EXPLORING PSS SACE DATA

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INTRODUCTION

The Carers' survey (PSS SACE) produces robust data that can be used to inform local performance and service improvements, but 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 PSS SACE 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 the table below, 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 **Carer QOL tool**
Impact of services on quality of life	Calculate the **adjusted carer-reported quality of life** scores.	**Carer QOL tool**
Carer profiles	Summarise key characteristics of carers and care-recipients.	Validated **NHS Digital data return** and **Carers 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, and provides suggestions on how you might like to explore your PSS SACE dataset. Recommended analysis and reporting practice are briefly summarised where relevant, and further guidance is provided in the MAX toolkit.

💡 **Recommended strategy**

The **NHS Digital data return** automatically calculates the descriptives for the individual PSS SACE 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) and may help you to focus your initial explorations of your PSS SACE 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 PSS SACE analysis findings. For example, *Are any of our carers 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 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 PSS SACE reports of descriptives during earlier interviews and a preference for 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 carer-reported quality of life scores, the **Carer QOL tool.** This tool is available for download in the analysis and interpretation element of the MAX toolkit.

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 **performance improvement**.[3]

Where do we need to target our services?

What can we learn from other organisations?

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

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

> ## 💡 Recommended reporting strategy
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> LA decision-makers are very interested in these 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 tends(s) in the data.
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> | Indicator | 2011/12 | 2014/15 | 2016/17 | Movement since 2014/15 |
> |---|---|---|---|---|
> | (1D) Carer-reported quality of life * | 8.9 | 9.2 | 10.7 | ↑ 1.5 |
> | (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 | ↑ 0.9 |
> | (3B) Overall satisfaction of carers with social services | 64.5 | 58.5 | 66.1 | ↑ 7.6 |
> | (3C) The proportion of carers who report that they have been included or consulted in discussion about the person they care for | 53.2 | 56.7 | 65.6 | ↑ 8.9 |
> | (3D) The proportion of people who use services and carers who find it easy to find information about services | 59.2 | 64.7 | 58.9 | ↓ 5.8 |
>
> * ASCOF 1D is measured on a scale of 0-12 while the remaining ASCOF indicators are measured as a percentage
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> ASCOF 1D 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.

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

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[4] ASCOF 1D is measured on a scale ranging from 0 – 12 while the other ASCOF domains are measured as a percentage of the respondents that indicate that their needs are fully met.

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 carer and/or cared-for-person populations [see Step 2].
    - Highlight or make note of areas of marked differences.

3. **Summarise the survey variables underlying ASCOF scores by level of need**

    - The Carer QOL tool automatically calculates the descriptives of the variables underlying the ASCOF scores and generates visual summaries of ASCOF 1D. 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 carer-groups [see Step 4].

STEP 2: MEASURE THE IMPACT OF SERVICES ON REPORTED QOL

> **What you will need**: The **Carer QOL tool**, which is available for download in the analysis and interpretation element of the MAX toolkit.

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

What is the impact of our services on carer reported quality of life?

While such comparisons provide useful information, ASCOF 1D is not currently adjusted to reflect the characteristics of the carer and care recipient that are known to affect quality of life (e.g. the age and health status of the carer) but are beyond local authority control. A more accurate estimate of service impact, the **adjusted carer-reported quality of life score**, can be calculated using the **Carer QOL tool** in the MAX toolkit.

> The **Carer QOL tool** is accompanied by a **pre-recorded presentation** Measuring impact using carers survey data and **step-by-step instructions** on how to use the tool and interpret the adjusted scores.

STEP 3: DEVELOP CARER PROFILE(S)

> **What you will need**: Your validated **NHS Digital data return** and the **Carers cross-tabulations and chi-square tools**, which are available for download in the analysis and interpretation element of the MAX toolkit.

As the Carers' survey is completed by a large and representative sample of adult carers – and may be one of the largest pieces of local research you conduct with this group – your PSS SACE dataset provides you with an invaluable opportunity to build a profile or a series of profiles of the carers who use the support and services provided by your organisation.

Who are our carers and who are they caring for?

How do our carers rate our services and support?

What is the impact of caring on other areas of our carers' lives?

Carer 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 quality of life scores described previously, carer profiles can serve as a starting point for further analysis and local research.

A general carer profile can be developed by simply reorganising the descriptives of your PSS SACE 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 carer profiles

- Initial analysis should **focus first on developing a general carer profile**, based on the entire PSS SACE dataset. More detailed profiles of particular carer groups [e.g. carers aged 65+ or reporting unmet need] 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 PSS SACE dataset** (e.g. sample size, response rate) is provided to demonstrate the robustness and representativeness of the profile.

The **Carer QOL tool** may also help you to develop Carer profiles and, as with the **Carers cross-tabulations and chi-square tool**, are accompanied by step-by-step instructions.

STEP 4: IDENTIFY AREAS OF POTENTIAL INTEREST OR CONCERN

Once you have identified general trends, measured service impact and developed general carers profiles, you should now be sufficiently familiar with your PSS SACE 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 QOL 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 Qs8-12 – 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 Q4);
- **Issues with information about support, services and benefits** (as measured by fairly or very difficult to find information (Q16) and information quite or very unhelpful (Q17));
- **Carer groups who may require additional support** (e.g. older carers, carers providing intensive levels of care, carers who are reporting impacts of caring role on health, finance etc.,).

The results of these explorations can guide your plan for further analysis and, by doing so, help you to transform your PSS SACE 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

- **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 carers 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 carers profile
Who are our carers?
Summarise the main characteristics of the carer and provide an overview of their caring, family and work responsibilities. • Gender [Q27] • Employment status [Q19] • Ethnic group [Q28] • Number of dependents [Q25] • Age of carer [Q26] (in categories) • Assessment [admin data]
Who are our carers caring for?
Summarise the main characteristics of the care recipient and the potential relationship to the carer (e.g. parent-child; spouse or sibling): • Age of carer [Q26] + Age of care recipient [Q1] • Age of care recipient [Q1] + Primary support reason of care recipient [admin data] • Duration of caring [Q21] • Caring tasks [Q23] • No. of hrs spent caring p/wk [Q22] • Living situation [Q3]
What support and services are our carers currently accessing?
• Services accessed [Q6] • Support involving cared-for person (respite care) [Admin data] • Support provided to carer [Admin data]
How do carers rate the support and services they have accessed?
• Satisfaction [Q4] • Usefulness of information [Q17] • Ease of finding information [Q16]
What is the impact of caring responsibilities on other areas of the carer's life?
• Carer-reported QOL [Q7-12] • Impact on employment [Q20] • Social contact [Q11] • Impact on other caring responsibilities[Q13] • Impact on health [Q14] • Impact on finances [Q15]

Do our carers feel supported in their caring roles?
- Encouragement and support [Q12]   - Involved and consulted [Q18]   - Employment and support [Q20] – could focus on: <u>Supported</u>: [3] … I feel supported by my employer. <u>Support not needed</u>: [5] I do not need any support from my employer …..; [6] … I am able to balance my work and caring responsibilities <u>Support needed</u>: [4]… I don't feel supported by employer; [7] I am unable to balance my work and caring responsibilities

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.