


ASCS Survey 2017/18

Main Findings



VERSION CONTROL

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Understanding Statistical Terms used in this Report

Number and Rate

Number is the most basic measure; this may be a count of events such as the number of admissions to hospital or a count of the number of people with a particular attribute e.g. the number of children who are obese. However, in order to make comparisons between populations and over time we need to take into account the size of the population as numbers are likely to be higher in larger populations and may change over time. We do this by expressing the number as a rate per given number of the population (e.g. number of teenage conceptions per 1,000 females aged 15-17 years)

Age Standardised Rate

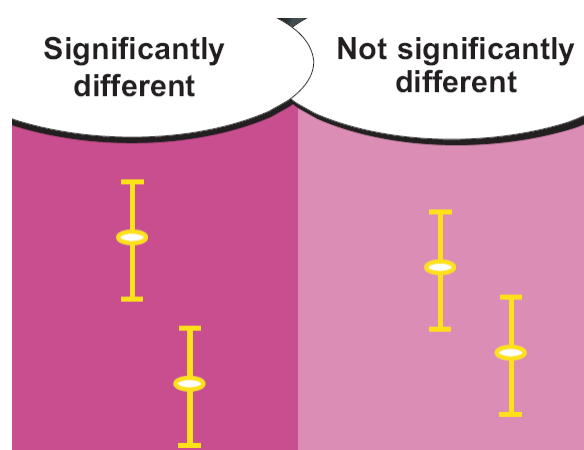
If the likelihood of particular event or attribute may vary by age, we need to take account of the population structure to enable us to make accurate comparisons between areas. For example, consider two areas A & B with equal size populations and identical <18 alcohol admission rates. At first glance they appear to have a similar experience. However, suppose that area A has a much younger age structure than B. Given that older children are more likely to be admitted, one would expect area B to have more admissions (a higher rate). The fact that the two areas have identical rates means that the younger population in area A must have a relatively worse rate of admission. We therefore need to age standardise rates to take these differences into account.

Confidence Intervals

Let's say two similar products A & B are released onto the market. The TV advertising campaign for both products state that all (100%) people surveyed would recommend them to a friend. Both sound just as good? But what if you found out that for product A only 2 people were surveyed, compared to product B where 100,000 people were surveyed? Which product would you have the most confidence in?

...Product B because a lot more people were surveyed. For product A only 2 people were surveyed, so there's a higher degree of uncertainty surrounding the recommendation i.e. it may just be by chance (natural variation) that these two people liked the product. In statistics we refer to this measure of uncertainty surrounding a value as a confidence interval i.e. we are confident that the true value lies somewhere within this range.

In general, where confidence intervals surrounding two comparable values (e.g. teenage conception rates between districts) overlap, we say the difference is not statistically significant. When values do not overlap, the difference is significant.



Source: Association of Public Health Observatories (APHO)

2 INTRODUCTION

All Councils with Adult Social Services Responsibilities (CASSRs) in England are required to conduct an annual postal survey of those individuals in receipt of services from the department. The survey is called the Adult Social Care Survey (ASCS) and is overseen centrally by NHS Digital. More information is available on the NHS digital's website, which is a dedicated page (available [here](#)) explaining what the survey is and why we do it, more information about the methods followed, and results are also available.

It seeks the opinions of service users aged 18 and over in receipt of services and gives us useful information about the lives of this group of individuals and how services are affecting those lives.

The results of the ASCS populate several measures in the Adult Social Care Outcomes Framework (ASCOF) and are used by the Care Quality Commission (CQC), NHS Digital and the Department of Health to assess the experiences of people using care and support services. DCC uses the data to monitor the department's performance, and the findings are shared with staff and clients once NHS Digital has released the results.

This report summarises the results for the ASCS for 2017/18, including the ASCOFs. These are also made available on the DCC adult care service trends website, available [here](#), and the ASCOFs were reported to DCC adult care SMT (Senior Management Team) in December 2018.

This reports presents a more in depth look at the level of need within the adult social care client population, rather than just focussing on the ASCOFs.

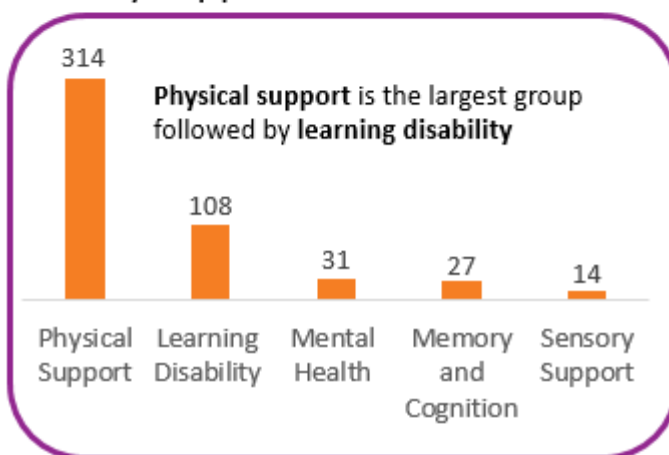
3 INFOGRAPHIC

Adult Social Care users in Derbyshire 2018

This infographic gives a summary of the ASCS survey carried out by all councils with social services responsibility, focussing on the results for Derbyshire. It is for social care clients and staff.

- There are 9,705 people receiving social services care or support in Derbyshire, which is about 15 in every 1,000 adults in Derbyshire (Census mid year estimate for Derbyshire 638,867)
- In 2018 a random sample of 1,298 people receiving services were sent a survey, and 516 completed it (40%)

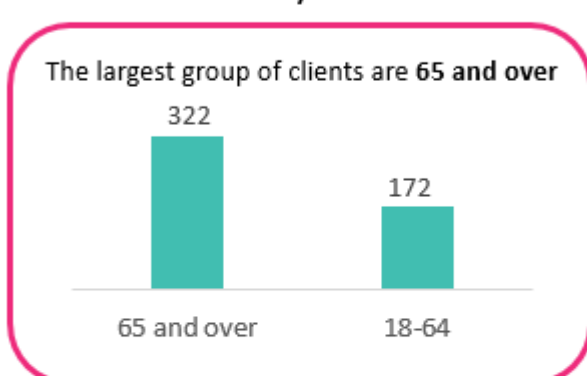
Primary support reasons



Where do they live?



How old are they?



What's their Quality of Life like?



(Figures may not all add up to 516 as not all questions were answered by all respondents)

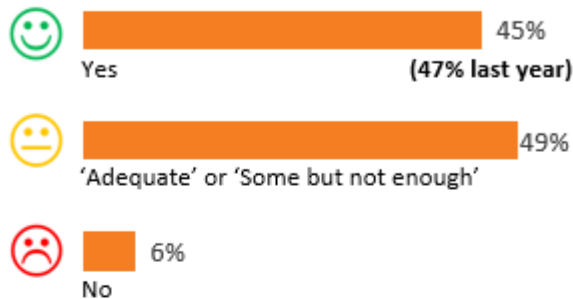
For any further information please contact kit@derbyshire.gov.uk



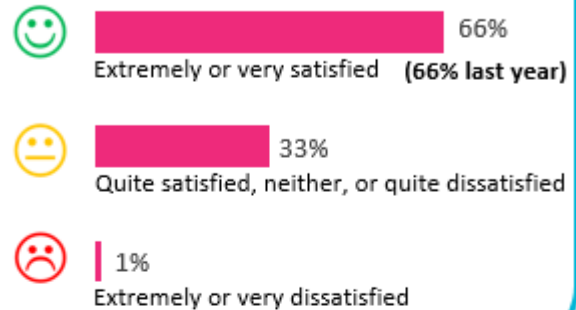
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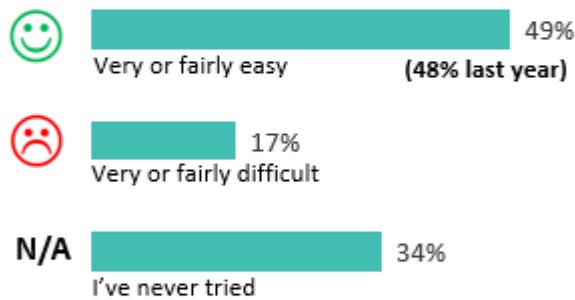
Enough social contact?



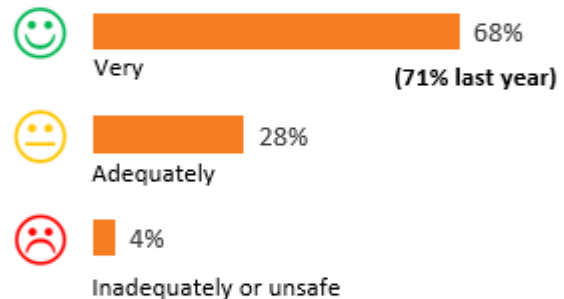
Satisfaction with social care



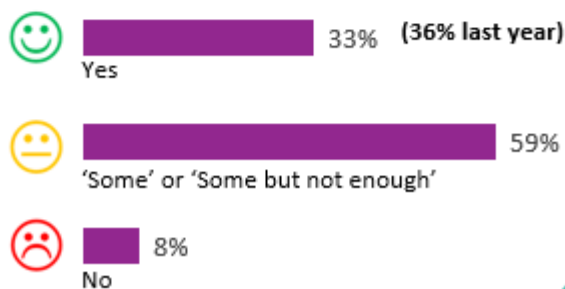
Do you find it easy to find information?



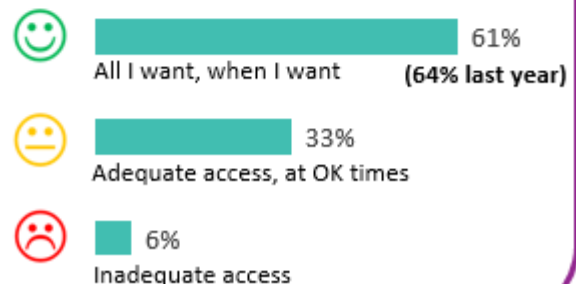
Do you feel safe?



Do you spend your time doing things you value and enjoy?



Do you get access to all the food and drink you want?



For any further information please contact kit@derbyshire.gov.uk

4 METHODS

As discussed above in the introduction, taking part is a statutory requirement, overseen centrally by NHS Digital. The comprehensive guidance document outlines the strict parameters that each of the 150-plus local authorities must adhere to regarding administration of the survey. This is available online, [here](#). This helps to ensure that results are comparable across areas.

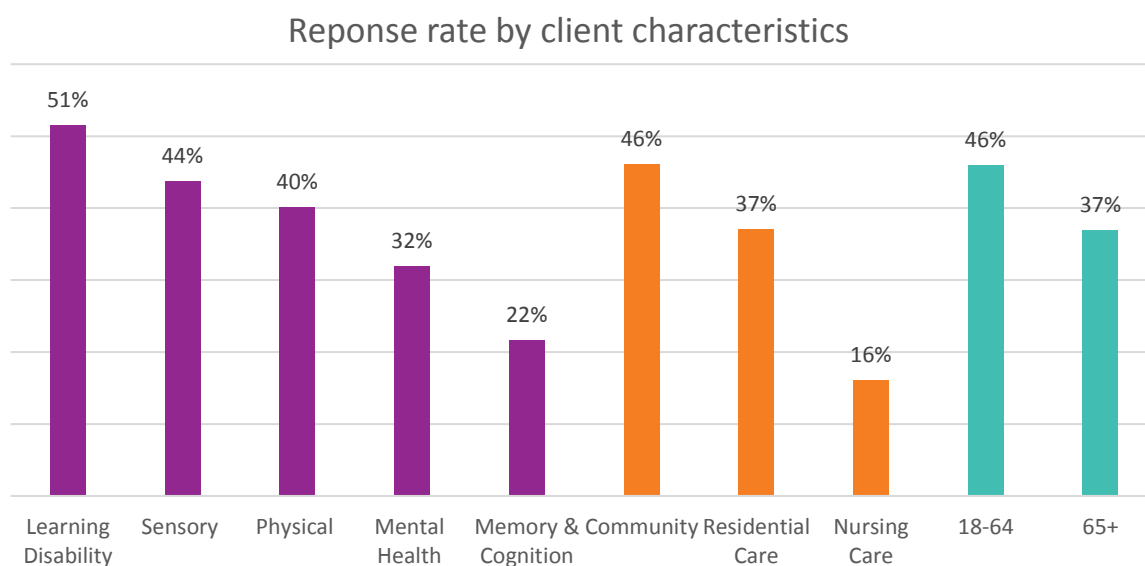
The eligible population (9,705 people) was extracted from Mosaic (which is the system used by adult social care in Derbyshire) and then a random sample of 1,298 people received a postal survey. Reminders were also sent, as per the national guidance. The results were sent in to NHS digital along with some demographic information, and after publication of the data, the results have been analysed and described in this report.

5 RESULTS

5.1 Response rate

There was a higher response rate in those with learning disability as their primary support reason (PSR), those in a community based support setting (46% compared to 37% in residential and 16% in nursing) and people aged 18-64 (46% compared to 37% in those aged 65+).

Figure 1: Response rate by client characteristics



5.2 Demography

The eligible population was 9,705 people, aged 18+. The survey sample was 1,298 people. 516 responded which was 40%, this is comparable to previous years. Some demographic information about those that responded is presented below. Figure 2 shows that there are greater numbers of females than males overall, within the 18-64 age band the split is fairly equal, but within the 65+ age band there are many more females than males. This reflects the national picture.

Figure 2: No. of survey responders by age and gender

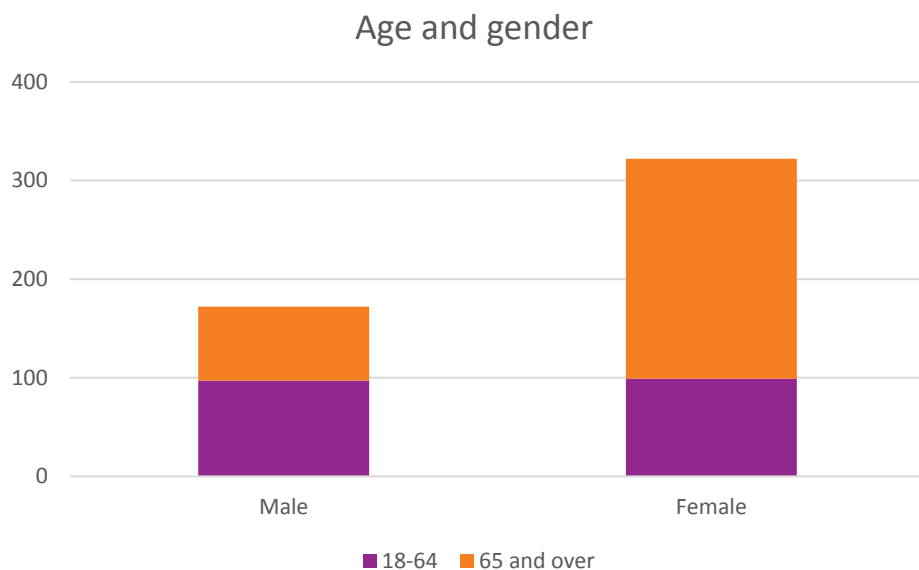


Figure 3: No. of survey responders by age and support setting

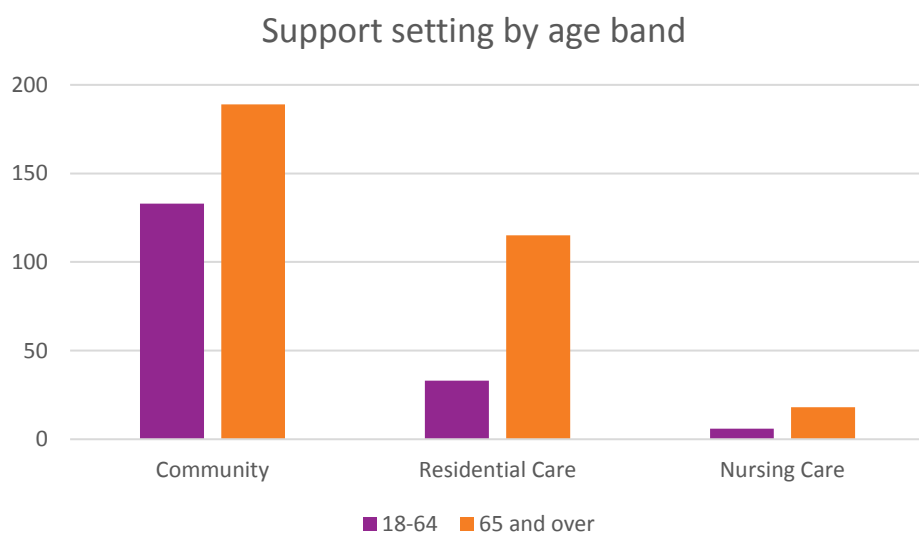
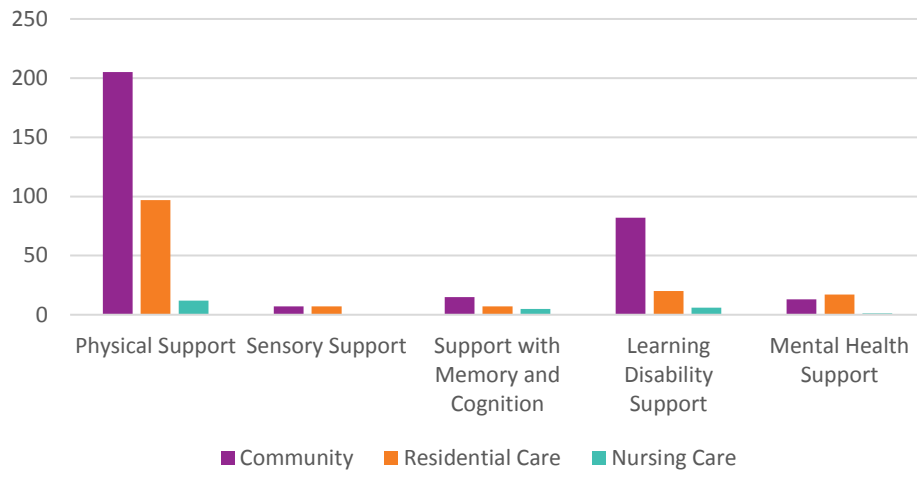


Figure 3 shows that there are greater numbers in the community rather than nursing or residential across all age bands, and this difference is more marked in the 18-64 age band who are much more likely to be in the community.

Figure 4 shows that the vast majority of respondents have a primary support reason of 'physical support' followed by 'learning disability support'. Within physical support, approximately half as many are based within residential care, as are based in the community. There is a similar pattern within learning disability support.

Figure 4: Primary support reason (PSR) by support setting

PSR by support setting



5.3 ASCOFs

The Adult Social Care Framework is a national set of indicators that all local authorities with social services responsibilities are benchmarked against. These are published by NHS Digital and are presented locally by DCC on the Service Trends internal website (this can be found [here](#)), and some of the indicators are reflected in the council plan and the adult care plan. 7 of the indicators in the ASCOF are sourced from the results of this survey, these are presented below, with comparators and trends. The scales have been exaggerated (i.e. the y axis does not start at 0) in order to allow clarity when displaying Derbyshire, England, the East Midlands and the CIPFA comparators, this does mean that small random fluctuations do appear more important than they should, the confidence for Derbyshire are also shown to allow an interpretation of statistical significance, the larger these are the less reliable the data are, this reflects the small sample size which may vary by question, depending on response rate for individual questions.

Indicator 1A (Social care related quality of life, shown in figure 5) is a composite measure (developed by the Personal Social Services Research Unit) calculated from several of the questions in the survey:

- Control - Q3a: Which of the following statements best describes how much control you have over your daily life?
- Personal care - Q4a: Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?
- Food and Nutrition - Q5a: Thinking about the food and drink you get, which of the following statements best describes your situation?
- Accommodation - Q6a: Which of the following statements best describes how clean and comfortable your home/care home is?
- Safety - Q7a: Which of the following statements best describes how safe you feel?
- Social participation - Q8a: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?
- Occupation - Q9a: Which of the following statements best describes how you spend your time?
- Dignity - Q11: Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?

Each of the questions has 4 possible answers which relate to: No unmet needs in a specific life area or domain (the ideal state); needs adequately met; some needs met and no needs met. The responses are then combined into the quality of life score.

Figure 5 shows that social care related quality of life dropped slightly in Derbyshire in 2017/18 to 19.0 compared to the previous year (19.7) although this was not statistically significant, and was also not significantly different to the score for England (19.1), the East Midlands (18.9) or the CIPFA comparators (19.2), as the confidence intervals for Derbyshire overlap with all these areas. Looking at the trend back to 2014/15, social care related quality of life is fairly static in Derbyshire.

Figure 5: Social care related quality of life

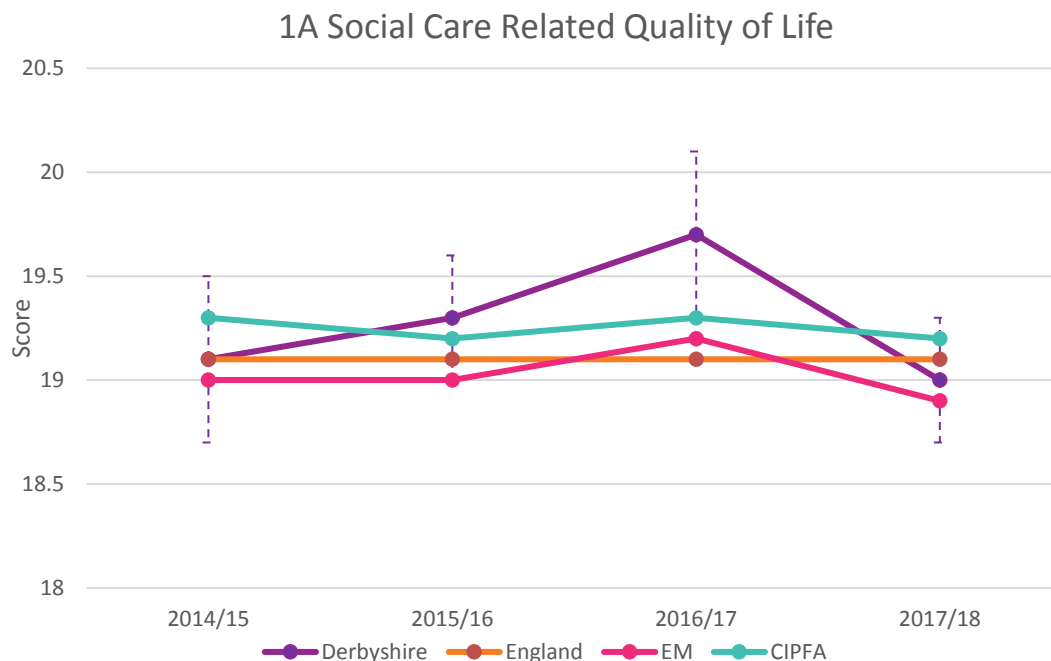


Figure 6: Proportion of people who use services who have control over their daily life

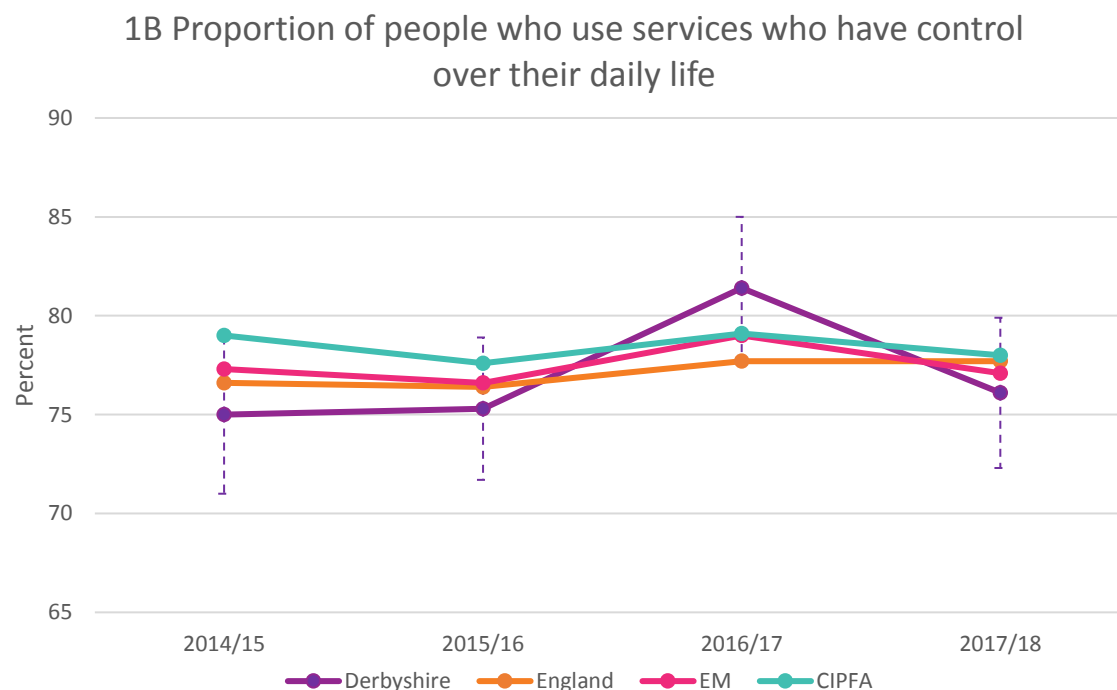
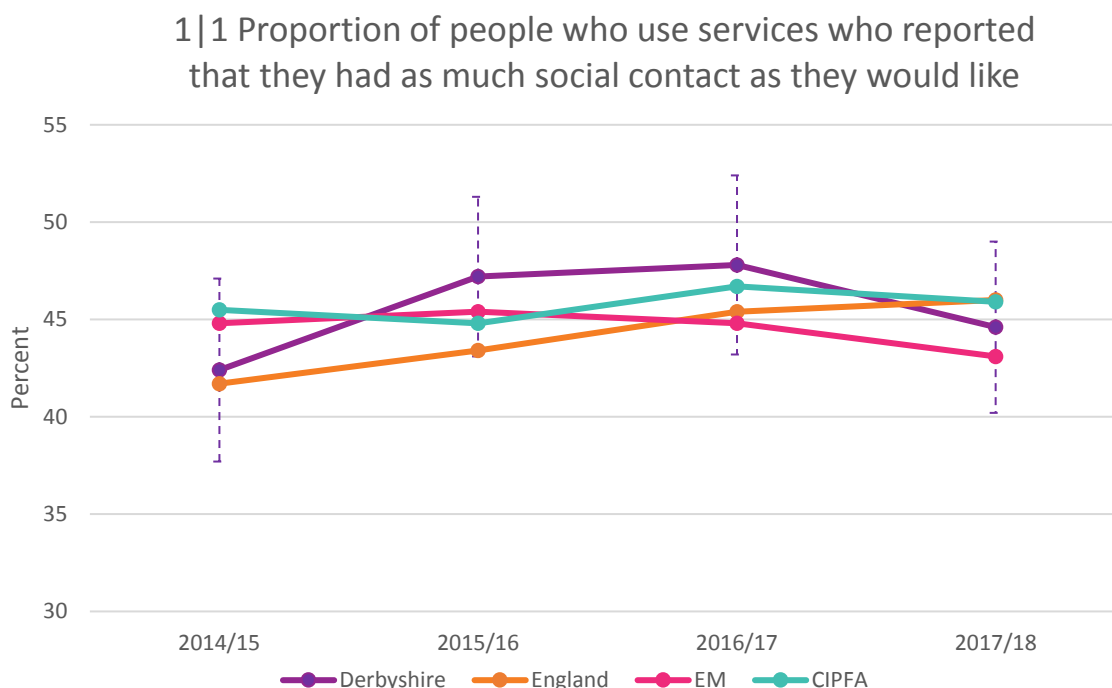


Figure 6 shows that there has been broadly speaking no change in the proportion of people who use services, who have control over their daily life, in the last few years. There have been very slight fluctuations but these are not statistically significant as indicated by the overlapping confidence intervals. The most recent data point for 2017/18 76.1% shows Derbyshire as slightly lower than England (77.7%), the East Midlands (77.1%) and the CIPFA comparators (78%) but this is not statistically significant.

Figure 7: Proportion of people who use social services who reported that they had as much social contact as they would like



We can see in figure 7 a similar picture for **social contact**, where the rate appears to have dropped slightly this year (to 44.6% from 47.8%) compared to England (46%), and is similar to the East Midlands (43.1%) and the CIPFA comparators (45.9%), however the confidence intervals are very large and overlapping therefore indicating that this is not statistically significant. The interesting finding here is however, that less than half of the people who use services have as much social contact as they would like, both locally and nationally, and this shows no sign of improving.

Figure 8 shows a very slight and gradual decline in **satisfaction levels** in Derbyshire however this is not statistically significant (the confidence intervals for the current year, 65.9%, overlap with those for all the previous years, and they also overlap with England (65%), the East midlands (63.6%) and the CIPFA comparators (65.9%).)

Figure 9 shows a similarly static pattern in the proportion of those who find it **easy to find information** about services. There has been a slight drop this year (75.5%) in Derbyshire compared to last year (76.2%) but this is not statistically significant. This year's rate is slightly higher than England (73.3%), the East Midlands (72%) and the CIPFA comparators (73.2%).

Figure 10 shows that the proportion of people who **feel safe** has been quite up and down, with a slight drop for Derbyshire (68.1%) compared to 73% last year, but again this is not significant and is not significantly different to England (69.9) the East Midlands (67.4%) or the CIPFA comparators (70.7%).

Figure 11 shows a slight drop this year in Derbyshire in the proportion of people who use services who say that those services have made them feel safe, 84.7% compared to 89.1% last year, although again, this is not significantly different to the comparators, or to previous years.

Figure 8: Overall satisfaction of people who use services who have control over their daily life

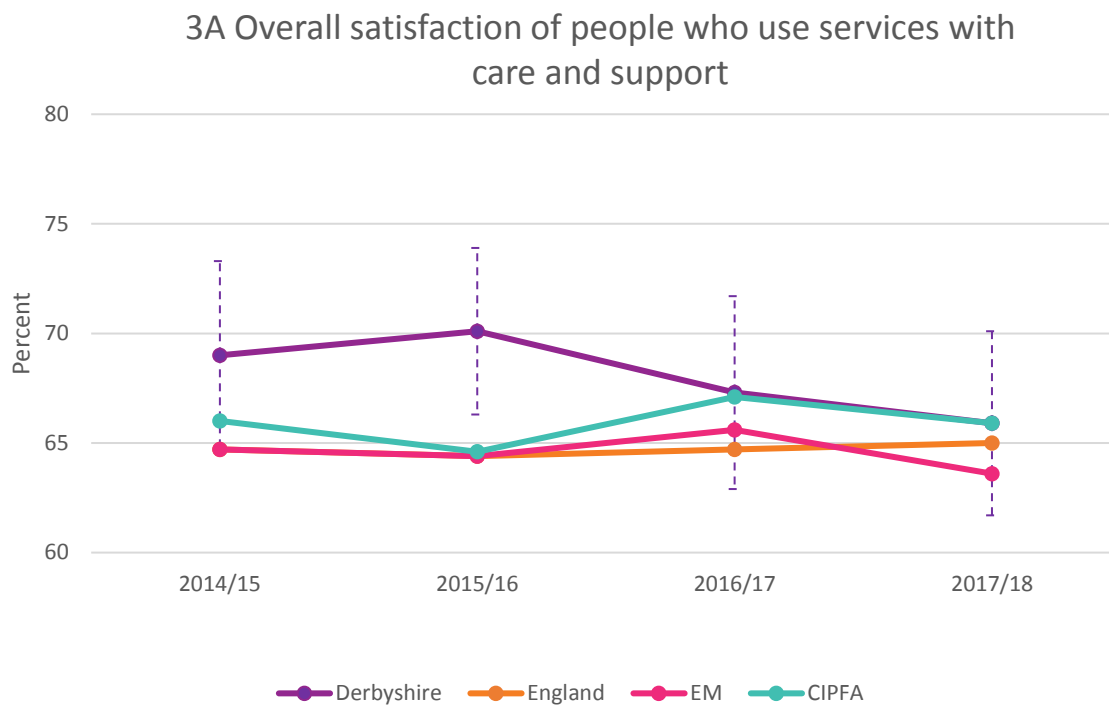


Figure 9: Proportion of people who use services who find it easy to find information about services

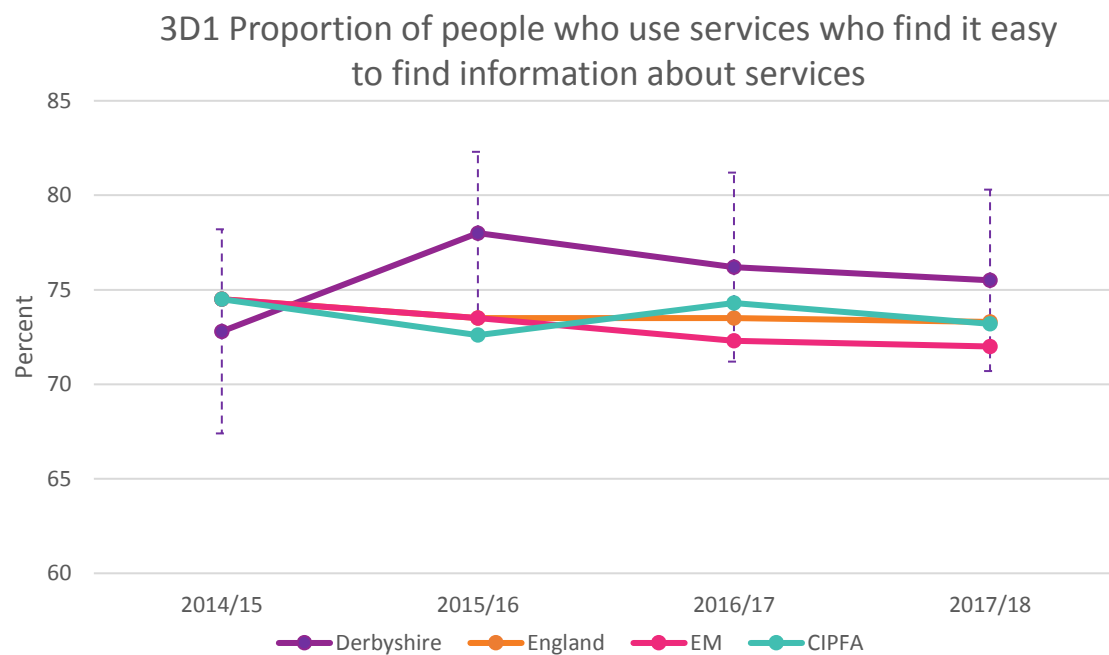


Figure 10: Proportion of people who use services who feel safe

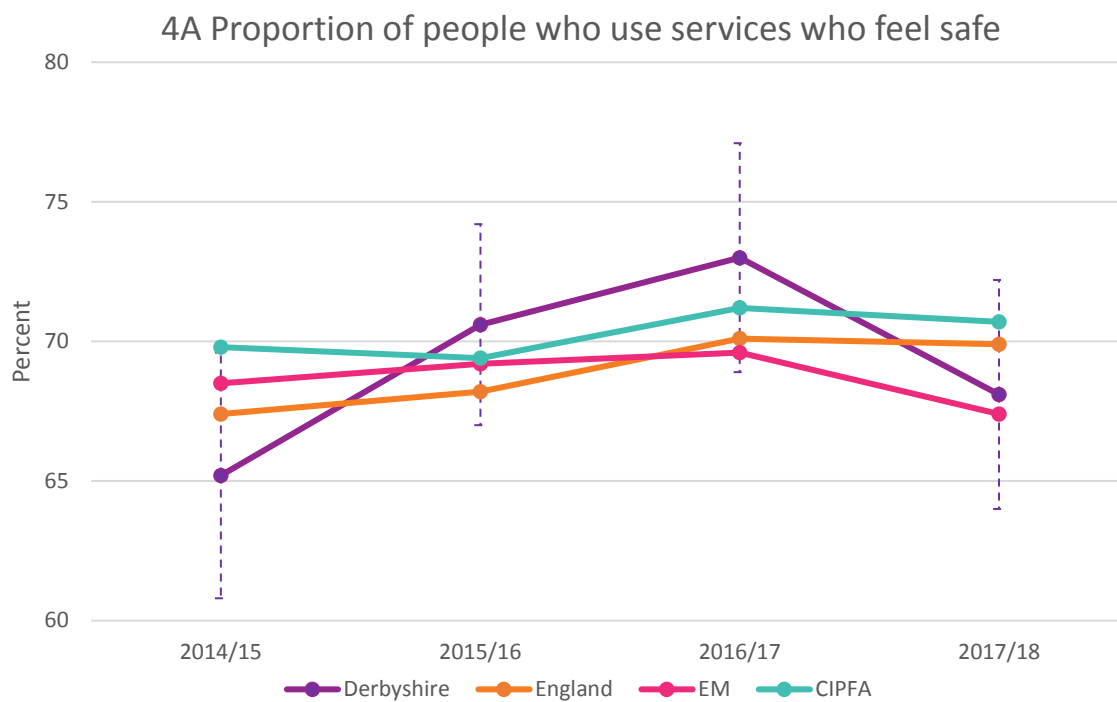
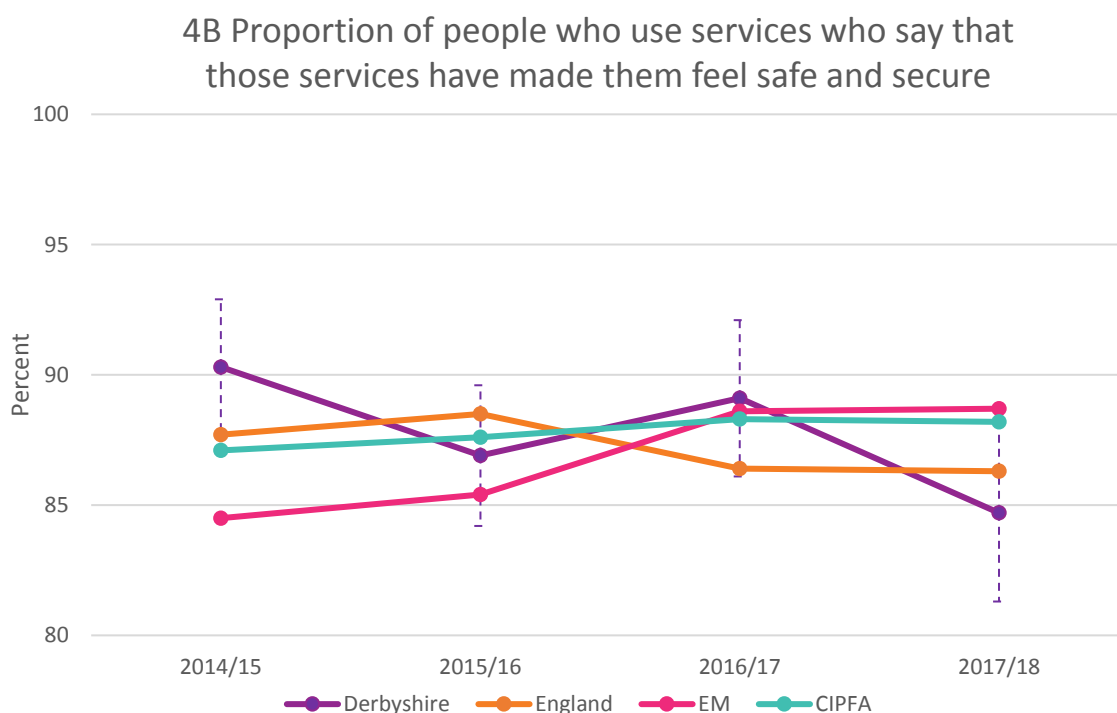


Figure 11: Proportion of people who use services who say that those services have made them feel safe and secure



5.4 Answers to questions

In this section, confidence intervals have not been displayed in the interests of retaining legibility, in addition the values for all the comparators are not displayed, again for clarity. All of the values are readily available via the service trends website, available here. **Additionally, trend data can be accessed via service trends.**

5.4.1 Satisfaction with services

Figure 12 shows that 65.9% of the people who responded to the survey were extremely or very satisfied with services. This was slightly higher than England and the East Midlands but lower than our CIPFA family. Figure 13 shows a similar picture but in more detail, with 63.4% of the non-learning disability (LD) population extremely or very satisfied, and figure 14 shows the much higher levels of satisfaction in the LD population in Derbyshire (75.8%), compared to the overall population.

Figure 12: Satisfaction levels (people with and without learning disabilities, combined)

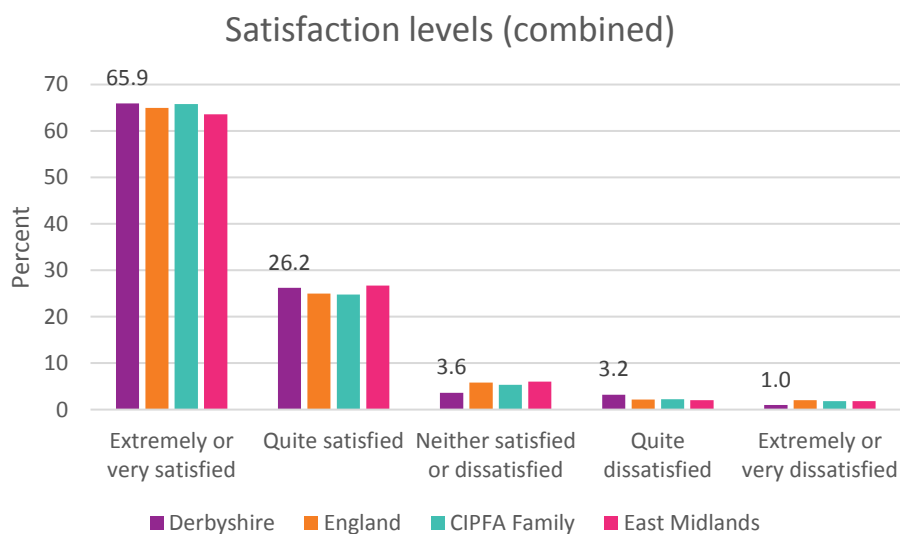


Figure 13: Satisfaction levels (people without learning disabilities)

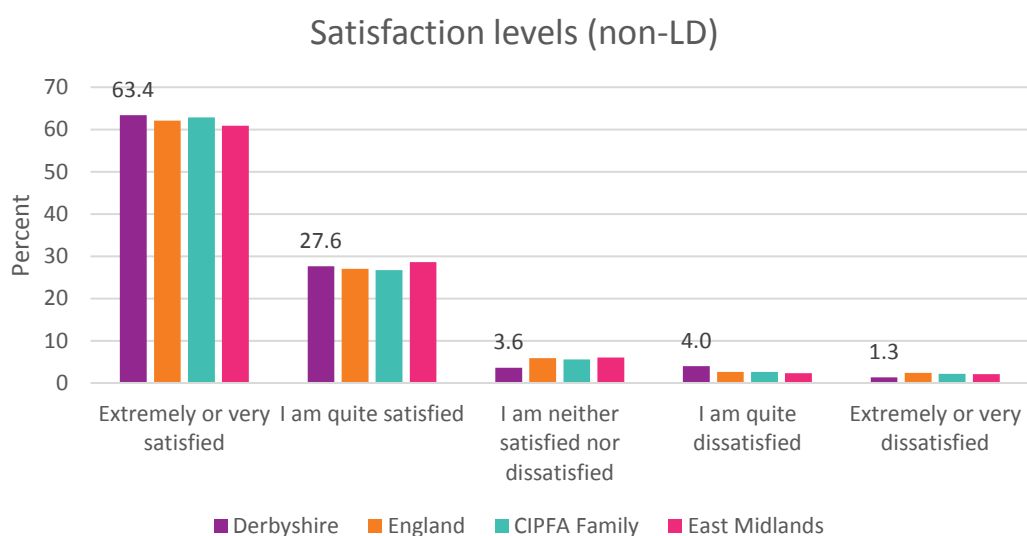
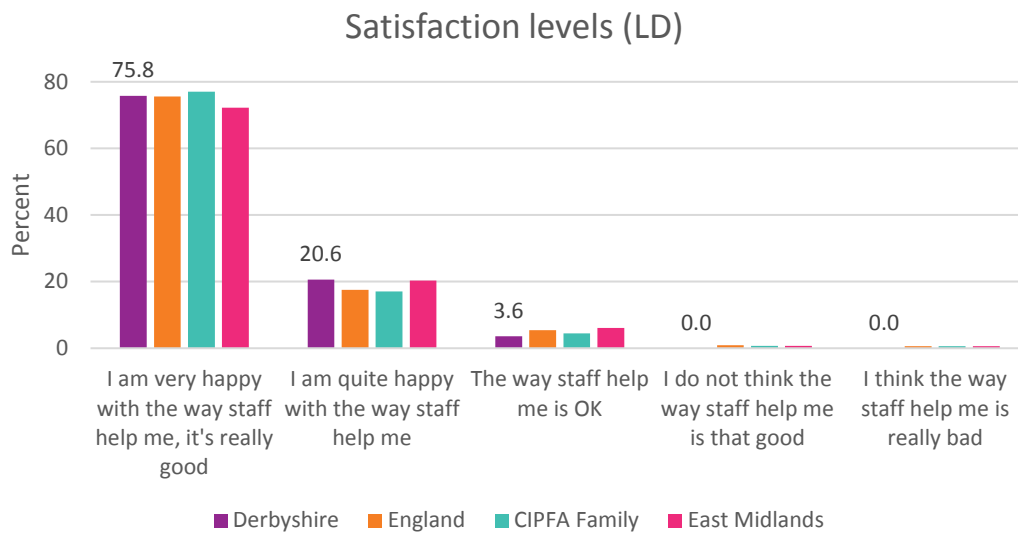


Figure 14: Satisfaction levels (people with learning disabilities)



5.4.2 Quality of life

Quality of life is a composite measure calculated from several of the questions in the survey as previously discussed (page 10) and shows that quality of life in our service users is slightly lower in Derbyshire (there is a slightly lower proportion of people with very good or good QoL) than in England and the East Midlands and our CIPFA comparators. This is unlikely to be statistically significant however it does need consideration.

Also, in a similar pattern to satisfaction, there is higher Quality of Life in the LD population, compared to the combined and non-LD populations. (See figure 17, compared to figures 15 and 16)

Figure 15: Quality of life (people with and without learning disabilities, combined)

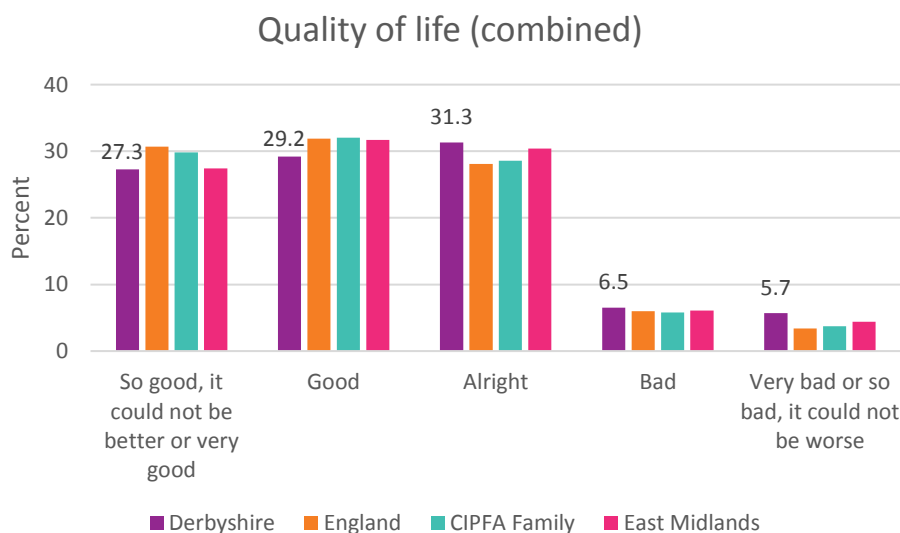


Figure 16: Quality of life (people without learning disabilities)

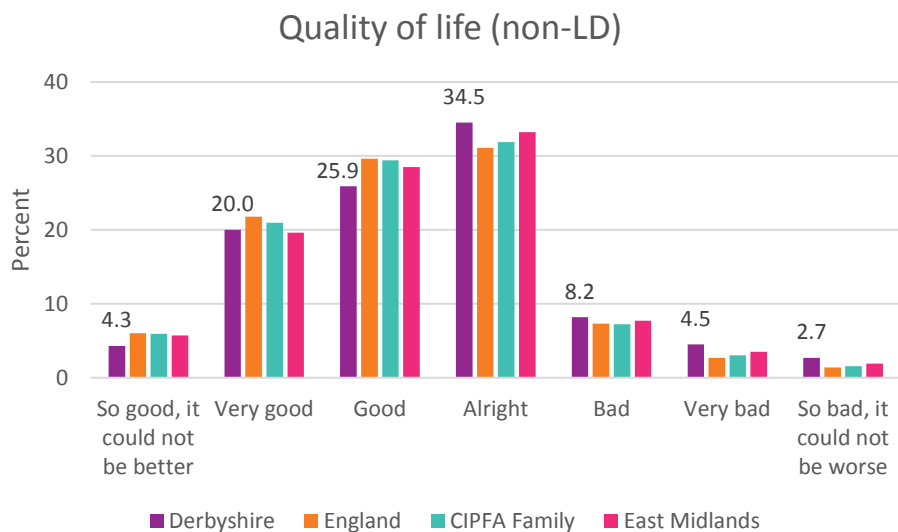
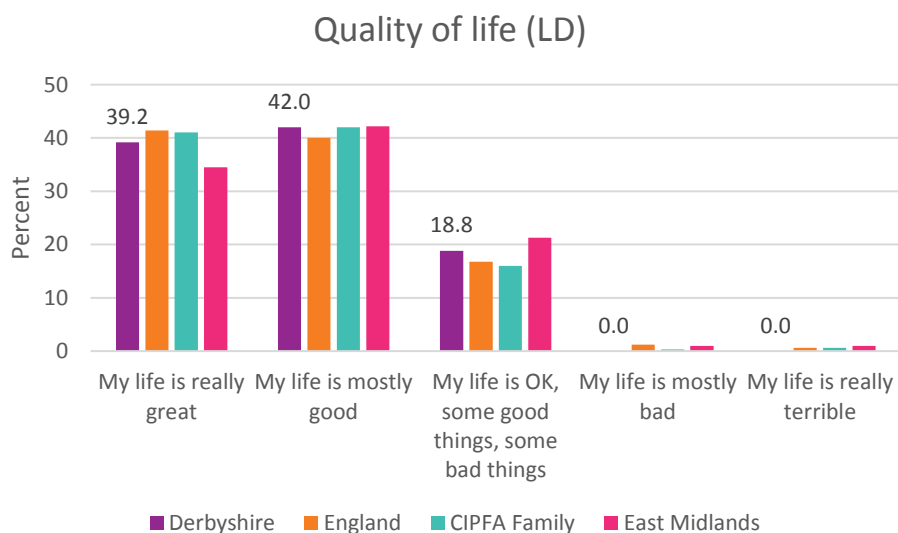


Figure 17: Quality of Life (people with learning disabilities)



5.4.3 Care and Support

Figure 18 shows that the vast majority (94.6%) of people consider that care and support services help them to have a better quality of life, and this is reflected regionally and nationally.

Most people (73.4%) feel that they have choice over their care and support and this is slightly higher than the picture for England, the East Midlands and the CIPFA comparators.

Figure 18: Impact of care and support services on quality of life

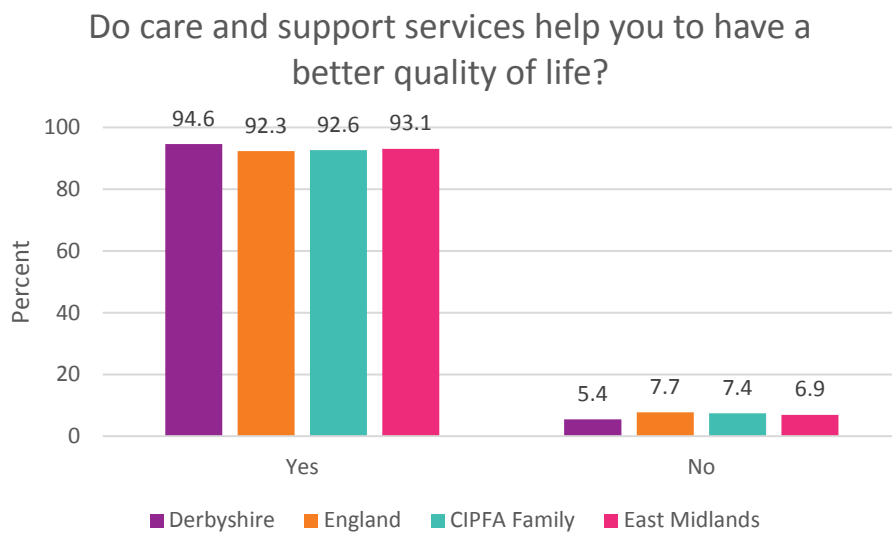
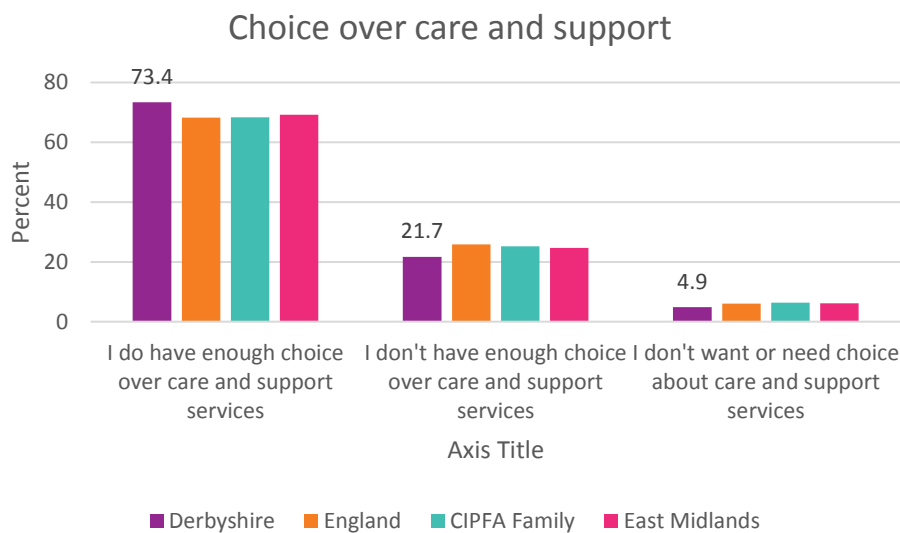


Figure 19: Choice over care and support



5.4.4 Control over daily life

There is a less positive picture in the percentage of people who feel they have control over their daily life, where the largest group (46.6%) feel they have adequate control. This was however slightly lower for Derbyshire than for other areas. (See figure 20) When asked whether care and support services helped them to have control over their daily life, the vast majority (90%) answered yes, and this was similar across England, the East Midlands and the CIPFA comparators (see figure 21), so that is positive.

Figure 20: Control over daily life

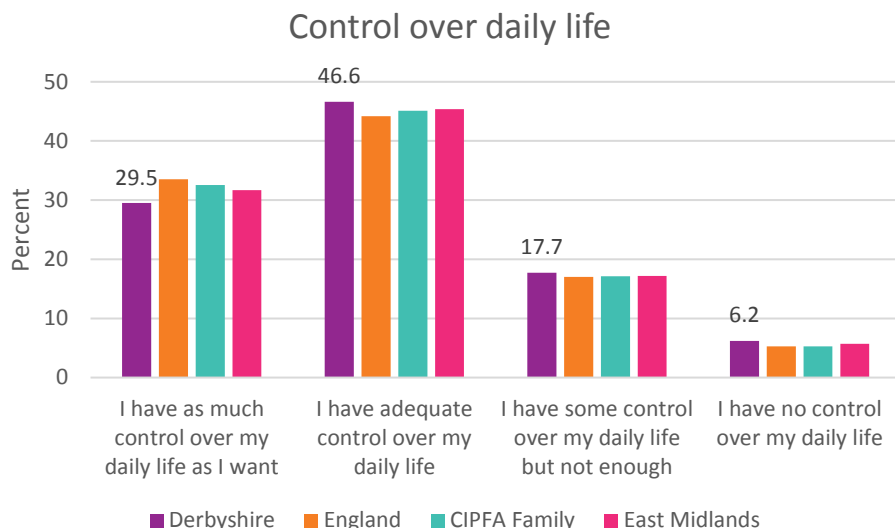
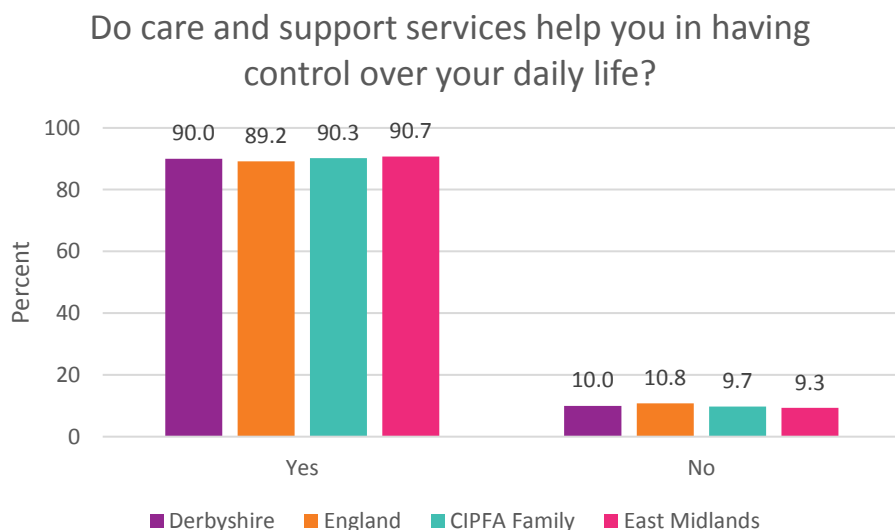


Figure 21: Impact of care and support services on control over daily life



5.4.5 Keeping clean and presentable

Figure 22 shows that the majority of people (61.6%) of those surveyed in Derbyshire feel clean and are able to present themselves the way they like, and this is higher than in England (57.8%) the CIPFA comparators (57.1%) and the East Midlands (55%).

87.7% in Derbyshire agreed that care services helped them in keeping clean and presentable in appearance which is also positive, however worth considering that 12.3% disagreed with this statement.

Figure 22: Keeping clean and presentable

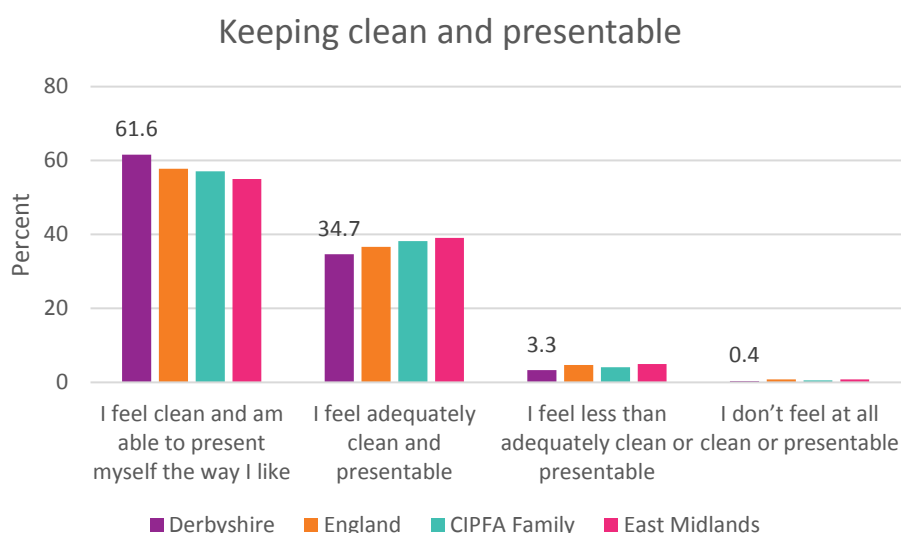
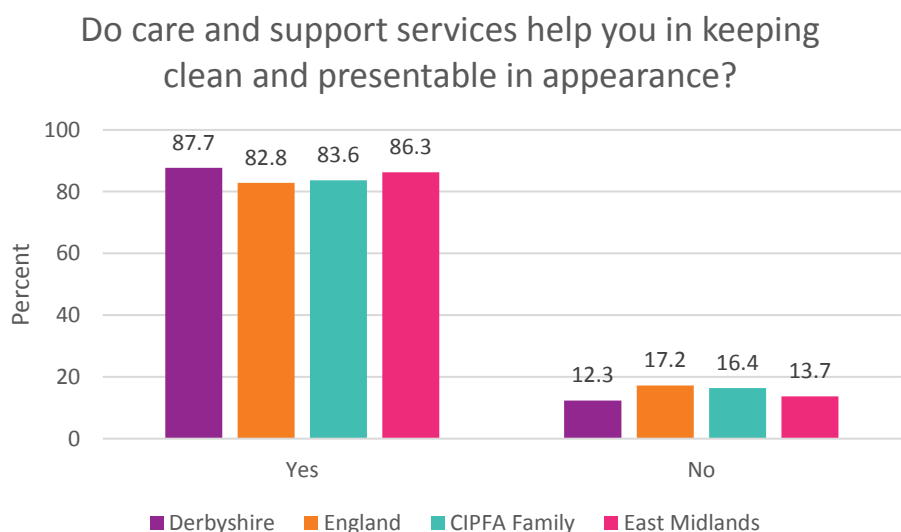


Figure 23: Impact of care and support services on keeping clean and presentable



5.4.6 Food and drink

Figure 24 shows that while a majority of people (61%) confirmed that they got access to all the food and drink they wanted, a large percentage (32.8%) only had adequate access, and over 5 percent did not always get the access they needed. The Derbyshire picture was very similar to England and the CIPFA comparators.

Perhaps more concerning, was that nearly 20% (19.9%) answered ‘no’ to ‘Do care and support services help you to get food and drink?’ although this was slightly lower than the figure for England (23.8%).

Figure 24: Access to food and drink

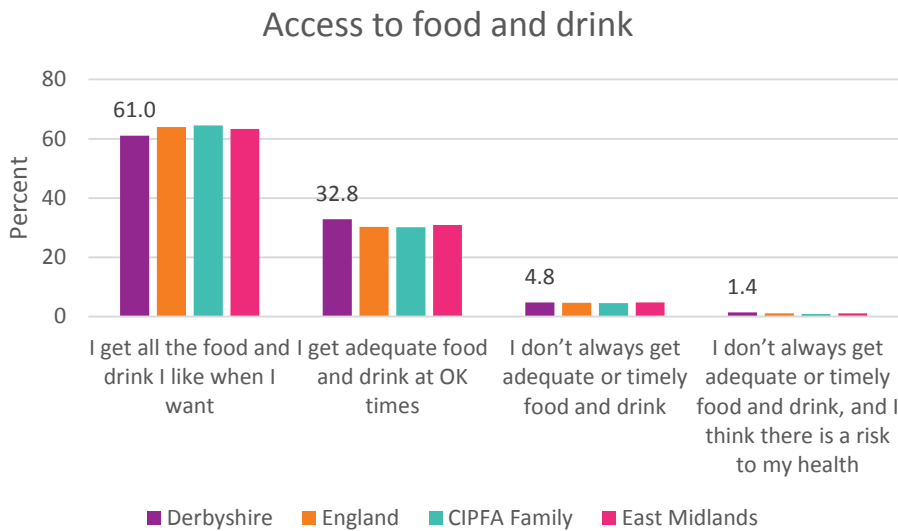
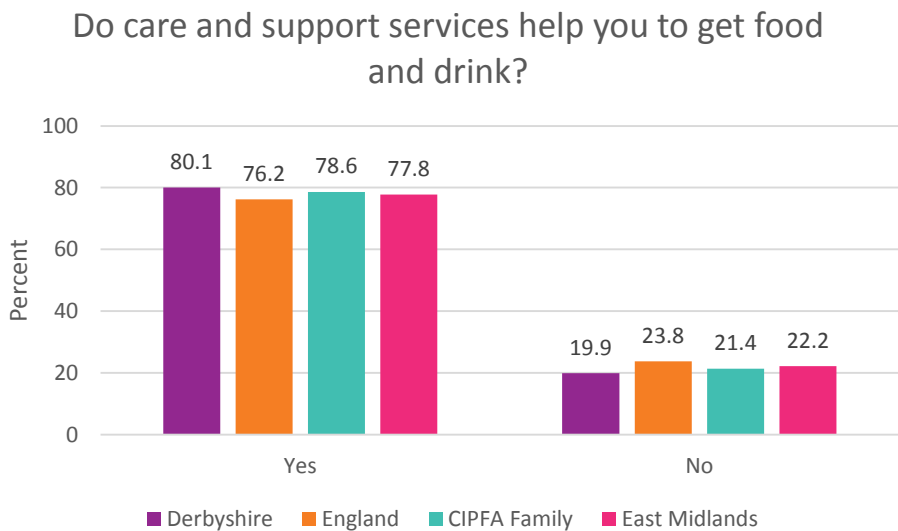


Figure 25: Impact of care and support services on access to food and drink



5.4.7 Clean and comfortable home

The majority of people (67%, broadly in line with England, the East Midlands and the CIPFA comparators) felt that their 'home is as clean and comfortable as I want', so there is room for improvement (figure 26). Additionally, 38.2% answered 'no' to 'do care and support services help you in keeping your home clean and comfortable?' This is higher than the England figure (32.2%) and the other comparators.

Figure 26: Clean and comfortable home

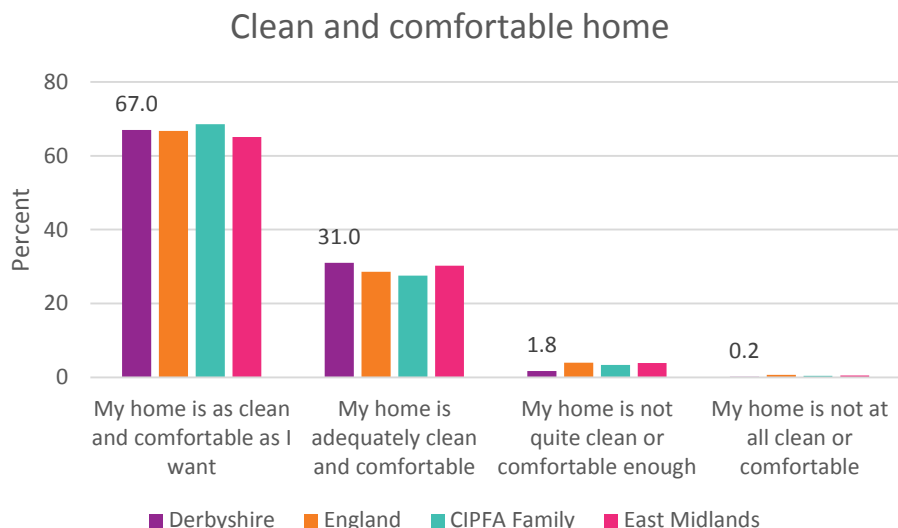
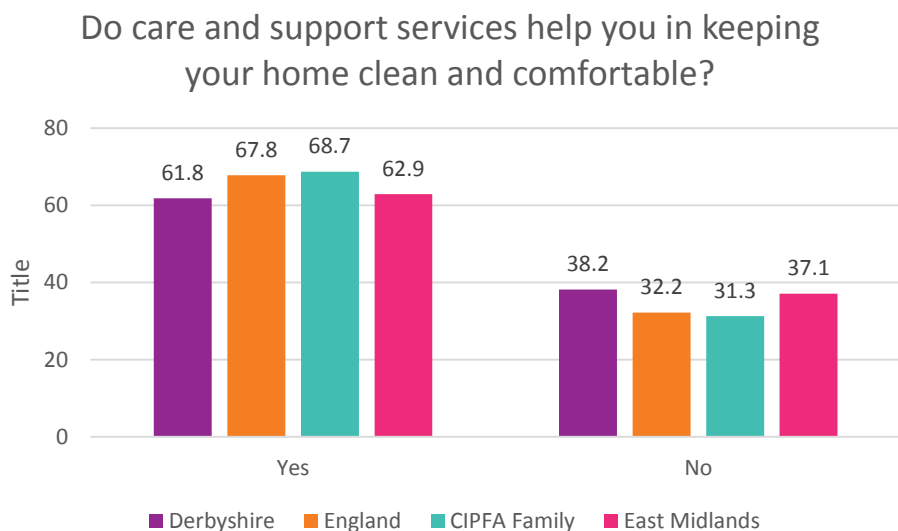


Figure 27: Impact of care and support services on clean and comfortable home



5.4.8 Feeling safe

The majority of people, nearly 70% (68.1% for Derbyshire, 69.9% for England and 70.6% for the CIPFA comparators) feel safe which is positive, although the percentage for Derbyshire is slightly lower this is unlikely to be significant. An even higher proportion (84.7%) agreed that care and support services help them to feel safe, although again it was slightly lower for Derbyshire.

Figure 28: Feeling safe

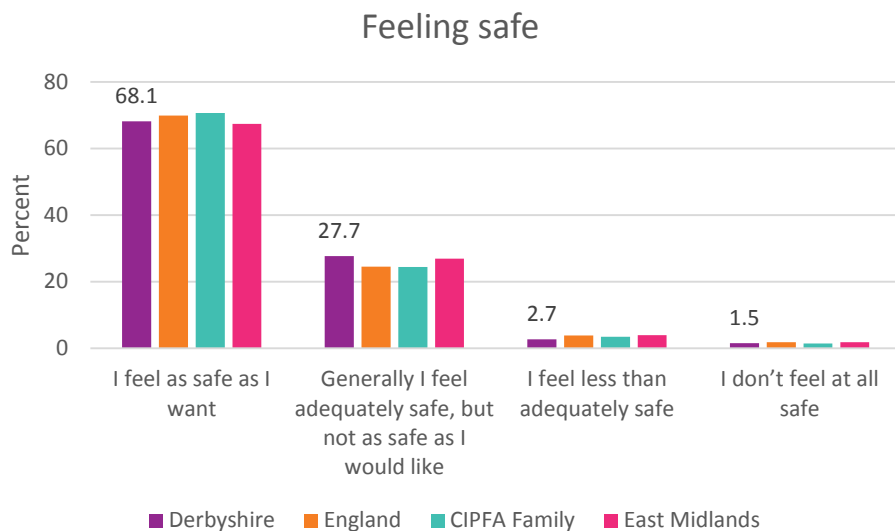
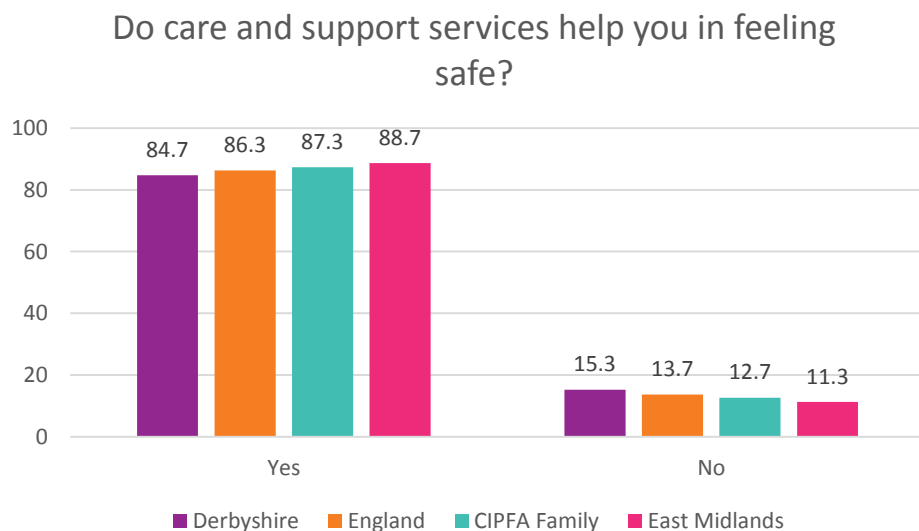


Figure 29: Impact of care and support services on feeling safe



5.4.9 Social contact

Social contact is perhaps of more concern than some other areas of the survey. Only 44.6% of people agreed that they had as much social contact as they want with people they like, and this was slightly lower than the figures for England (46%) and the CIPFA comparators (45.6).

63.4% of people agreed that care and support help them in having social contact with people, slightly lower than England (67.3%), this is perhaps an area for development.

Figure 30: Social contact

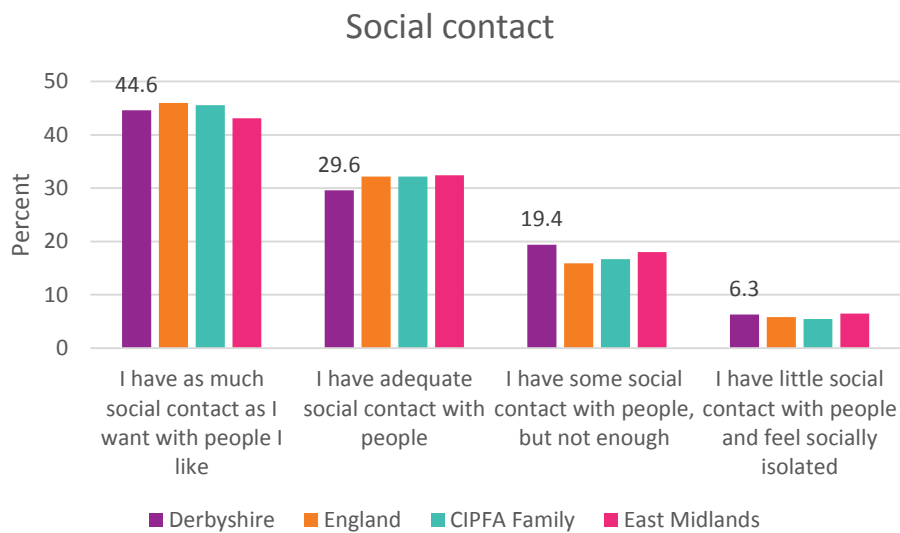
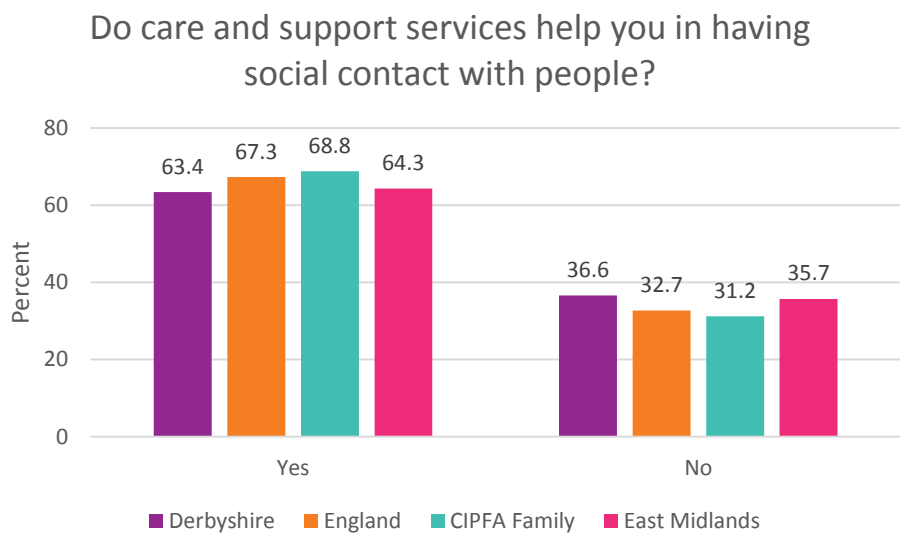


Figure 31: Impact of care and support services on social contact



5.4.10 Activities

Probably reflecting the level of the physical disability required to be in receipt of social care services for many clients, only a small percentage of people (32.9%) are able to spend time as they want, doing things they value or enjoy. This was slightly lower than the figure for England (37.3%). A slightly larger percentage (33.1%) were able to do 'enough' of the things they value, whereas concerningly 8.1% stated they don't do anything they value or enjoy with their time.

Figure 32: Activities

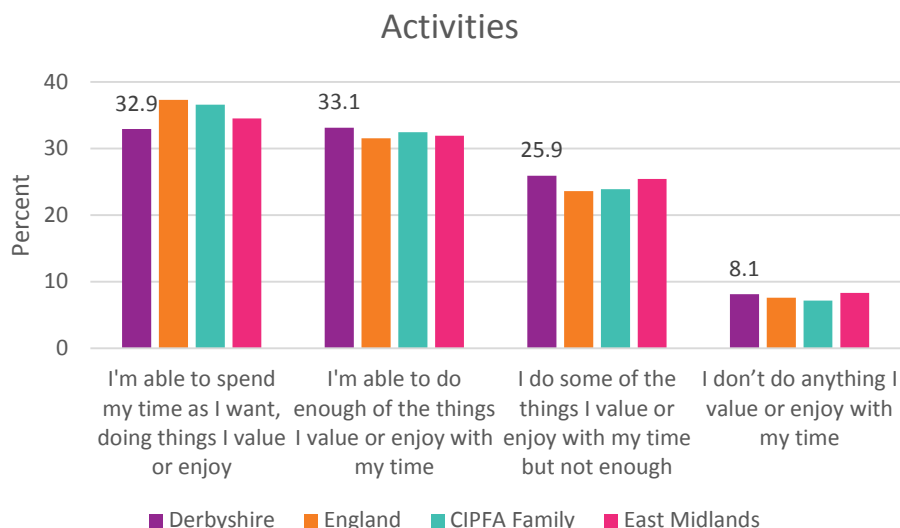
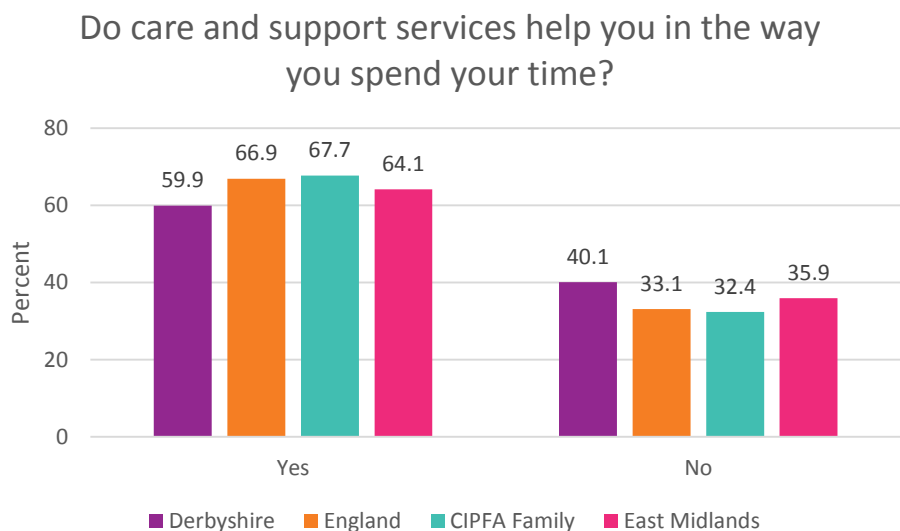


Figure 33: Impact of care and support services on activities



5.4.11 How you feel about yourself

A slightly smaller percentage (57.3% of people in Derbyshire think that having help makes them think and feel better about themselves, compared to England (61.2%) and the CIPFA comparators (60.5%). In addition, a slightly smaller percentage (59.2%) agree that the way they are helped and treated makes them feel better about themselves, compared to England (62.5%).

Figure 34: Receiving help and support

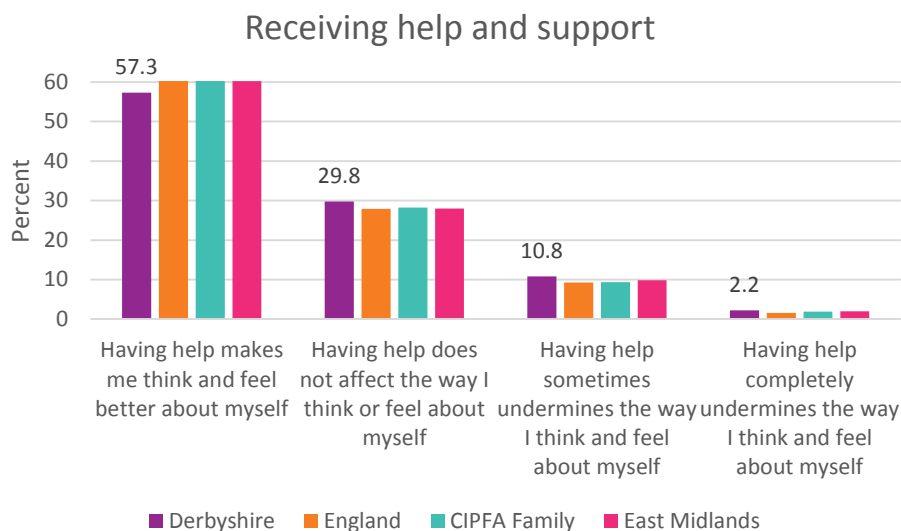
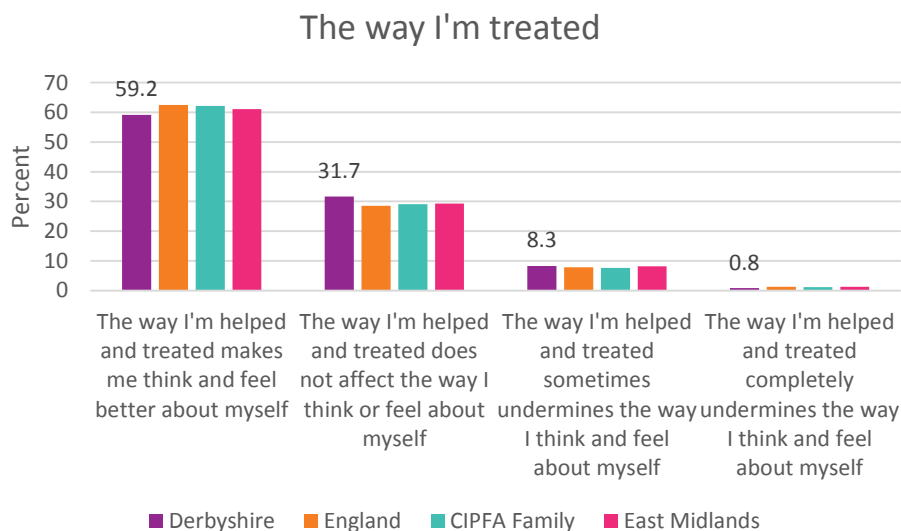


Figure 35: The way I'm treated



5.4.12 Finding information and advice

In terms of finding information and advice, there are clearly some challenges. Focussing on figure 37 (which excludes those who have never tried to find information), only 26.6% of people in Derbyshire found it very easy to find information, (compared to England 28.2%) 48.9% found it fairly easy to find information (compared to 45.0% for England) and 24.5% found it either fairly or very difficult to find information (compared to 26.8%). Whilst the figures for Derbyshire are broadly in line with the national figures, there is still room for improvement.

Figure 36: How easy it is to find information and advice

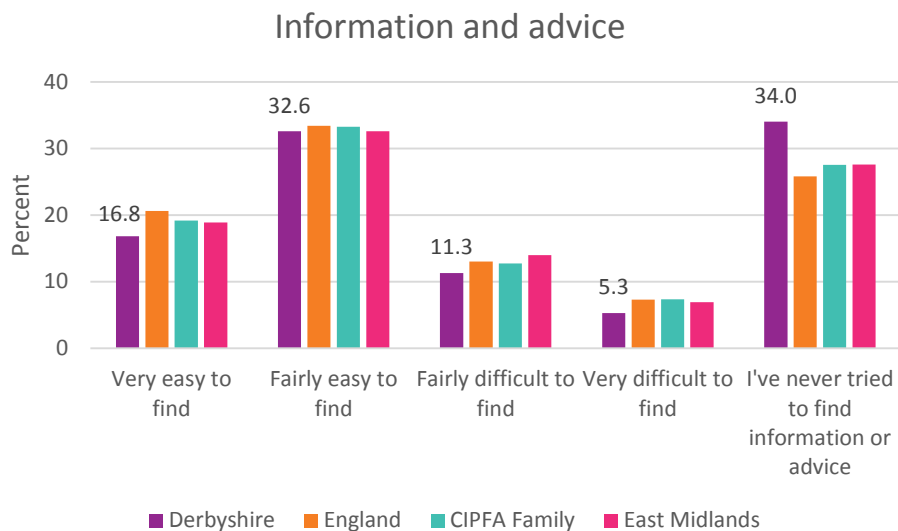
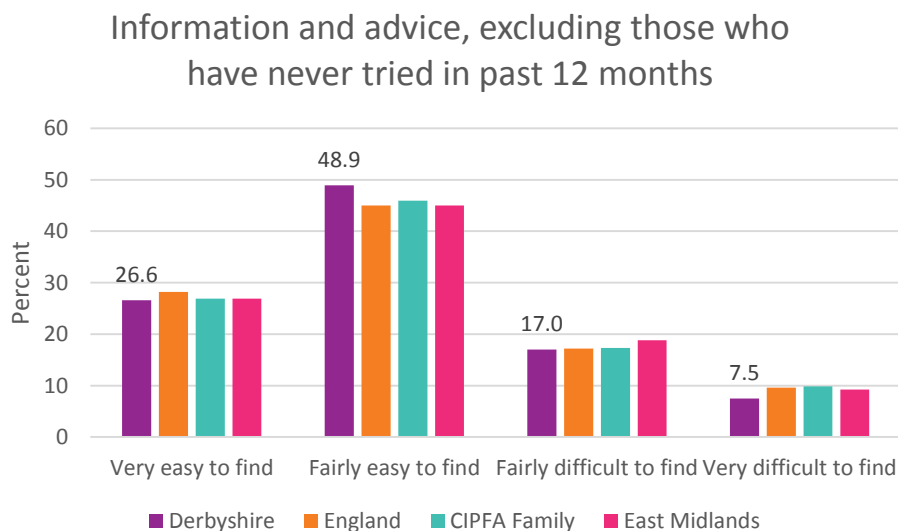


Figure 37: How easy it is to find information and advice, excluding those who have not tried in last 12 months



5.4.13 Health

When people were asked to describe their health (figure 38), the largest category chosen was ‘fair’ (42.4% of people in Derbyshire compared to 39.8% for England). In terms of pain or discomfort (figure 39) over half (51% for Derbyshire, 50.1% for England) had moderate pain or discomfort. In terms of anxiety or depression (figure 40) nearly half of people in Derbyshire (47.6%) reported that they had anxiety or depression, this is slightly higher than England at 45.9%.

Figure 38: General health

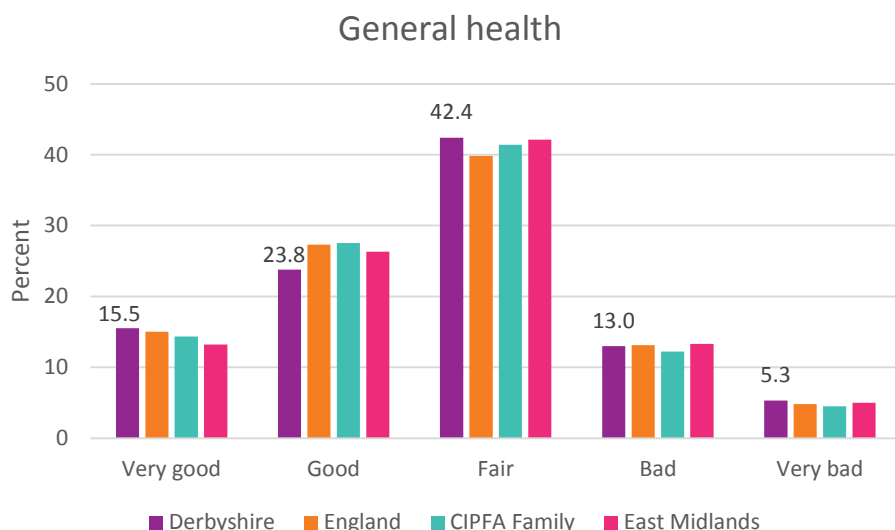


Figure 39: Pain or discomfort

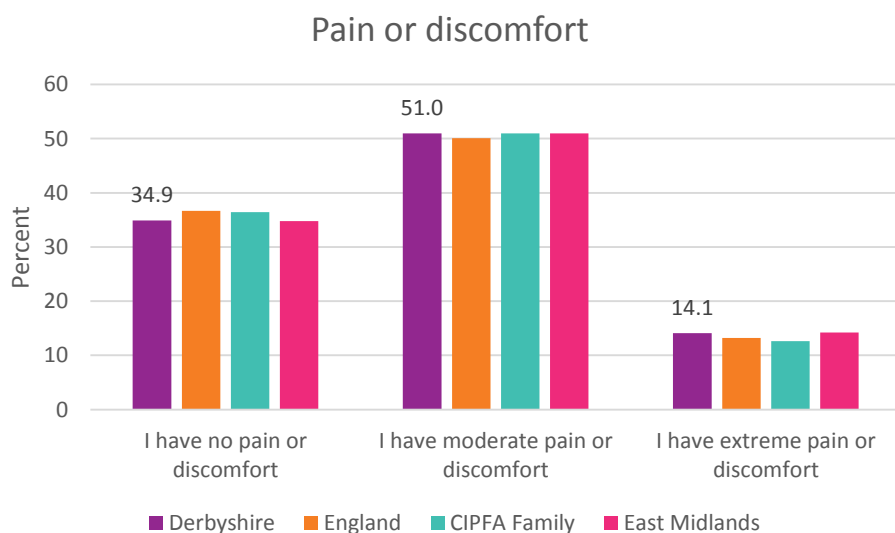
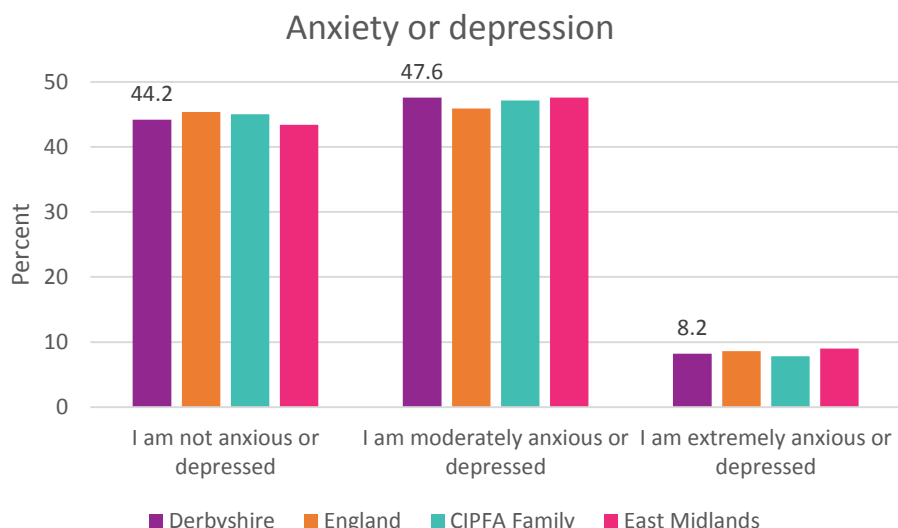


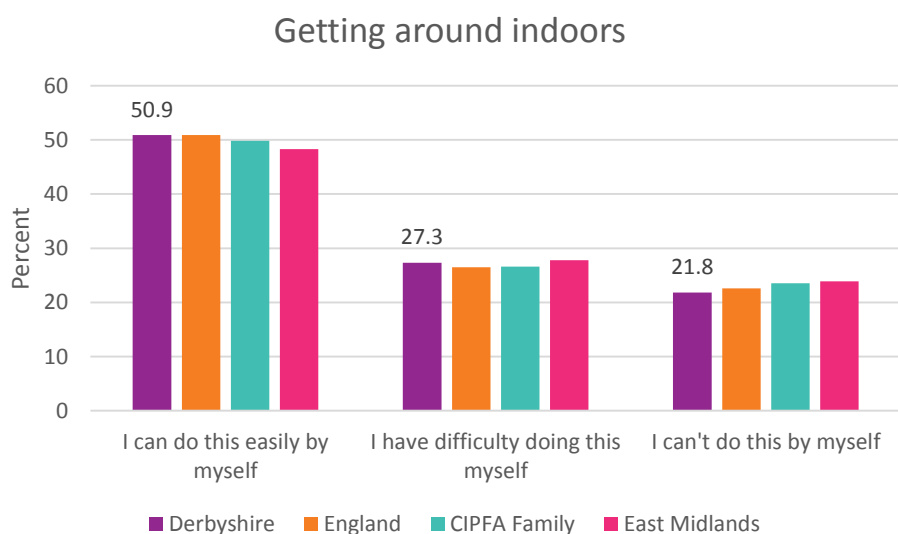
Figure 40: Anxiety or depression



5.4.14 Getting around indoors

There is a clear split in terms of getting around indoors, where just over half (50.9%, same for Derbyshire and England) can do this easily by themselves (perhaps a reflection of the learning disability population) and 49.1% (also 49.1% for England) either have difficulty getting around indoors by themselves or can't do it (figure 41).

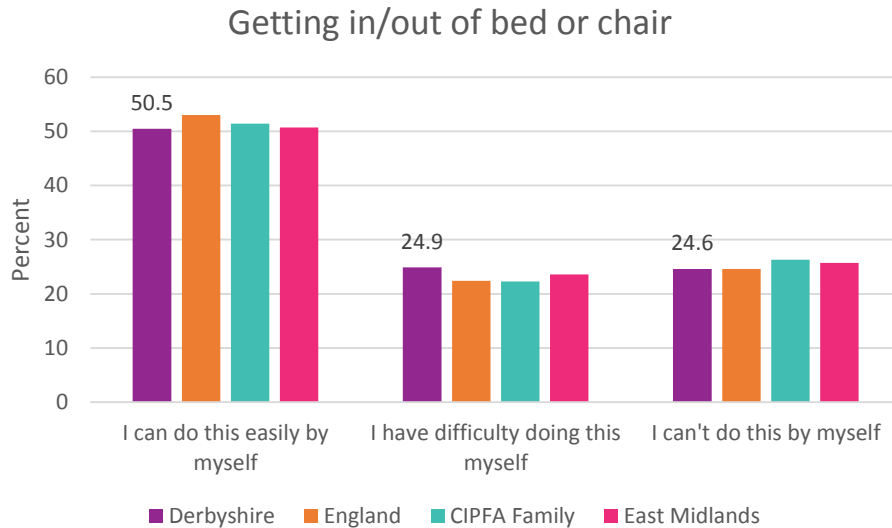
Figure 41: Getting around indoors



5.4.15 Getting in and out of bed or a chair

There is a very similar picture (figure 42) reflected in whether people can get in and out of a bed or a chair, with 50.5% (slightly lower than England at 53.0%) able to do this easily by themselves and the other half having difficulty or not being to do this by themselves.

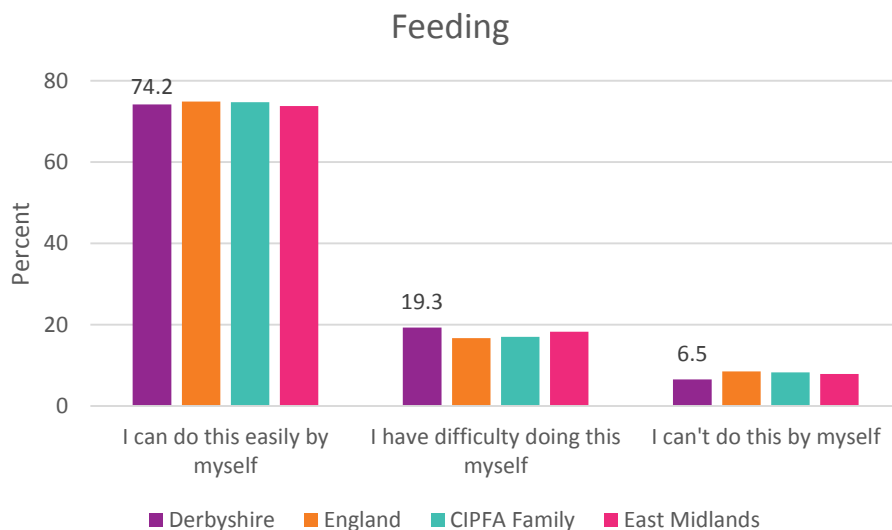
Figure 42: Getting in/out of bed or a chair



5.4.16 Feeding

The majority of people (74.2%) can easily feed themselves (similar to the figure of 74.9% for England and 74.8% compared to, however perhaps of more interest is that over a quarter (25.8% for Derbyshire, slightly lower than England at 33.1%) either have difficulty doing this for themselves or can't do this for themselves (figure 43).

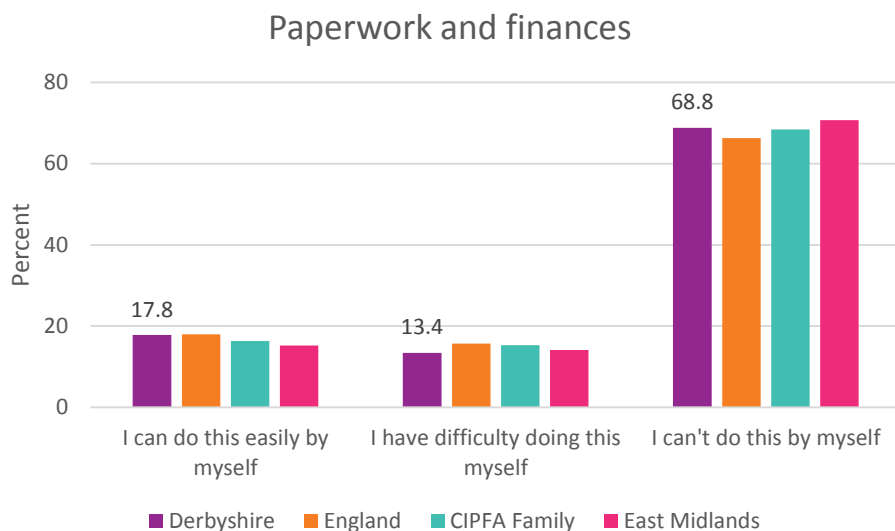
Figure 43: Feeding



5.4.17 Paperwork and finances

The majority of people (68.8%, slightly higher than England at 66.3%) reported that can't do their paperwork and finances this by themselves.

Figure 44: Paperwork and finances



5.4.18 Personal care

In terms of personal care, nearly half of people (49.5%, higher than the figure for England at 45.5%) reported that they could not take a bath or shower by themselves (figure 45). A slightly smaller but still large proportion of people (37.7%, 35% for England) reported that they cannot get dressed and undressed by themselves (figure 46). In terms of using the toilet (figure 47) 57.4% of people reported that they could do this easily by themselves, very similar to the figure for England (57.2). A higher proportion of people (66.5%, similar to 66.8% for England) reported that they could easily wash their hands and face by themselves.

Figure 45: Taking a shower or bath

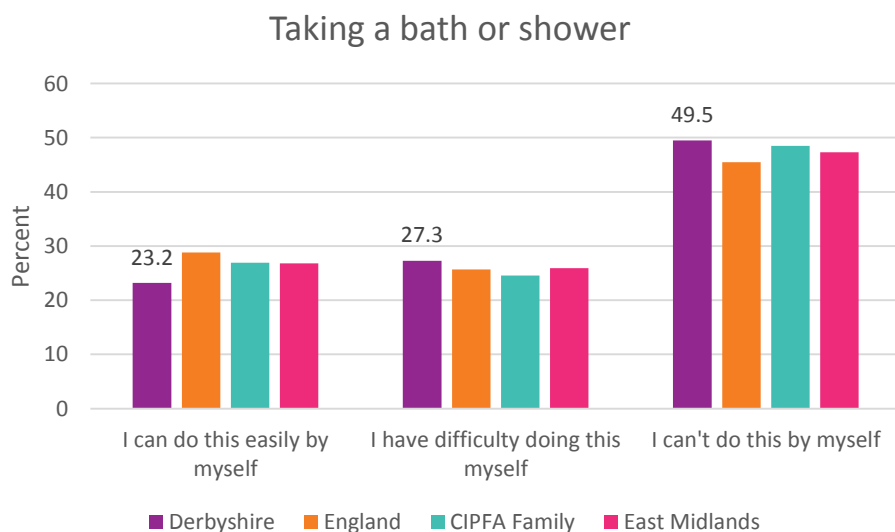


Figure 46: Dressing and undressing

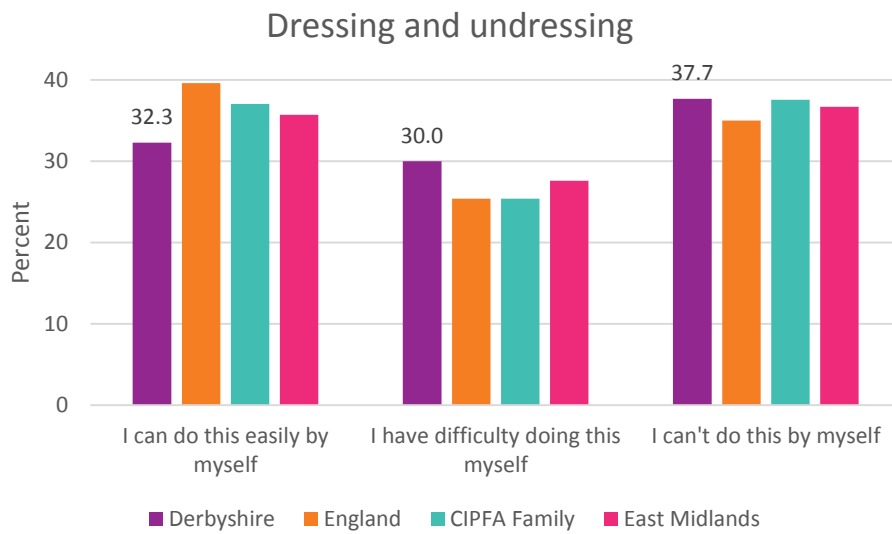


Figure 47: Using the toilet

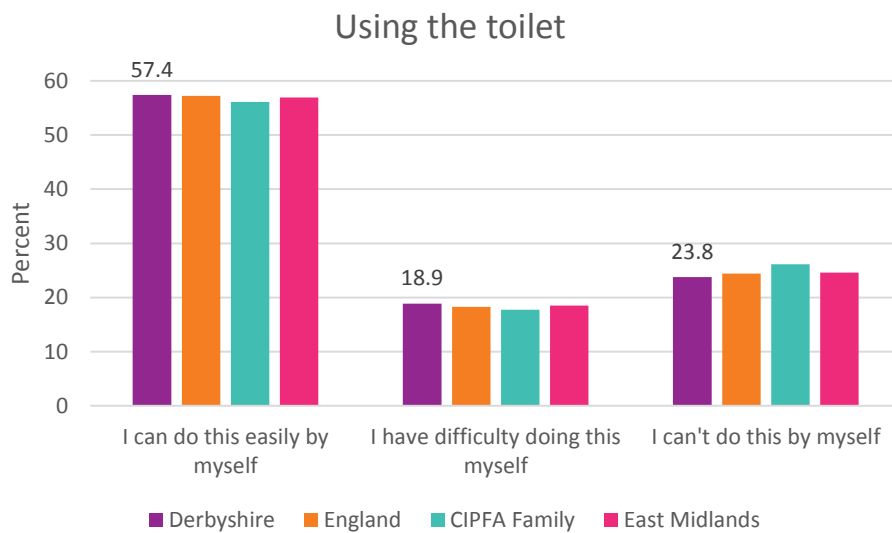
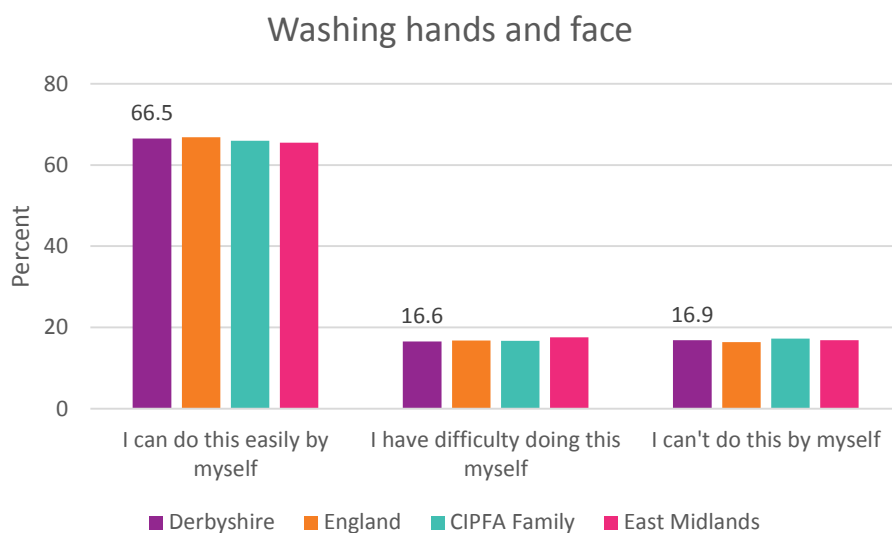


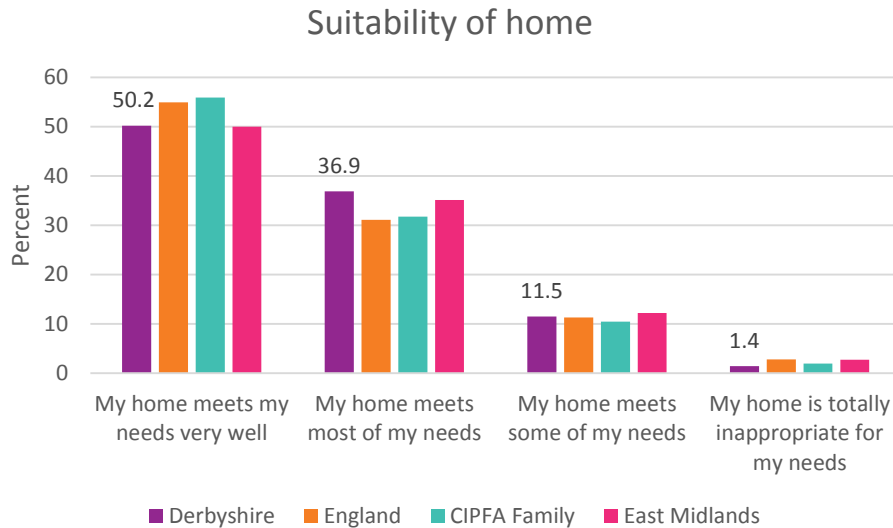
Figure 48: Washing hands and face



5.4.19 Suitability of home

A slightly lower proportion of people (50.2%) compared to England (54.9%) and the CIPFA comparators (55.9%) reported that their home meets their needs very well, perhaps indicating that there is room here for improvement.

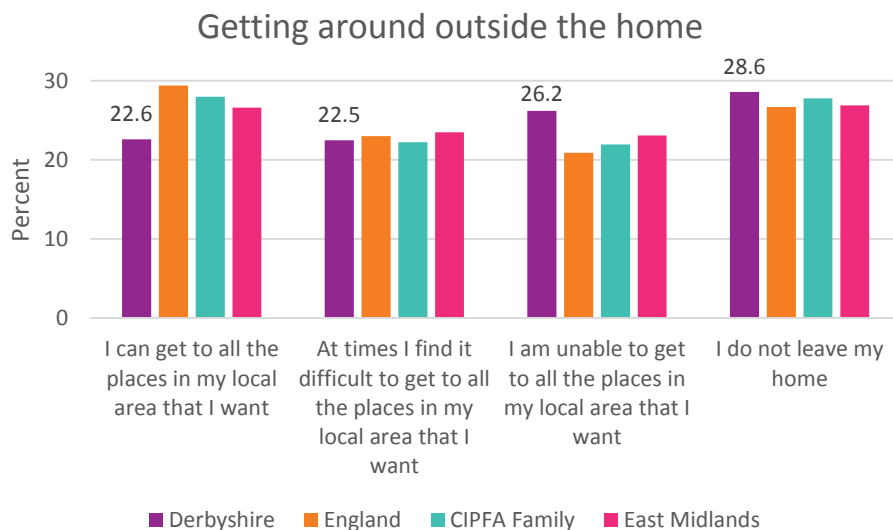
Figure 49: Suitability of home



5.4.20 Getting around outside the home

In terms of being able to get around outside the home, there is a quite an even split between the different levels reported by people, for example 28.6% (slightly higher than 26.7% for England) reported that they do not leave their home. However 22.6% (slightly lower than England at 29.4%) reported that they can get to all the places in their local area that they want, and the in-between categories were fairly evenly split (figure 50).

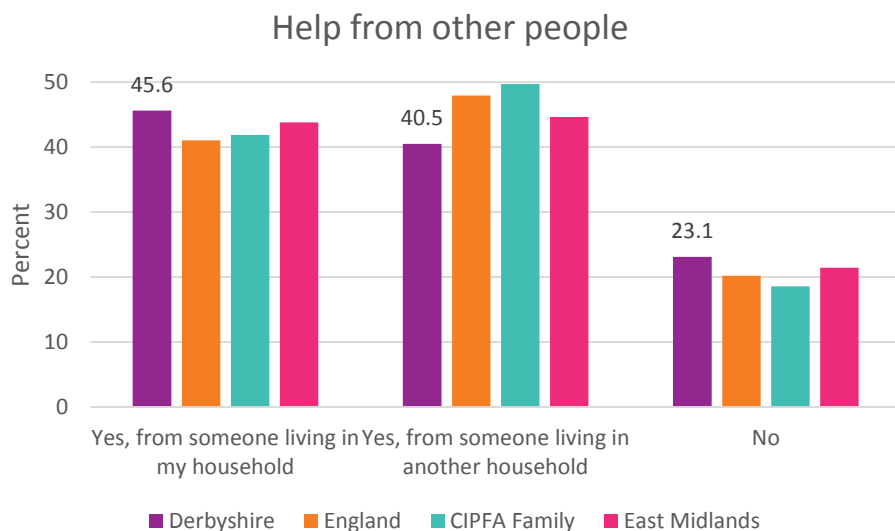
Figure 50: Getting around outside the home



5.4.21 Help from other people

Nearly half of people (45.6%, slightly higher than 41.0% for England) have help from other people who are living in the same household, and 40.5% (47.9%) from someone in another household (figure 51). It is possible to answer yes to both categories, and the figures are referring to informal carer rather than either social services or additional purchased top up care.

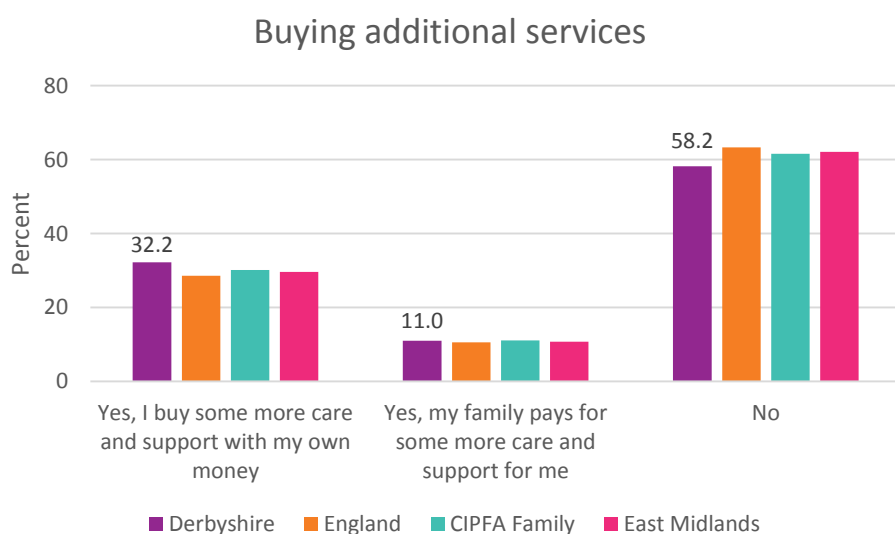
Figure 51: Help from other people



5.4.22 Buying additional services

Figure 52 shows that while over half of people (58.2%, slightly lower than 63.3% for England) did not purchase any additional services, a large percentage of people (32.2%, similar to 28.6% for England) bought additional support with their own money and also 11% (similar to 10.6% for England) had additional services paid for by their family.

Figure 52: Buying additional services



5.4.23 Help completing the survey

Figure 53 shows that the majority of people completing the survey reported that they did have help (79%, compared to 78.4% for England) this was fairly evenly split between help from a care worker (25.1%), someone living in their household (23.4%) and someone living outside their household (30.5%). In terms of the type of help received, excluding those that didn't receive any, figure 55 shows that this was mainly someone reading the questions to them (60%), writing the answers down for them (52.8%) but also talking through the questions with someone else (34.0%). 15.3% reported that someone else had answered the questions for them without asking them the questions. As a result it is important to bear this in mind when interpreting the results, that potentially answers may have been influenced by the involvement of someone else, in some cases the formal or informal carer for the person completing the survey.

Figure 53: Help completing the survey

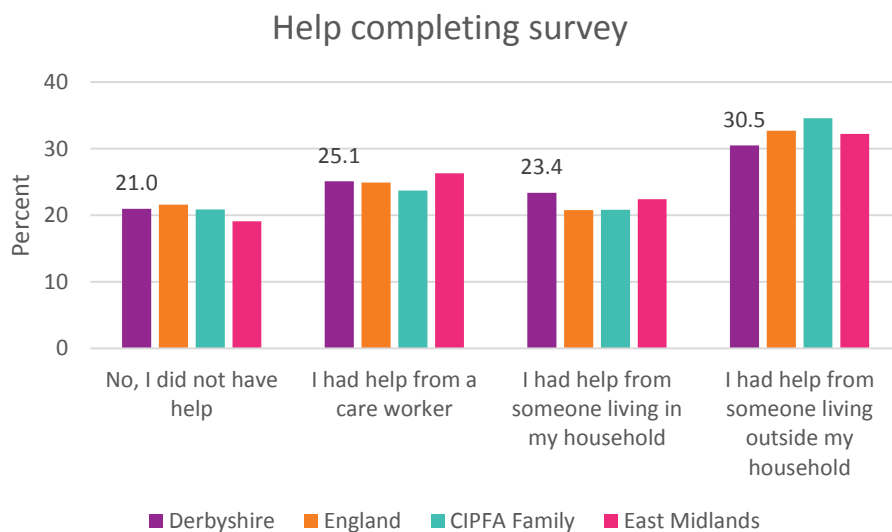


Figure 54: What type of help did you have?

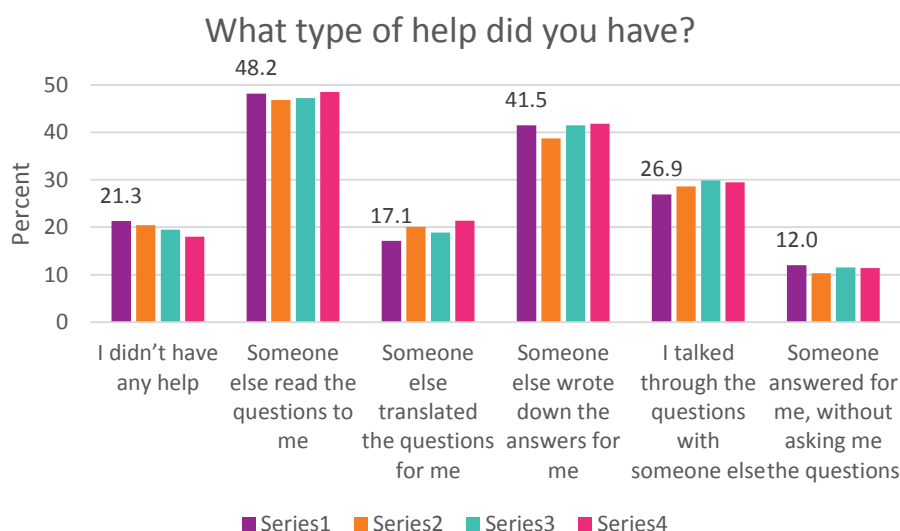
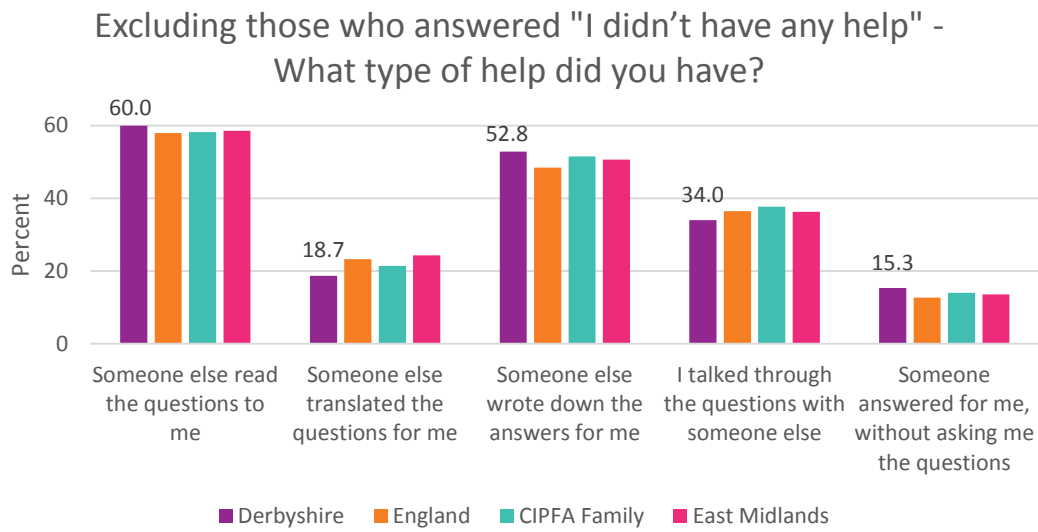


Figure 55: Excluding those who answered "I didn't have any help" - What type of help did you have?



6 MAIN FINDINGS

1. Response rate to the survey was greatest amongst those with learning disability, those living in the community and those aged 18-64.
2. The vast majority of service users surveyed (94.6%) agree with the statement that care and support services help them to have a better quality of life.
3. All of the following ASCOFs have reduced this year, although not significantly, and they are not significantly different to England, the East Midlands or the CIPFA comparators (figures for 16/17 are given in brackets):
 - a. (1A) Social Care-related quality of life 19.0% (19.7%).
 - b. (1B) Proportion of people who have control over their lives 76.1% (81.4%).
 - c. (111) Proportion of people who use services who have as much social contact as they would like 44.6% (47.8%).
 - d. (3A) Overall satisfaction of people who use services with their care and support 65.9% (67.3%).
 - e. (3D1) Proportion of people who use services who find it easy to find information about people 75.5% (76.2%).
 - f. (4A) Proportion of people who use services who feel safe 68.1% (73.0%).
 - g. (4B) Proportion of people who use services who say that those services have made them feel safe and secure 84.7% (89.1%).
4. Satisfaction remains slightly higher than England, despite having dropped slightly. It is higher in the LD population compared to the non-LD population.
5. The largest category of people have 'alright' quality of life (31.3%), this is higher in the LD population.
6. Control over daily life is mainly 'adequate' (46.6%).
7. Generally people feel they have a clean and comfortable home, feel safe and feel they have a clean and presentable appearance. It varied whether they reported that care and support services were contributing to this.
8. A third of people only have 'adequate' access to food and drink and 20% reported that care and support services did not help them with this.
9. Less than half (44.6%) get enough social contact, and more than a third (36.6%) reported that care and support services did not help them with this.
10. The findings need to be interpreted in the context of the majority of people having help (79%) completing the survey, including from people who may be employed to provide care and support to that person.

7 RECOMMENDATIONS

- We need to continue to focus effort on trying to maximise response to the survey in residential settings, which is low
- Continue to focus attention on the ASCOF indicators which are not performing well, and consider reasons and possible solutions covering:
 - quality of life
 - control
 - social contact
 - satisfaction
 - finding information
 - feeling safe
- Consider what we could do to improve access to food and drink
- Consider how we could improve social contact in our service users
- Consider how we could improve perception of control over daily life

