages and frequencies (e.g. XX% [N]).
- Only use summary tables, cross-tabulation tables and data visualisations where necessary, and take care to select the most appropriate method of communication (see Table 2)
- Ensure tables and charts are designed well (e.g. provide all the necessary information, use full scales to avoid distorting data).

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[2] Report-recipients (e.g. managers, commissioners) often expressed dissatisfaction with lengthy ASCS reports of descriptives during earlier interviews. They preferred concise summaries of analysis findings that could be used to inform their decision-making. See the **creating engaging reports of analysis findings presentation**, available in the reporting element of the MAX toolkit, for further information.

Table 2: selecting the most appropriate method for communicating data

Method	When to use
Text	• Describing two values • Summarising patterns in larger dataset (e.g. data displayed in tables and charts)
Table	• Describing three or more values and/or multiple units • Communicating the **quantitative aspects** of the data • Readers need to know the numbers
Chart	• Describing three of more values • Communicating the **qualitative aspects** of the data • Readers need to know the general trends or patterns

Key source: Ehrenberg (1978)

STEP 1: ESTABLISH GENERAL TRENDS IN REPORTED OUTCOMES

What you will need: your validated **NHS Digital data return** and, if you would like to include visual summaries of the social care-related reported quality of life scores, the **SCRQOL tool.** This tool is accompanied by a guide [**introducing ASCOF 1J**], a **presentation** Measuring impact using adult social care survey data and **step-by-step instructions** on how to use the tool and interpret the adjusted scores

General trends in reported outcomes can be established using **Adult Social Care Outcomes Framework (ASCOF)** scores. These scores are traditionally used to explore **organisational performance** (e.g. *'how are we doing compared to our previous performance, our comparator LAs and the national average?'*) but, with further analysis, can also be used to guide **service improvement**.[3]

Where do we need to target our services?

What can we learn from other organisations?

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[3] Further analysis will be covered in a separate guide.

ASCOF scores are automatically calculated in the **NHS Digital data return** and the **SCRQOL tool** (which also includes visual summaries), and can therefore be quickly extracted and summarised in survey analysis reports.

💡 **Recommended reporting strategy**

LA decision-makers are very interested in these ASCOF scores and therefore need to know the numbers. First, plot your ASCOF comparisons in tables and use colour, shading or directional arrows to highlight variations in data and scores of particular interest. These tables can be supplemented by well-designed charts when you want to demonstrate the overall trends(s) in the data.

Indicator	2010/11	2011/12	2012/13	2013/14	2014/15	2016/17	Movement since 2014/15
(1A) Social Care - related quality of life *	18.7	19.2	18.9	19.1	19.4	18.9	↓ 0.5
(1B) The proportion of people who use services who have control over their daily life	74.3	76.5	74.2	75.4	77.2	77.2	
(1I) Proportion of people who use services and carers, who reported that they had as much social contact as they would like				72.3	73.2	78.4	↑ 5.2
(3A) Overall satisfaction of people who use service with their care and support	62.1	64.5	62.7	63.9	66.1	75.1	↑ 9.0
(3D) The proportion of people who use services and carers who find it easy to find information about services	57.4	59.2	53.4	55.2	58.9	72.7	↑ 13.8
(4A) The proportion of people who use services who feel safe	56.4	58.9	62.4	63.7	67.2	67.3	↑ 0.1
(4B) The proportion of people who use services who say that those services have made them feel safe and secure		57.3	58.2	59.2	64.2	65.2	↑ 1.2

* ASCOF 1A is measured on a scale of 0-24 while the remaining ASCOF indicators are measured as a percentage

ASCOF 1A is measured on a different scale from the other ASCOF domains.[4] You may therefore want to add a footnote to tables and create separate visual displays to avoid confusion.

Data tables can be supplemented by well-designed charts when you want to demonstrate the overall trends(s) in the data. See the **MAX REPORTING GUIDE** and **MAX SUPPLEMENTARY REPORTING GUIDE** for further guidance.

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[4] ASCOF 1A is measured on a scale ranging from 0 – 24 while the other ASCOF domains are measured as a percentage of the respondents that indicate that their needs are fully met.

ACTIONS

1. **Summarise current scores and compare with those from previous surveys (within LA) [internal benchmarking]**
   - Remember to check whether any changes to the sample frame or data return between data collections will affect the comparability of scores. Please refer to the survey guidance provided by NHS Digital and your own records.
   - Highlight or make note of areas of marked changes.

2. **Compare current scores with those from comparator LAs and national average [external benchmarking]**
   - Remember, differences in reported outcomes can be (partially) attributed to differences in the service-user populations [see Step 2 on measuring the impact of services].
   - Highlight or make note of areas of marked differences.

3. **Summarise the survey variables underlying ASCOF scores by level of need**
   - The SCRQOL tool automatically calculates the descriptives of the variables underlying the ASCOF scores and generates visual summaries of ASCOF 1A. These can be copied and pasted directly into summary reports.
   - Highlight or make notes of areas of potential interest or concern.

While ASCOF scores may not appear to change much between data collections and/or between organisations, **further analysis** is needed to establish whether there are marked differences and/or fluctuations in the outcomes reported by particular service-user groups [see Step 4].

STEP 2: MEASURE THE IMPACT OF SERVICES ON SCRQOL

> **What you will need:** the **SCRQOL tool** is accompanied by a guide [**introducing ASCOF 1J**], a **presentation** Measuring impact using adult social care survey data and **step-by-step instructions** on how to use the tool and interpret the adjusted scores.

LA decision-makers are interested in measuring the extent to which the support and services they provide help service-users within their remit to have a better quality of life – in other words, **service impact** – and tend to use direct comparisons of **ASCOF 1A (social care related quality of life)** for this purpose.

> *What is the impact of our services on service-user quality of life?*

While such comparisons provide useful information, ASCOF 1A is not currently adjusted to reflect the characteristics of the service-user (e.g. age, self-rated health, ADLs, access to local environment) and design of their home that are known to affect quality of life. A more accurate estimate of service impact, the **adjusted SCRQOL index score**, can be calculated using the **SCRQOL tool** in the MAX toolkit.

STEP 3: DEVELOP SERVICE-USER PROFILE(S)

> **What you will need:** The **ASCS cross-tabulations and chi-square tools** may help you to develop service-user profiles. These tools are accompanied by step-by-step instructions and can be accessed **here**.

As the Adult Social Care Survey is completed by a large and representative sample of adult service-users – and may be one of the largest pieces of local research you conduct with this group – your ASCS dataset provides you with an invaluable opportunity to build a profile or a series of profiles of the service-users who use the support and services provided by your organisation.

Service-user profiles may be of interest to individuals and groups within and beyond your organisation (e.g. commissioners, carers' teams, voluntary organisations) and, more importantly, may be more useful than reports of general descriptives. Like the ASCOF comparisons and adjusted SCRQOL scores described previously, service-user profiles can serve as a starting point for further analysis and local research.

A general service-user profile can be developed by simply reorganising the descriptives of your ASCS dataset into a more appropriate format and then summarising the most relevant features. Some suggestions and provisional questions to be explored by your profiles are provided in the **FURTHER INFORMATION** section at the end of this guide.

💡 **Recommended strategies for developing service-user profiles**

- Initial analysis should **focus first on developing a general service-user profile**, based on the entire ASCS dataset. More detailed profiles of particular service-user groups [e.g. based on primary support reason] can be developed during further analysis and/or at the request of LA colleagues.

- **Use bullet-point statements to describe key features**. Avoid using graphs and only use tables where necessary (e.g. when displaying age). Cross-tabulations tables can be included in the appendices of reports for reference.
- Ensure an **overview of the ASCS dataset** (e.g. sample size, response rate) is provided to demonstrate the robustness and representativeness of the profile.

STEP 4: IDENTIFY AREAS OF POTENTIAL INTEREST OR CONCERN

Once you have identified general trends, measured service impact and developed general service-user profiles, you should be sufficiently familiar with your ASCS dataset to highlight areas of potential interest or concern that may require further investigation and/or remedial action. Areas of potential interest or concern may include:

- **Marked changes in ASCOF scores and/or adjusted SCRQOL scores** (e.g. improvements and/or deteriorations in reported outcomes over time; good or poor relative standing against comparator LAs and/or the national average);
- **Unmet needs** (as measured by response 3 on Qs 3a – 9a and Q11 – e.g. I have no control over my daily life);
- **Dissatisfaction with support and services** (as measured by quite, very or extremely dissatisfied responses to Q1);
- **Issues with information about support, services and benefits** (as measured by fairly or very difficult to find information (Q12));
- **Service-user groups who may require additional support** (e.g. service-users who are socially isolated, are extremely anxious or depressed etc.,).

The results of these explorations can guide your plan for further analysis and, by doing so, help you to transform your ASCS dataset into meaningful management information. You should therefore allocate sufficient time to this activity and ensure that your findings are clearly recorded (particularly if you need to request additional analysis time to further explore the dataset).

> 💡 **Recommended strategies for identifying areas of potential interest or concern**
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> - **Avoid getting 'buried' in detail at this stage.** While it may be tempting to start conducting further analysis on issues as they arise, the aim of this activity is to identify all areas of potential interest or concern. This will ensure that you don't overlook any potentially important findings and can properly plan your further analysis.
> - **Don't just focus on potential issues of concern**. LA decision-makers need to know if any service-users are reporting high levels of unmet need or dissatisfaction, but more positive ratings and marked improvements are also useful as these can often be used to identify good practices that can be shared and implemented elsewhere.

FURTHER INFORMATION

Questions and provisional suggestions for developing a general service-user profile
Who are our service-users?
Summarise the main characteristics of the service users.   • Gender [Data return]   • Support setting [Data return]   • Age [Data return]   • Design of home [Q17]   • Ethnic group [Data return]   • Getting about [Q18]   • Primary support reason [Data return]   Mechanism of delivery [Data return]
How do our service-users rate their health and abilities?
• Self-rated health [Q13]   • Instrumental activities of daily living (IADLs) [Q15]   • Pain/Discomfort [Q14a]   • Anxiety/Depression [Q14b]   • Activities of daily living (ADLs) [Q16]
How do service-users rate the support and services they have accessed?
• Satisfaction [Q1]   • Ease of finding information [Q12]   • Choice [Q2c]

Do our service users receive and/or pay for additional help or support?	
• Receipt of practical help [Q19	• Top up care [Q20]

What are the reported outcomes of our service-users? Which service users are reporting unmet needs?	
• Overall quality of life [Q2a]	• Accommodation [Q6a]
• Social care-related quality of life [composite score]	• Safety [Q7a]
• Control [Q3a]	• Social contact [Q8a]
• Personal care [Q4a]	• Occupation [Q9a]
• Food and drink [Q5a]	• Effect of having help [Q10]
	• Dignity [Q11]

Impact of services on reported outcomes	
• Overall quality of life [Q2b]	• Safety [Q7b]
• Control [Q3b]	• Social contact [Q8b] *
• Personal care [Q4b] *	• Occupation [Q9b] *
• Food and drink [Q5b] *	• Dignity [Q11]
• Accommodation [Q6b] *	

* Optional questions.

Please do bear in mind that these suggestions are not prescriptive or exhaustive and that, in some instances, you may find it more useful to focus on particular responses (rather than all the responses) to a specific question. Some ideas are provided, but others may be more relevant and/or useful to your organisation, so take some time to plan what to include.

DISCLAIMER

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