FURTHER ANALYSIS OF ASCS DATA

INTRODUCTION

The Adult Social Care Survey (ASCS) produces robust data that can be used to inform local performance and service improvements – and, by doing so, improvements in the reported outcomes of people who use adult social care services and support – but further analysis is required to transform the data into meaningful management information.

The analysis and interpretation (A&I) element of the MAX toolkit was developed in response to the analysis needs identified during research activities and consultations conducted with local authority (LA) staff earlier in the project and includes Excel-based analysis tools, pre-recorded training tutorials and step-by-step guides for the following types of analysis: cross-tabulations, chi-square, independent t-tests and one-way analysis of variance (ANOVA).

Survey-specific adjustment calculators, which produce a more accurate measure of the impact of services on service user (or carer) reported quality of life, are also provided.

The purpose of this summary is to provide suggestions on the types of statistical analysis that can be conducted with ASCS data and links to the relevant elements of the MAX toolkit. It builds on the **EXPLORING ASCS DATA GUIDE** and should be consulted after the general trends in your ASCS dataset have been identified.

> The **A&I presentation** provides an overview of the analysis and interpretation element of element of the MAX toolkit and outlines why LAs should conduct further analysis on their ASCS datasets.

TRANSFORMING ASCS DATA INTO MEANINGFUL MANAGEMENT INFORMATION

THE POTENTIAL VALUE OF FURTHER ANALYSIS

Further statistical analysis can be used to transform your ASCS dataset into relevant and potentially valuable management information that can help decision-makers and practitioners within your organisation (e.g. commissioners, managers, front-line staff) – and, perhaps, organisations in the wider community – to:

Better understand the views and experiences of adult service users: further analysis can help to uncover variations in the experiences of services, quality of life and outcomes reported by different groups of carers (e.g. based on age, primary support reason).

Determine how local services could be improved and/or more effectively targeted to better support adult service users: further analysis can help to establish the possible reasons for variations in reported outcomes and, by doing so, the priorities

and appropriate strategies for making local service and performance improvements. Poor outcomes for particular groups of adult service users, for example, may be associated with difficulties in finding information about services and support, and/or social isolation and may therefore be improved by taking steps to make information more accessible to these groups and/or providing details about local support groups. Good outcomes, conversely, may be associated with having choice over the care and support services received or being able to get to places in the local area, and can be shared with other service user teams within the organisation.

Improve the reported outcomes and satisfaction of adult service users: by establishing why some adult service users are dissatisfied and/or are reporting unmet needs or a low quality of life and identifying the kinds of remedial action that may improve outcomes, further analysis of your ASCS dataset can help to inform local planning activities that may improve reported outcomes.[1]

If presented appropriately, the results from your further analysis can also help to **strengthen the accountability of your organisation to local people** by demonstrating that decision-makers are using the views expressed in the Adult Social Care Survey to guide local service planning and delivery.

> The **reporting element** of the MAX toolkit includes guides and tools to help you produce concise reports and is accompanied by a short presentation **Creating engaging reports of your analysis findings**.

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[1] Discussions with LA colleagues and/or reference to additional sources of data (e.g. other local research, audit files) may be required to fully interpret analysis findings and identify possible courses of action.

GETTING STARTED WITH ASCS ANALYSIS

We appreciate that some of you may be new to your roles, are unfamiliar with inferential statistics and/or still trying to navigate the MAX toolkit. We have, therefore, provided additional guidance to get you started with your analysis and have included links in this guide, where relevant.

NEW TO THE ASCS?

The Adult Social Care Survey (ASCS) has 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. The design and content of the original survey were developed by researchers at the Personal Social Services Research Unit (PSSRU) using a range of methods. These methods are summarised in Figure 1 below and a more detailed overview of this work is provided in the **ASCS development summary**.

Figure 1: the development of the Adult Social Care Survey (ASCS)
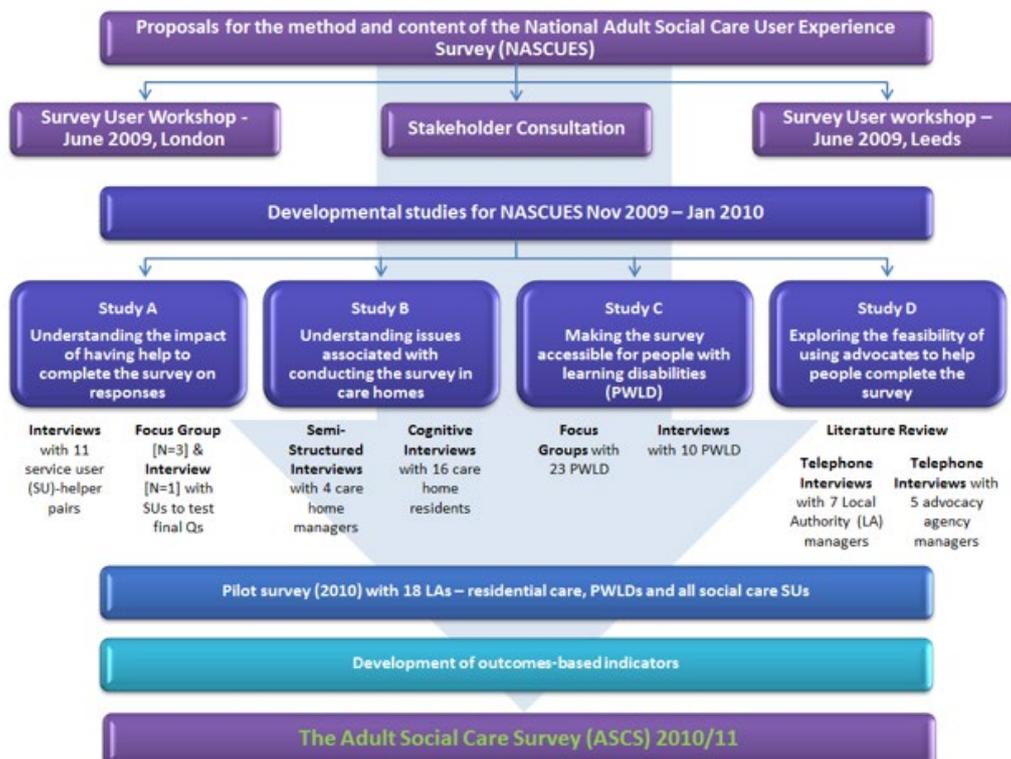
Subsequent versions of the ASCS have been amended by the Social Services User Survey Group (SSUSG) to reflect concurrent priorities in adult social care. Further information about the SSUSG can be found on the NHS Digital website.

The data from the ASCS is used to populate eight indicators in the **Adult Social Care Outcomes Framework (ASCOF)**. These domains and the overall purpose of the ASCOF are respectively summarised in Table 1 and Box 1 below.

Table 1: ASCOF domains populated by ASCS data

Domain		Qs
1A	Social care-related quality of life (SCRQOL)	3a-11
1B	The proportion of people who use services who have control over their daily life	3a
1I	The proportion of people who use services and carers who reported that they had as much social contact as they would like	8a
1J	Adjusted social care-related quality of life – impact of Adult Social Care Services	NA
3A	Overall satisfaction of people who use services with their care and support	1
3D	The proportion of people who use services and carers who find it easy to find information about support	12
4A	The proportion of people who use services who feel safe	7a
4B	Proportion of people who use services who say those services have made them feel safe	7b

Questions based on 2016/17 version of the ASCS

Box 1: Key functions of Adult Social Care Outcomes Framework (ASCOF)[2]

1. Monitor success of local interventions in improving outcomes
2. Identify priorities for making improvements
3. Inform the strategic planning and leadership role for local commissioning
4. Strengthen accountability to local people

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[2] Source: ASCOF Handbook of Definitions, NHS Digital. Available for download at https://digital.nhs.uk/

5. Support sector-led improvement by bringing councils together to understand and benchmark their performance. This, in turn, stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice

NEW TO STATISTICS?

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. An overview of these tools is provided in Table 2.

The **Getting started with analysis guide** provides a brief overview of the key statistical and methodological terms that are used in the analysis guides and tools.

The following sets of resources, which are provided in a range of formats, describe two key approaches to analysing your ASCS dataset. As there is considerable overlap between these approaches, you may like to review both before you get started.

Exploring the relationships between survey variables: [**summary**] [**presentation**]

Exploring the differences between respondent groups: [**summary**] [**presentation**]

NOT SURE WHICH RESEARCH QUESTIONS TO EXPLORE?

Your analysis should be guided by research questions. For example:

Are any of our adult service users reporting unmet needs?

What factors are associated with satisfaction?

What changes (if any) do we need to make to our current information strategy?

Table 2: overview of the analysis tools included in the MAX toolkit

Analysis	Function	Inferential test?	Independent variable	Dependent variable	No. of variables
Cross-tabulations	Summarises the frequency distribution of two categorical variables in a dataset (e.g. gender and control) in tabular form, known as a contingency table**.** Can be used to describe or explore data.	N	Categorical	Categorical	2
Chi-square	Establishes whether the relationship between two categorical variables is statistically significant (i.e. did or did not occur by chance)	Y	Categorical	Categorical	2
Independent t-tests	Test whether the difference between the means of two unrelated groups (e.g. men and women) on the same continuous dependent variable (e.g. SCRQoL) is statistically significant.	Y	Categorical	Continuous	2
Analysis of variance (ANOVA)	Test whether the difference between the means of two or more unrelated groups (e.g. characterised by a demographic feature) on the same continuous dependent variable (e.g. SCRQoL) is statistically significant.	Y	Categorical	Continuous	2+
SCRQoL and Carer QOL tools	Calculates adjusted quality of life (QOL) scores that control for the factors beyond local authority control → producing a more meaningful and accurate estimate of **service impact**	N	-	-	-

Notes:

1. Inferential tests allow generalisations about a population (e.g. adult service users in a given LA) to be made from a sample drawn from that population (e.g. all adult service users in a given LA who completed the ASCS).

2. With the exception of the social care-related quality of life composite scores and the age of the service user, both of which are continuous variables, all the survey variables in the 2016/7 ASCS have been classified as categorical.

You may have already formulated some questions during the development of your provisional analysis plan: for example, through earlier conversations with relevant colleagues (e.g. managers and commissioners) and/or a review of the strategic documents for your organisation. If you haven't done so already, however, you can create a list using some of the many questions posed throughout this guide.

You may also find it useful to consider the following questions as you plan your further analysis:

Does this noted trend in reported outcomes require us to take action?
Your exploratory data analysis (EDA) may highlight a number of interesting trends but, due to time and resource limitations, you may want to focus your further analysis on the areas where remedial action can realistically be taken to improve outcomes (e.g. by making changes to existing services and/or commissioning new services). Some preliminary further analysis may help you to establish which areas of your EDA you should pursue further.

> ***Example:*** *Jo has found that a number of service users are reporting difficulties in finding information about local services and support. Some preliminary further analysis has now confirmed that service users who report such difficulties also report a lower quality of life, less control over daily life and greater dissatisfaction with services. This suggests that further analysis to explore which groups of services are experiencing difficulties, and why, may be useful and may help to guide the planned revisions to the LA information strategy.*

Which service user groups (if any) are reporting these outcomes and why?
Once you have decided to conduct further analysis, you may find it useful to establish whether any particular groups of service users (e.g. characterised by primary support reason, age) are reporting the outcomes of interest and, if they are, for what reason. Such analysis will involve exploring group differences *and* the relationships between survey variables, and may help you to identify priorities for making improvements.

The contextual information needed to make sense of the statistical findings may be provided by thematic analysis of respondent comments (where provided), additional sources of data (e.g. other local research, findings from national research) and/or insights from colleagues.

> *Example: Further statistical analysis has shown that older service users (aged 75+) – in particular, those that are unable to leave the home – often report difficulties in finding information about local services and support. As comments boxes were not included in the survey, Jo conducts a brief review online and finds a recent ONS report which notes that approximately 2/3 of people in the UK aged 75+ do not access the internet.[3] A subsequent review of the current information strategy for her organisation confirms that information about local services is provided online and via surgeries and health centres. This suggests that more targeted information strategies (e.g. sending information by post and/or providing information at assessments or via carers and visiting health professions) may be useful. To enable decision-makers to consider whether the corporate information strategy needs to be amended, Jo adds these findings to her analysis report.*

What actions can be taken to improve these reported outcomes?

The findings from your statistical analysis – and supplementary sources of data (where referenced) – should help you and the decision-makers within your organisation to identify possible strategies for improving reported outcomes. These should be included in analysis reports and presentations to facilitate discussions and remedial action.

> *Example: Jo's findings indicate that minor amendments to the existing information strategy may help to improve the accessibility of information about local services and support (e.g. by ensuring that information is also circulated by post and/or provided at assessments or home visits). To enable*

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[3] For further information, see http://visual.ons.gov.uk/internet-use/

> *decision-makers to consider the options, Jo adds these findings and her preliminary thoughts to her analysis report.*

The ASCS collects data on a wide range of variables, and the options for further analysis are therefore considerable. **Creating a list of questions *before* you start your analysis may therefore help you to focus your analysis on the areas of potential interest and relevance.**

For example, if your organisation is planning on revising its information strategy, you may want to conduct analysis that identifies what adult service user groups (if any) would benefit from more targeted information, are experiencing difficulties in accessing information and/or do not find current information useful.

Do, however, bear in mind that further potentially important research questions may arise once you start your analysis.

For example, if you find that service users with learning disabilities are feeling socially isolated, you might like to ask *Are service users with learning disabilities able to access information about existing forms of support and social groups and, if not, why not?* and so on.

Allow sufficient time to explore these further questions.

NOT SURE WHICH STATISTICAL TEST TO USE?

Selecting the most appropriate statistical test to explore your research questions can be challenging, particularly if you're new to analysis. The overview in Table 2 should help to get you started, and additional guidance is provided where relevant in this guide. Further information about each of the statistical tests is also provided in the accompanying step-by-step instructions.

> ⚯ All of the analysis tools included in the MAX toolkit can be accessed from the **Analysis and Interpretation** page.

WANT TO ANALYSE RESPONDENT COMMENTS PROVIDED IN THE SURVEY?

Respondent comments can provide the contextual detail needed to make sense of the findings from statistical analysis. 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].

A NOTE OF CAUTION

Significant associations and differences between variables[4] do not imply causality. Your statistical analysis may confirm that an association or difference between two ASCS variables is statistically significant (in other words, did not just occur as a result of chance), but this does not mean that one variable caused a change in the other. For example, if your analysis shows you that male service users are significantly more likely than women to report satisfaction with services, this does not mean that being male causes men to be more satisfied. Rather, it means that there may be a potentially important relationship between gender and satisfaction that should be further explored through statistical – and perhaps, thematic – analysis.

Take care not to over-interpret your analysis findings.

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[4] Significant associations are established through chi-square analysis, while significant differences are established through independent t-tests and analysis of variance (ANOVA).

STRUCTURE OF THE ASCS FURTHER ANALYSIS GUIDE

As LA decision-makers are interested in the ASCOF data provided by the Adult Social Care Survey, the remainder of this guide will focus on the five of the seven domains populated by ASCS data:

Social care-related quality of life (SCRQOL) [ASCOF 1A]

The proportion of people who use services who have control over their daily life [ASCOF 1B]

The proportion of people who use services and carers, who reported that they had as much social contact as they would like [ASCOF 1I]

Adjusted social care-related quality of life – impact of Adult Social Care Services [ASCOF 1J] *

The proportion of people who use services who feel safe [ASCOF 4A]

Proportion of people who use services who say those services have made them feel safe [ASCOF 4B] *

* ASCOF 1J and 4B will be discussed respectively in the sections on ASCOF 1A and 4A

The PSS SACE exploratory data analysis guide will include sections on the remaining two domains: **Overall satisfaction of people who use services with their care and support** [ASCOF 3A] and **The proportion of people who use services and carers who find it easy to find information about support** [ASCOF 3D], so you may find it useful to consult this guide too.

Each section will provide a brief overview of the domain, the factors that may affect the reported outcomes measured by that domain, and suggestions for further analysis (e.g. to establish why service users may be reporting poor quality of life, dissatisfaction and/or unmet needs, and what actions may be taken to improve outcomes). Examples of analysis based on dummy data will also be provided and will be linked to the following ASCOF functions: Identifying priorities for making improvements, and informing the strategic planning and leadership role for local commissioning.

Please note that the suggestions posed in this guide are based on the assumption that you have completed your exploratory data analysis, summarised in Box 2 below, and is neither exhaustive nor prescriptive. You should select the kinds of analysis that will best fulfil local information needs and/or address the areas of potential interest or concern you identified previously.

Box 2: Overview of ASCS exploratory data analysis

☐	Summarise current ASCOF scores - and calculate adjusted SCRQOL scores for previous data collections, if required – and conduct benchmarking comparisons
☐	Summarise the survey variables underlying ASCOF 1A by level of need
☐	Develop service user profiles (optional activity)
☐	Identify and summarise areas of potential interest or concern

Please refer to the **ASCS exploratory data analysis guide** for further information

Please also note that your analysis is likely to uncover more complex relationships than those provided in the analysis examples. For example, you may find that three or more service user groups report an unmet need.

RECOMMENDED STRATEGIES

Allow enough analysis time: your further analysis plan will be guided by the findings from your exploratory data analysis [click **here** to access the **ASCS EDA GUIDE**]. Additional research questions, however, may arise during the course of your analysis so ensure you allow sufficient time to explore these.

Use your administrative data: the ASCS dataset contains a lot of variables, but don't overlook the administrative data in the **NHS Digital data return** (e.g. primary support reason, support setting, mechanism of delivery)**.** This can also be used in further analysis and may provide some interesting and useful insights.

Take care to use the correct test: the statistical tests included in the MAX toolkit are all types of **parametric tests.** This means they are based on the assumption that your dataset will fulfil certain requirements (e.g. observations are normally distributed). The distribution of most ASCS variables, however, will be negatively skewed (e.g. most QOL scores will be clustered at the higher end of the scale) and will therefore require you to conduct the **non-parametric equivalent** of the test. Instructions on how to do this are provided in each of the step-by-step instructions.

Consider the practical implications and/or applications of your findings: always try to think about how your analysis findings can be applied or used to inform local decision-making and, where necessary and possible, supplement these findings with previous survey results, complementary sources of data (e.g. from other local research, audit files) and/or insights from LA colleagues.

Don't overlook small samples: some of the carers groups in your ASCS dataset may be too small to analyse statistically. This is particularly true for some ethnic minority groups. As their experiences and reported outcomes may differ from the wider community, you may want to review and summarise these separately so the relevant adult service user teams can consider how any issues raised can be addressed through local services or service improvements.

CONDUCTING FURTHER ASCS ANALYSIS

Further statistical (and thematic) analysis can help to maximise the relevance, value and use of ASCS data for local decision-making and performance improvement. There are many ways that you can analyse your ASCS dataset, and your analysis plan should be guided by the information needs of the decision-makers within your organisation (if known). This section briefly explores each of the ASCOF domains populated by ASCS data and provides suggestions on the types of analysis that may help you to make sense of reported outcomes and, where required, establish remedial action.

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.

Please be aware that there is some overlap between the suggested analysis for these domains. You may, therefore, prefer to review the subsections of particular relevance to your analysis plan, rather than the entire section.

SOCIAL CARE-RELATED QUALITY OF LIFE (SCRQOL) [ASCOF 1A] + ADJUSTED SCRQOL – IMPACT OF ADULT SOCIAL CARE SERVICES [ASCOF 1J]:

OVERVIEW: social care-related quality of life (SCRQOL) [ASCOF 1A] is the overarching social care outcome indicator in the Adult Social Care Survey (ASCS), *Enhancing quality of life for people with care and support needs*. This composite measure was developed by researchers at the Personal Social Services Research Unit (PSSRU) and is calculated using the responses to eight questions in the survey. Each of these questions relates to an aspect of quality of life ('attributes') that may be affected by social care support [summarised in Table 3 below] and is combined to form a score ranging from zero (lowest social care-related quality of life or SCRQoL) to 24 (highest SCRQoL).

Table 3: the domains underlying the social care-related quality of life (SCRQOL) composite score

Q3a	Control [ASCOF 1B]	**Q7a**	Safety [ASCOF 4A]
Q4a	Personal care	**Q8a**	Social contact [ASCOF 1I]
Q5a	Food and drink	**Q9a**	Occupation
Q6a	Accommodation	**Q11**	Dignity

> 🔗 The questions underlying the social care-related quality of life (SCRQOL) composite score are drawn from the self-completion version of the **Adult Social Care Outcomes Toolkit** (ASCOT SCT4). Further information about the ASCOT can be found at **www.pssru.ac.uk/ascot**.

Social care-related quality of life (SCRQOL) [ASCOF 1A] provides a useful measure of service user reported outcomes but, as quality of life is affected by many factors that are beyond local authority (LA) control, does not isolate the impact of services provided by the local authority on those outcomes. The calculation underlying the **adjusted SCRQOL [ASCOF 1J]**, however, controls for the factors associated with the service user (e.g. age, self-rated health, ADLs, access to local environment, design of home) that are known to affect quality of life and, by doing so, provides a more accurate measure of service impact. An overview of this calculation is provided in Box 3 below.

> ### *Adjusted SCRQOL = (utility-weighted) SCRQOL – adjustment factor*
>
> | | | |
> |---|---|---|
> | Adjustment factor = | | 0.5798 |
> | Age: if the person is over 65 years then add: | (+) | 0.0473 |
> | Self-rated health: if the rating is 'fair' then subtract: | (−) | 0.0148 |
> | Self-rated health: if the rating is 'bad' or 'very bad' then subtract: | (−) | 0.1090 |
> | Count of activities of daily living (ADLs) that the person finds difficult or is unable to complete alone without help: subtract: | (−) | 0.0202 × count |
> | Design of home: if it 'meets most needs', subtract: | (−) | 0.0308 |
> | Design of home: if it 'meets some needs or inappropriate' then subtract: | (−) | 0.1250 |
> | Access to local environment: if 'difficult to get to all places', subtract: | (−) | 0.0603 |
> | Access to local environment: if 'unable to get to all places or do not leave home', subtract | (−) | 0.1100 |
>
> See the **Measuring impact using adult social care survey data** presentation [slides]
> [recorded presentation] for further information.

> 🔗 The factors that affect social care-related quality of life (SCRQOL) were identified
> during the **Identifying the Impact of Adult Social Care (IIASC) project** which was
> conducted at the Personal Social Services Research Unit (PSSRU). Further
> information about this project and the adjustment calculation can be found at
> **http://www.pssru.ac.uk/archive/pdf/5158.pdf**.

FACTORS THAT MAY AFFECT SOCIAL CARE-RELATED QUALITY OF LIFE (SCRQOL):

social care-related quality of life may be affected by a number of factors. These include
satisfaction with and experiences of adult social care services and the **characteristics
associated with the service user** (e.g. age, primary support reason, health, design of home).

Further analysis of these and other factors may help you to make sense of the composite
and adjusted ('impact') SCRQOL scores calculated for your organisation, the differences and
trends (if any) noted during direct benchmarking comparisons and also the areas where
more targeted support may help to improve outcomes.

**PLEASE NOTE THAT FURTHER ANALYSIS SHOULD BE CONDUCTED ON THE COMPOSITE
SCRQOL SCORE, RATHER THAN THE ADJUSTED SCORE. Further guidance can be found in
the Introducing ASCOF 1J guide.**

SUGGESTIONS FOR FURTHER ANALYSIS

Research question(s)	Analysis strategies	Potential value
Scenario 1: Adjusted SCRQOL scores are low and/or are low compared to comparator LAs and the national average		
What factors (if any) beyond our control are affecting the impact of our services on SCRQOL?	Make sense of SCRQOL by exploring the composite score with the variables included in the SCRQOL adjustment calculation: SCRQOL + Design of home (Q17) [ANOVA] SCRQOL + Access to local environment (Q18) [ANOVA] SCRQOL + Age (data return) [independent t-test or ANOVA] SCRQOL + Activities of daily life (Q15-16) [ANOVA] SCRQOL + Self-reported health (Q13) [ANOVA] If any statistically significant associations are uncovered, conduct further statistical analysis (e.g. chi-squares) on the variables of interest and carry out thematic analysis of respondent comments (if provided). Share and discuss findings with relevant colleagues both within and beyond your organisation.	Analysis may help to explain seemingly low impact of services on SCRQOL and/or differences noted during internal and external benchmarking activities.

Example: Jo conducted a series of ANOVA and post-hoc t-tests on her ASCS dataset and found a significant association between low SCRQOL and difficulties and/or an inability to access the local environment. Chi-square analysis also found a significant association between accessing the local environment and design of the home – in particular, that service users who reported difficulties or an inability to access their local environment also felt that their home did not fully meet their needs.

Thematic analysis of respondent comments provided in a comments box added to the safety question (Q7a) indicated that many service users were afraid of falling (e.g. as there were steps and/or inadequate lighting outside of their home) and, as a result, opted to stay indoors.

Jo shared these findings at the regional performance network meeting and discovered that a comparator organisation had previously uncovered similar results but, since implementing a review and update of equipment and home adaptations, had seen improvements in SCRQOL. Jo therefore added these insights to her survey report before circulating it to the management team within her organisation.

Research question(s)	Analysis strategies	Potential value
Scenario 2: a considerable number of service users are reporting a low quality of life		
Are service users with low SCRQOL also reporting poor outcomes in other areas?	Determine whether low SCRQOL is associated with other poor outcomes. For example: SCRQOL + Satisfaction with services (Q1) [ANOVA] SCRQOL + Overall quality of life (Q2a-b) [ANOVA] SCRQOL + Social contact (Q8a) [ANOVA]	Analysis may help to establish whether action (e.g. changes to service provision) are required and that further analysis can be justified.
Example: Jo's analysis has shown that low SCRQOL is also associated with dissatisfaction and unmet control and social contact needs. This suggests that remedial action is necessary and that further analysis (to establish the underlying issues and possible solutions) is required.		
Which of our service users are reporting low SCRQOL? **ASCOF function: identify the priorities for making improvements**	Establish whether particular service user groups are reporting low SCRQOL by exploring SCRQOL for different groups. For example: SCRQOL + Age (data return) [independent t-test or ANOVA] SCRQOL + Gender (data return) [independent t-test] SCRQOL + Ethnicity (data return) [ANOVA] SCRQOL + Primary support reason (data return) [ANOVA] SCRQOL + Support setting (data return) [ANOVA] SCRQOL + Mechanism of delivery (data return) [ANOVA]	Analysis may help you to identify between-group variations in SCRQOL. Such variations, in turn, may uncover areas of unmet need and/or inequality that require remedial action and/or areas of good practice than can be shared and implemented elsewhere in the organisation.
Example: Analysis has shown Jo that service users receiving support for a memory and cognition condition are reporting a lower SCRQOL than service users with other primary support reasons (e.g. learning disabilities, receiving social support).		

Research question(s)	Analysis strategies	Potential value
What factors are associated with low SCRQOL? **ASCOF function: inform the strategic planning and leadership role for local commissioning**	Establish the characteristics and reported outcomes of service user groups (SUGs) with low SCRQOL and compare these with other service user groups. For example: SUG + Age (data return) [Chi-square] SUG + Mechanism of delivery (data return) [Chi-square] SUG + Satisfaction (Q1) [Chi-square] SUG + SCRQOL variables (e.g. control) (Q3a-11) [Chi-square] SUG + Ease of finding information (Q12) [Chi-square] SUG + Health (Q13 +14) [Chi-square] SUG + ADLS (Q15-16) [Chi-square]	Analysis may help you to uncover the potential reasons for low SCRQOL. Such findings can be used to inform local decision-making and performance improvements.
Example: Jo has found that service users receiving support for memory and cognition conditions tend to receive LA-commissioned support (rather than direct payments etc.) and report difficulties in finding information about local support and services. This group also tend to be more dissatisfied and feel less in control over their daily lives.		
What can be done to improve SCRQOL and the reported outcomes of these groups? **ASCOF function: inform the strategic planning and leadership role for local commissioning**	Supplement findings from statistical analysis with other relevant data (if available), e.g. thematic analysis of respondent comments, findings from other local or national research etc., insights from LA records and colleagues. If this information is not available or you are unsure what the findings from your analysis mean in practice, you can summarise the key findings in a presentation or report and circulate to LA decision-makers – and perhaps, external organisations (e.g. voluntary agencies) – for information.	Drawing on supplementary sources of data can help provide the contextual detail needed to make sense of the findings from statistical analysis.

Research question(s)	Analysis strategies	Potential value
Example: While analysis of respondent comments provided in the ASCS did not uncover any relevant themes, Jo has found that difficulties in finding information about services were reported by carers of service users with memory and cognition conditions in the Carers Survey. This suggests that targeted amendments to the existing information strategy may be useful. Jo is also aware that her organisation aims to move all service users to personal budgets in the next five years as part of their personalisation programme. She therefore decides to disseminate the findings from her analysis and the Carers Survey back to the relevant teams within her organisation to enable them to decide upon the best course of remedial action.		

CONTROL OVER DAILY LIFE [ASCOF 1B]

The proportion of people who use services who have control over their daily life.

OVERVIEW: ASCOF 1B provides a self-reported measure of control – the extent to which adult service users feel in control of their daily lives – and is linked to the overarching outcome *Enhancing quality of life for people with care and support needs [people manage their own support as much as they wish, so that they're in control of what, how and when support is delivered to match their needs].* ASCOF 1B is calculated as the percentage of adult service users reporting "I have as much control over my daily life as I want" <u>or</u> "I have adequate control over my daily life" to question 3a, and is one of the components of social care-related quality of life (SCRQOL) [ASCOF 1A].

FACTORS THAT MAY AFFECT CONTROL: the extent to which service users feel in control of their daily lives may be affected by a number of factors. These include **characteristics associated with the service user** (e.g. age, primary support reason, health, levels of anxiety and depression, ADLs, design of home) the **support setting** (i.e. whether the service user lives in a nursing or residential home, or in the community) and the **mechanism of service delivery** (e.g. direct payment, LA-commissioned services).

SUGGESTIONS FOR FURTHER ANALYSIS [5]

Research question(s)	Analysis strategies	Potential value
Scenario: a considerable number of service users are reporting that they have little or no control over their daily lives		
Do service users who report little or no control over their daily lives report poor outcomes in other areas?	Determine whether little or no control over daily life is associated with other poor outcomes. For example: Control (Q3a) + Satisfaction with services (Q1) Control (Q3a) + Overall quality of life (Q2a) Control (Q3a) + Social contact (Q8a)	Analysis may help to establish whether action (e.g. changes to service provision) is required and that further analysis can be justified.
Example: David's analysis has shown that service users who report 'some' or 'no' control over their daily lives also tend to be socially isolated and report a poor quality of life. This suggests that remedial action is necessary and that further analysis (to establish the underlying issues and possible solutions) is required.		
Which of our service users are reporting little or no control over their daily lives? **ASCOF function: identify the priorities for making improvements**	Establish whether particular service user groups are reporting little or no control over their daily lives by exploring the levels of social contact reported by different groups. For example: Control (Q3a) + Age (data return) or Gender (data return) Control (Q3a) + Ethnicity (data return) Control (Q3a) + Primary support reason (data return) Control (Q3a) + Support setting (data return) Control (Q3a) + Mechanism of delivery (data return)	Analysis may help you to identify between-group variations in control. Such variations, in turn, may uncover areas of unmet need and/or inequality that require remedial action and/or areas of good practice than can be shared and implemented elsewhere in the organisation.

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[5] Unless otherwise stated, chi-square tests are the most appropriate tests for the suggested analysis.

Research question(s)	Analysis strategies	Potential value
Example: Dave conducts a series of chi-square tests and finds a significant association between age and control: in particular, that older service users (aged 65+) feel less in control than younger service users.		
Why are these service users reporting unmet control needs? **ASCOF function: inform the strategic planning and leadership role for local commissioning**	Establish the characteristics and reported outcomes of the service user groups (SUGs) who are reporting little or no control over their daily lives and compare these with the wider service user population. For example: SUG + Gender (data return) SUG + Primary support reason (data return) SUG + Mechanism of delivery (data return) SUG + Satisfaction (Q1) SUG + SCRQOL variables (e.g. control) (Q3a-11) SUG + Impact of services on control (Q3b) SUG + Ease of finding information (Q12) SUG + Health (Q13 +14) SUG + ADLS (Q15-16) SUG + Design of home (Q17) [Chi-square] SUG + Access to local environment (Q18) SUG + Receipt of practical help (Q19)	Analysis may help you to uncover the potential reasons for unmet control needs. Such findings can be used to inform local decision-making and performance improvements.[6]
Example: Dave has found that many older service users report difficulties in performing daily living tasks by themselves (e.g. getting out of a chair) and/or report higher levels of anxiety and depression than younger service users.		

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[6] Do be aware, however, that these statistical tests confirm associations, rather than causation, so take care not to over-interpret your findings.

Research question(s)	Analysis strategies	Potential value
What can be done to help older service users feel more in control of their daily lives? **ASCOF function: inform the strategic planning and leadership role for local commissioning**	Supplement findings from statistical analysis with other relevant data (if available) e.g. thematic analysis of respondent comments, findings from other local or national research, insights from LA records and colleagues. If this information is not available or you are unsure what the findings from your analysis mean in practice, you can summarise the key findings in a presentation or report and circulate to LA decision-makers – and perhaps, external organisations (e.g. voluntary agencies) – for information.	Drawing on supplementary sources of data can help provide the contextual detail needed to make sense of the findings from statistical analysis.
Example: analysis of respondent comments provided by older service users in the ASCS highlights a potential issue with paid carers and support workers not turning up at the expected time. Discussions following Dave's presentation of his findings at a team meeting highlighted that similar issues were also noted during a recent consultation with local service users. As existing commissioning arrangements for home-care are due for renewal, Dave shared his findings and the insights from the local consultation with the relevant commissioning teams within his organisation.		

SOCIAL CONTACT [ASCOF 1I]

The proportion of people who use services and carers, who reported that they had as much social contact as they would like.

OVERVIEW: ASCOF 1I provides a self-reported measure of social contact – the extent to which adult service users (and carers) remain connected to their family, friends and wider community – and is linked to the overarching outcome *Enhancing quality of life for people with care and support needs.* ASCOF 1I is calculated as the percentage of service users reporting "I have as much social contact as I want with people I like" to question 8a[7] and is one of the components of social care-related quality of life (SCRQOL) [ASCOF 1A].

FACTORS THAT MAY AFFECT SOCIAL CONTACT: the extent to which service users are able to remain socially connected to their family, friends and wider community – or, in turn, feel socially isolated – may be affected by a number of factors. These include **characteristics associated with the service user** (e.g. self-rated health, ADLS, ability to access the local environment) and the **support setting** (i.e. whether the service user lives in a nursing or residential home or in the community).

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[7] The question reference is based on the 2016/7 ASCS and may change in future data collections.

SUGGESTIONS FOR FURTHER ANALYSIS [8]

Research question(s)	Analysis strategies	Potential value
Scenario: a considerable number of service users only have 'some' or 'little' social contact		
Do service users who report some or little social contact also report poor outcomes in other areas?	Determine whether 'social isolation' is associated with other poor outcomes. For example: Social contact (Q8a) + Satisfaction with services (Q1) Social contact (Q8a) + Overall quality of life (Q2a) Social contact (Q8a) + Anxiety/Depression(Q14b)	Analysis may help to establish whether action (e.g. changes to service provision) is required and that further analysis can be justified.
Example: Amanda's analysis has shown that unmet social contact needs are significantly associated with moderate and extreme anxiety or depression, and a poor quality of life. This suggests that remedial action is necessary and that further analysis (to establish the underlying issues and possible solutions) is required.		
Which of our service users are socially isolated? ASCOF function: identify the priorities for making improvements	Establish whether particular service user groups are socially isolated by exploring the levels of social contact reported by different groups. For example: Social contact (Q8a) + Age (data return) + Gender (data return) Social contact (Q8a) + Ethnicity (data return) Social contact (Q8a) + Primary support reason (data return) Social contact (Q8a) + Support setting (data return) Social contact (Q8a) + Mechanism of delivery (data return)	Analysis may help you to identify between-group variations in unmet social contact needs. Such variations, in turn, may uncover areas of unmet need that require remedial action and/or areas of good practice than can be shared and implemented elsewhere in the organisation.

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[8] Unless otherwise stated, chi-square tests are the most appropriate tests for the suggested analysis.

Research question(s)	Analysis strategies	Potential value
Example: Further analysis has shown Amanda that service users from the BME community are more socially isolated than White service users.		
Why are these service users reporting unmet social contact needs? **ASCOF function: inform the strategic planning and leadership role for local commissioning**	Establish the characteristics and reported outcomes of the service user groups (SUGs) who are socially isolated and compare these with the wider service user population. For example: SUG + Age (data return) SUG + Gender (data return) SUG + Primary support reason (data return) SUG + Mechanism of delivery (data return) SUG + Satisfaction (Q1) SUG + Impact of services on social contact (Q8b) SUG + Ease of finding information (Q12) SUG + Health (Q13 +14) SUG + ADLS (Q15-16) SUG + Design of home (Q17) SUG + Access to local environment (Q18) SUG + Receipt of practical help (Q19)	Analysis may help you to uncover the potential reasons for low SCRQOL. Such findings can be used to inform local decision-making and performance improvements.[9]
Example: Amanda compared the characteristics and reported outcomes of different ethnic groups of service users and has found that service users from the BME community reported more difficulties with finding information about local services and support than White service users. Further chi-square tests on the data provided by BME service users also found a significant association between ease of		

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[9] Do be aware, however, that these statistical tests confirm associations, rather than causation, so take care not to over-interpret your findings.

Research question(s)	Analysis strategies	Potential value
finding information and gender – in particular, that men reported more difficulties than women – and that respondents who received practical help from family members, friends and neighbours were less socially isolated than those who received no practical help.		
What can be done to improve SCRQOL and the reported outcomes of these groups? **ASCOF function: inform the strategic planning and leadership role for local commissioning**	Supplement findings from statistical analysis with other relevant data (if available) e.g. thematic analysis of respondent comments, findings from other local or national research, insights from LA records and colleagues. If this information is not available or you are unsure what the findings from your analysis mean in practice, you can summarise the key findings in a presentation or report and circulate to LA decision-makers – and perhaps, external organisations (e.g. voluntary agencies) – for information.	Drawing on supplementary sources of data can help provide the contextual detail needed to make sense of the findings from statistical analysis.
Example: these findings indicate that targeted amendments to the existing information strategy – and perhaps additional support to access local groups – may be useful. After sharing these findings with the senior management team, Dave and his manager arrange a meeting with the local voluntary agencies associated with the BME community to discuss the potential underlying issues and the most appropriate remedial action. A joint review of the current information strategy and social groups and activities indicate that providing information about services at places of worship and setting up more male appropriate groups may be useful.		

SAFETY [ASCOF 4A] + THE IMPACT OF SERVICES ON SAFETY [ASCOF 4B]

The proportion of people who use services who feel safe + The proportion of people who use services who say that those services have made them feel safe and secure

OVERVIEW: ASCOF 4A provides a self-rated measure of the extent to which adult service users feel safe and is linked to the overarching measure *Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm*. ASCOF 4A is calculated as the percentage of adult service users reporting "I feel as safe as I want" (question 7a in the 2016/7 ASCS) and is one of the components of social care-related quality of life (SCRQOL) [ASCOF 1A].

ASCOF 4B provides a self-rated measure of the extent to which adult service users feel that their care and support has contributed to making them feel safe and secure, and is linked to the overarching measure *Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm*. ASCOF 4B is calculated as the percentage of adult service users reporting that care and support services have helped them to feel safe (question 7b in the 2016/7 ASCS) and may help to separate the impact of services from other factors, such as neighbourhood crime.

FACTORS THAT MAY AFFECT HOW SAFE SERVICE USERS FEEL: the extent to which service users feel safe may be affected by a number of factors. These include **characteristics associated with the service user** (e.g. age, primary support reason, health, levels of anxiety and depression, ADLs, design of home) and the **support setting** (i.e. whether the service user lives in a nursing or residential home, or in the community). Factors associated with the **environment of the service user** may also affect ratings of safety and, while these may beyond the remit of adult social care, may be worth exploring further where possible (e.g. through thematic analysis of respondent comments).

Please note that your analysis should explore all four response options to the safety question as this may highlight potential gaps in current service provision.

SUGGESTIONS FOR FURTHER ANALYSIS[10]

Research question(s)	Analysis strategies	Potential value
Scenario: a considerable number of service users are reporting that they feel adequately or less than adequately safe		
Local authorities (LAs) have a legal obligation to keep vulnerable service users safe. As part of a wider range of actions to keep service users safe , responses to Q7a could be followed up with further analysis.		
Which of our service users are reporting unmet safety needs? **ASCOF function: identify the priorities for making improvements**	Establish whether particular service user groups are reporting unmet safety needs by exploring the levels of safety reported by different groups. For example: Safety (Q7a) + Age (data return) Safety (Q7a) + Gender (data return) Safety (Q7a) + Ethnicity (data return) Safety (Q7a) + Primary support reason (data return) Safety (Q7a) + Support setting (data return)	Analysis may help you to identify any between-group variations. Such variations, in turn, may uncover areas of unmet need and/or inequality that require immediate remedial action.
Example: Rob conducts a series of chi-square tests but finds no significant associations, which suggests that service users from a range of service user groups are reporting unmet safety needs.		
Why do some of our service users feel unsafe?	Explore the potential associations between safety responses and other survey variables. For example: Safety (Q7a) + impact of services (Q7b) Safety (Q7a) + Health (Q13 +14) Safety (Q7a) + ADLS (Q15-16)	Analysis may help you to uncover the potential reasons for unmet control needs. Such findings can be used to inform local decision-making and performance improvements.

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[10] Unless otherwise stated, chi-square tests are the most appropriate tests for the suggested analysis.

Research question(s)	Analysis strategies	Potential value
ASCOF function: inform the strategic planning and leadership role for local commissioning	Safety (Q7a) + Design of home (Q17) Safety (Q7a) + Access to local environment (Q18) Safety (Q7a) + Receipt of practical help (Q19) Also explore respondent comments, if provided, to identify relevant themes.	
Example: Rob finds a statistically significant association with safety and activities of daily living (ADLS). In particular, service users who report unmet safety needs also report difficulties in performing daily living tasks by themselves (e.g. getting out of a chair). Analysis of comments provided in a box accompanying the safety question also highlights a concern with neighbourhood crime and the risk of being burgled.		
What can be done to help service users feel safe? **ASCOF function: inform the strategic planning and leadership role for local commissioning**	Supplement findings from statistical analysis with other relevant data (if available) e.g. thematic analysis of respondent comments, findings from other local or national research, insights from LA records and colleagues. If this information is not available or you are unsure what the findings from your analysis mean in practice, you can summarise the key findings in a presentation or report and circulate to LA decision-makers – and perhaps, external organisations (e.g. voluntary agencies) – for information.	Drawing on supplementary sources of data can help provide the contextual detail needed to make sense of the findings from statistical analysis.
Example: while the perceived or actual levels of neighbourhood crime are beyond the control of local authorities, Rob shares his analysis findings with the Adult Safeguarding team within his organisation for information. As they have uncovered similar concerns during a recent consultation, they decide to produce and distribute a leaflet "Staying safe at home" to all the service users within their remit. They also make minor amendments to their safeguarding procedures to ensure that these matters and any other concerns are discussed during initial meetings with new service users.		