

Adult Social Care Survey 2022/23

Main Findings



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Summary

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 Personal Social Services: Adult Social Care Survey England (ASCS) and is overseen centrally by NHS England.

In January 2023, there were 9006 people in Derbyshire receiving social service care or support who were eligible to receive the survey. From the eligible population, a random sample of 1441 people were sent the survey, 418 (29%) of which were completed. Of those 418 respondents who gave a valid response, 237 (57%) were female, 301 (72%) were living in the community, 220 (53%) were 65 years and over, and 219 (52%) had a physical support need as their Primary Support Reason. The infographic summarising the results, which will be distributed to those who requested a copy of the results, is included in Appendix 2.

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 England and the Department of Health and Social Care to assess the experiences of people using care and support services. Derbyshire County Council (DCC) uses this data to monitor the council's performance, with the findings shared with staff and respondents once NHS England has released the results. The ASCOFs for the 2022/23 ASCS, published by NHS England on 7th December 2023, are summarised in the table below. The ASCOF indicators enable comparisons to be made between Derbyshire, East Midlands and England. Derbyshire's performance is statistically similar to England and the East Midlands for all indicators, apart from indicator 3A, where Derbyshire's score is similar to the East Midlands but statistically significantly higher than England's.

ASCOF 2022/23	Derbyshire	East Midlands	England
1A Social care-related quality of life score (score out of 24)	19.1	18.9	19.0
1B Proportion of people who have control over their lives (%)	80.1	78.0	77.2
1I1 Proportion of people who use services who have as much social contact as they would like (%)	44.9	42.6	44.4
3A Overall satisfaction of people who use services with their care and support (%)	71.3	65.4	64.4
3D1 Proportion of people who use services who find it easy to find information about services (%)	68.9	66.3	67.2
4A Proportion of people who use services who feel safe (%)	70.8	68.1	69.7
4B Proportion of people who use services who say that those services have made them feel safe and secure (%)	89.4	88.4	87.1

The above ASCOFs reflect the survey feedback, which found that the majority of respondents feel the care and services they receive helps with various aspects of their life including having control of their life, keeping clean and presentable, getting food and drink, feeling safe, having social contact and helping to spend time doing the things they like.

Recommendations

These recommendations relate to the survey findings and highlight those areas where further attention could be directed. The findings from the 2022/23 Adult Social Care Survey show that all ASCOF indicators for Derbyshire are higher, although statistically similar to the 2021/22 ASCOF indicators. Despite the challenges faced by social care services and Derbyshire residents during the previous two years of the COVID-19 pandemic, the ASCOF indicators for 2022/23 are comparable to the pre-pandemic scores for Derbyshire.

Notably, in 2022/23, Derbyshire scored highly (71.3%) for “ASCOF 3A - Overall satisfaction of people who use services with their care and support satisfaction” and is ranked 10th nationally (out of 152 local authorities in England).

- **Consider what could be done to improve access to information and reduce levels of digital exclusion.** Though the score for finding information has improved since the last survey (69% versus 68%), it is declining over time, nationally as well as locally. The qualitative analysis illustrates the difficulty many respondents have in accessing and navigating online sources of information.
- **Consider how to improve access to food and drink.** The majority of respondents (93%) were able to access adequate food and drink, however, 7% could not. In a follow-up question on whether or not respondents received help from care and support services to get food and drink, 14% responded that they did not get the help they needed.
- **Consider how to increase respondents' sense of agency and control over their lives.** The majority of respondents (81%) responded that they have enough control over their daily life, highlighting that 19% do not have any or enough control. The qualitative analysis offers insight into how this could be improved. For example, under the theme of 'request for more control', some respondents mentioned a desire for a greater sense of agency and independence when it comes to care arrangements.
- **Consider how to increase levels of social contact and reduce isolation.** The majority of respondents (80%) responded that they had either adequate or as much social contact as they liked, highlighting that 20% of respondents do not have as much social contact as they desire. Despite improvements made since the Covid-19 pandemic, figures for those who have as much social contact as they would like could be higher. This is necessary since loneliness can have a significant impact on an individual's mental and physical health (1).
- **Consider ways to improve mobility and access to places outside the home.** Despite emerging from the Covid-19 pandemic, the figures for those respondents who do not leave their home or are not able to get to all the places locally that they want, remain high (30% of respondents to this question), and higher than comparators.

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1 Introduction

All Councils with Adult Social Services Responsibilities (CASSRs) in England are required to conduct an annual postal survey on a random sample of those individuals in receipt of services from the council. The survey is called the Personal Social Services: Adult Social Care Survey England (ASCS) and is overseen centrally by NHS England. More information is available on NHS England's website, which has a dedicated page ([link to the ASCS survey information from NHS England available here](#)) that provides more context on the Survey. It seeks the opinions of service users aged 18 and over in receipt of services and provides useful information about the lives of this group of individuals. This information is garnered by asking questions regarding their quality of life, the impact of services on their quality of life, as well as their general health and wellbeing.

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 England and the Department of Health and Social Care to assess the experiences of people using care and support services. DCC uses the data to monitor the council's performance, and the findings are shared with staff and respondents once NHS England has released the results.

1.1 Purpose

This report summarises the results for the ASCS for 2022/23, including the ASCOFs. These are also made available on NHS England's Power BI Adult Social Care Analytical Hub ([link to NHS England's Adult Social Care Analytical Hub available here](#)). This report also presents a more in-depth look at the level of need within the adult social care respondent population, rather than just focusing on the ASCOFs.

2 Methods

An eligible population of individuals receiving services from DCC (9006 people) was extracted from Mosaic (which is the case management system used by Adult Social Care in Derbyshire). A random sample of 1441 people from the eligible population were sent a postal survey. Reminders were also sent, as per the national guidance. Three different surveys were distributed: one in an easy read format, one for those living in residential or nursing homes, and one for those living in the community. The results of the survey were collated in-house and submitted to NHS England along with demographic information on respondents.

After the results were validated, the data were published by NHS England and the results have been analysed, presented and described in this report. To help illustrate the figures, bar charts have been used with rounded figures. Where two bars appear to have the same percentage reported but slightly different heights, this will be due to rounding. For performance comparison, both the Chartered Institute of Public Finances and Accountancy (CIPFA) CASSRs (councils which are deemed by the CIPFA to be statistically similar to Derbyshire in this case) and Peer Group CASSRs (which NHS England now use instead of the former) are included in the graphs. A different methodology has been used for creating the new peer groups, resulting in a different composition of CASSRs in each of the CIPFA and peer groups (see table 1). For more information, see [NHS England's Power BI report](#).

Table 1. Comparison of CASSRs in each of Derbyshire's CIPFA and Peer Groups

CIPFA CASSRs	Peer Group CASSRs
Cambridgeshire, Cumbria, Derbyshire, Essex, Gloucestershire, Lancashire, Leicestershire, Lincolnshire, Norfolk, Nottinghamshire, Somerset, Staffordshire, Suffolk, Warwickshire, Worcestershire,	Central Bedfordshire, Cheshire East, Cumbria, Derbyshire, East Sussex, Essex, Gloucestershire, Hampshire, North Yorkshire, Nottinghamshire, Shropshire, Somerset, Staffordshire, Suffolk, Wiltshire, Worcestershire,

In addition to the quantitative analysis of results, the results of the qualitative analysis conducted earlier in 2023 and distributed as an internal report are included where relevant to provide greater context and insight into the statistics. The qualitative methodology utilized an inductive thematic analysis approach and involved two members of the PH Knowledge and Intelligence Team independently reviewing the free text responses and recording details of the themes evident in the written comments. They then came together to discuss and validate the themes and agreed on a final amalgamated list of 13 themes and a description for each. Using NVivo, a qualitative data analysis computer software package, they worked collaboratively to code each question to the appropriate themes. Given that only 11% of the sample submitted free text responses, caution must be advised before making any general assumptions based on the comments.

3 Response rate and demographics

Between January and March 2023, surveys were sent to a random sample of 1441 Derbyshire Adult Care service users. Reminders were sent out to those that did not respond. In total, 418 completed surveys were returned, representing a response rate of 29%. The overall response rate for England was 26%. Figure 1 shows that a higher proportion in the community responded ($n = 301$, 72%) than in residential ($n = 101$, 24%) or nursing homes ($n = 5$, 1%). Respondents with a physical support primary support reason (PSR) had the highest response (figure 2) and over 65-year-olds had a higher response compared to 18–64-year-olds (figure 3).

Figure 1: Response by setting

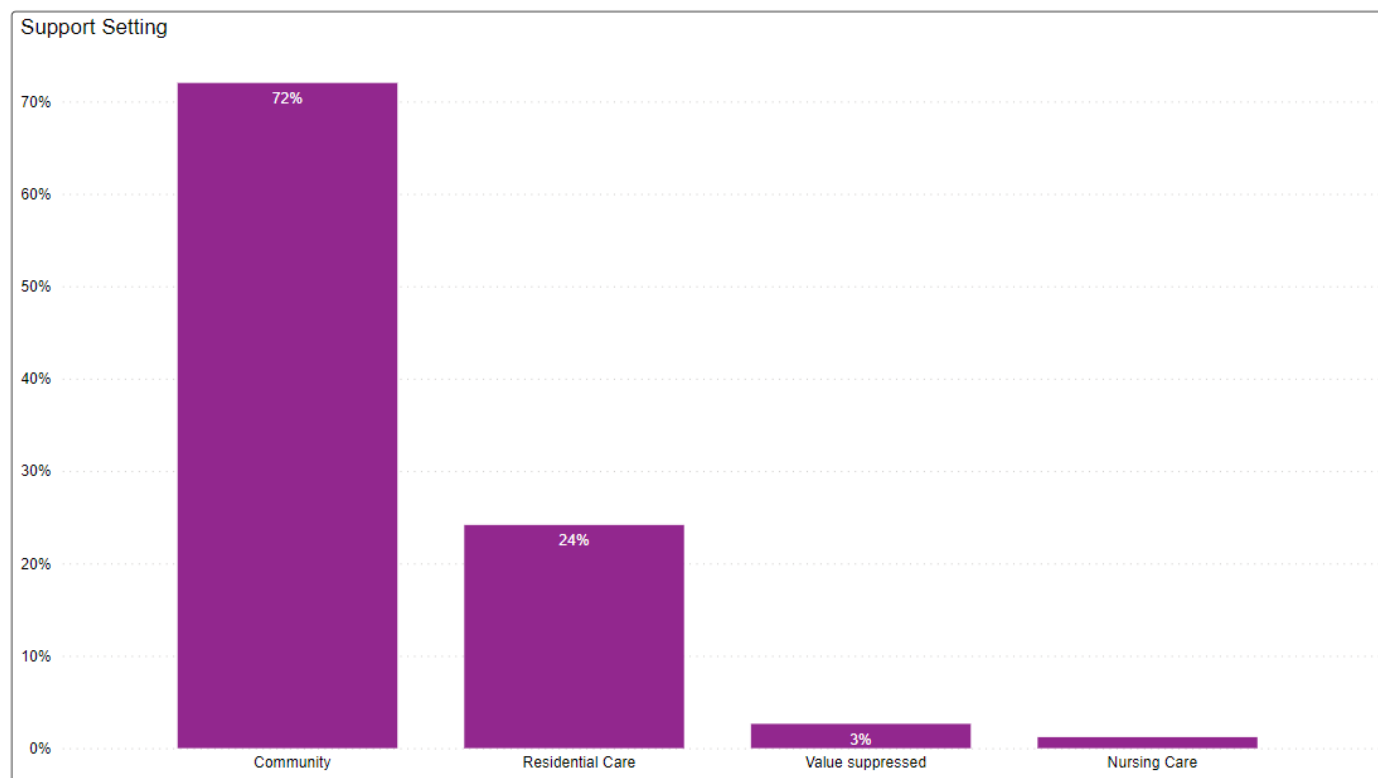


Figure 2: Response by primary support reason

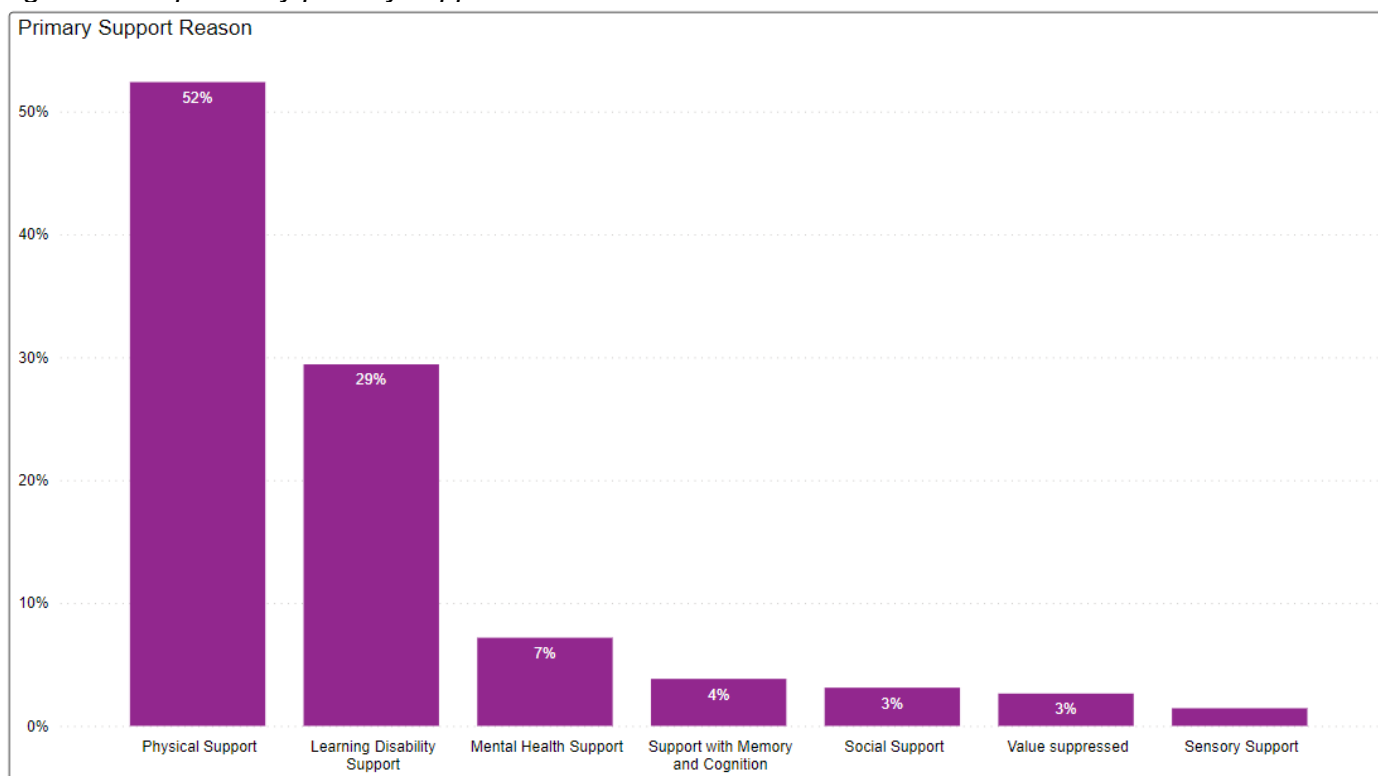
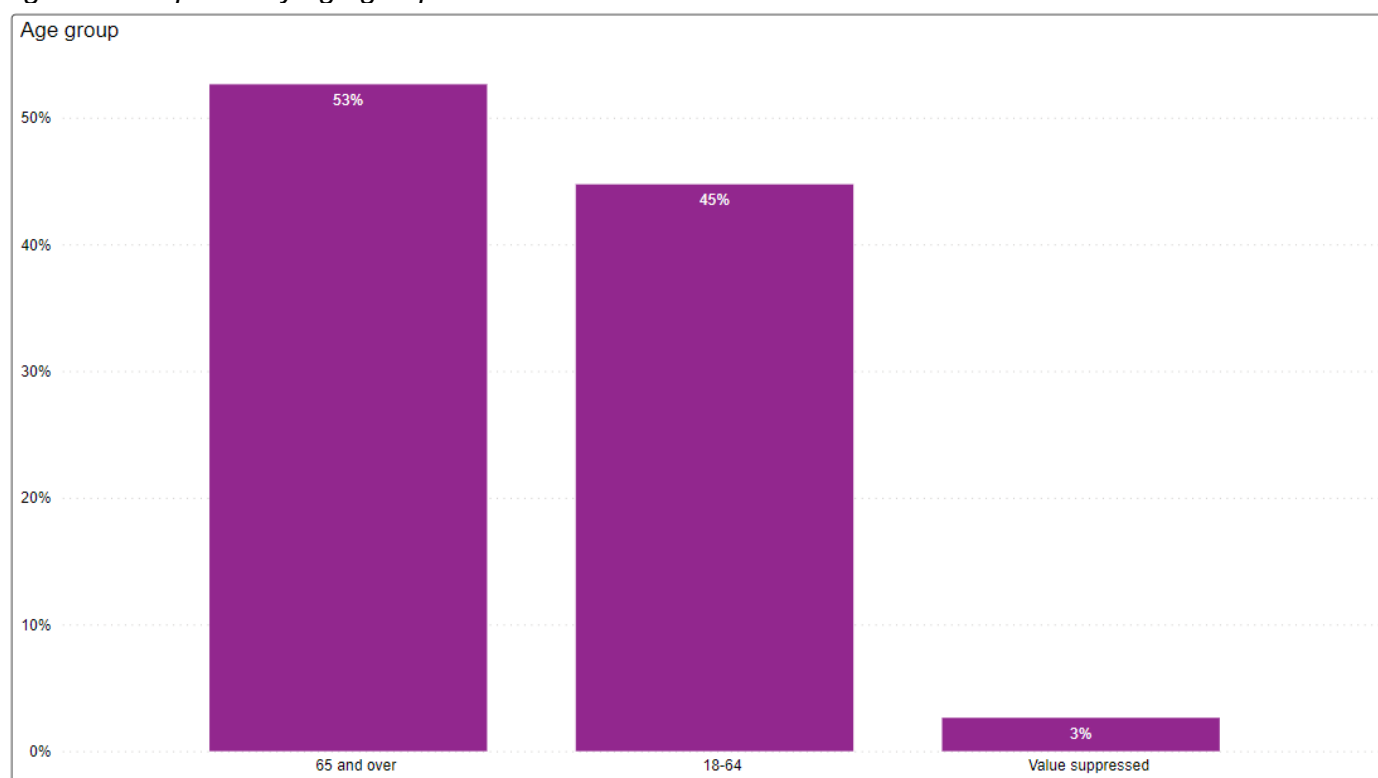


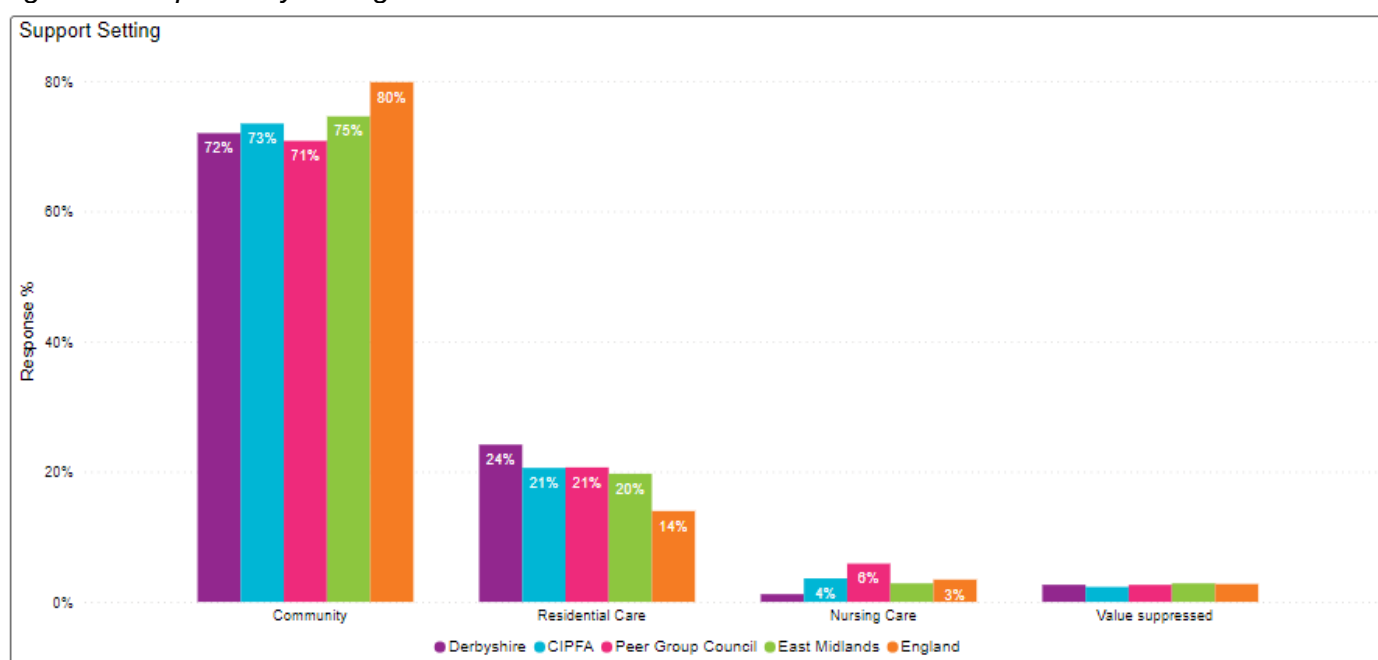
Figure 3: Response by age group



3.1 Demographics

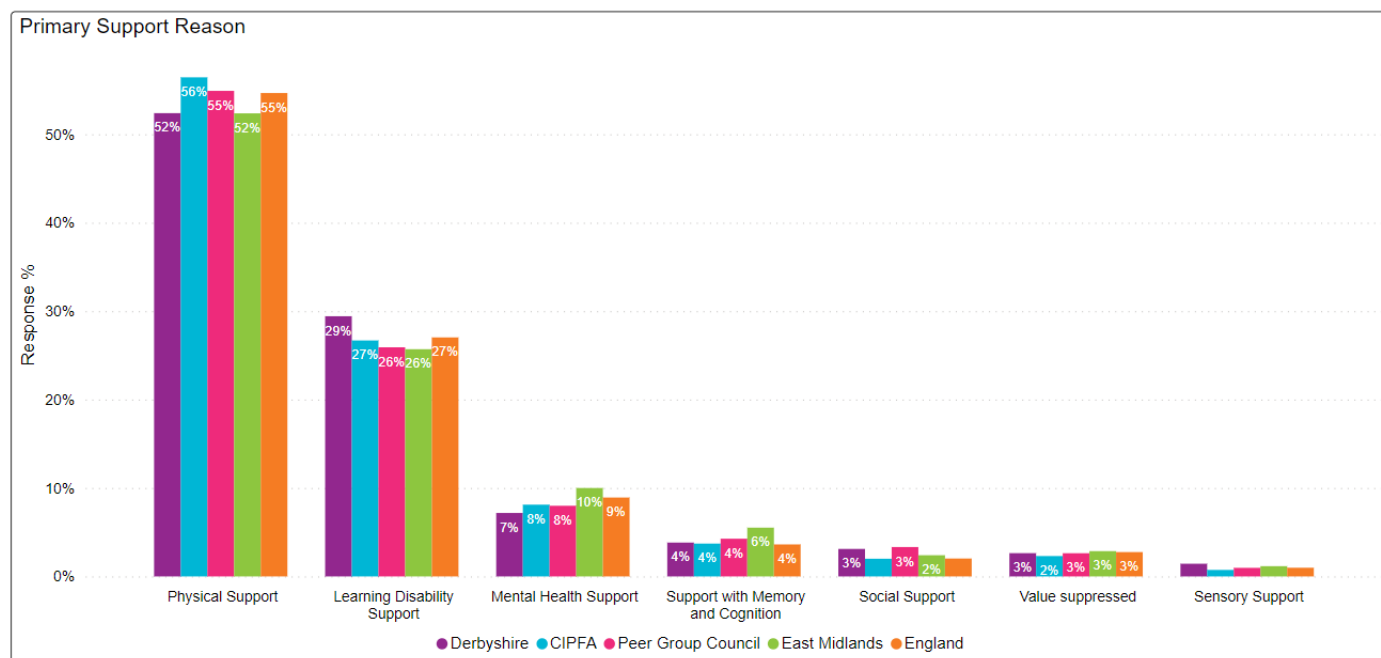
This section summarises the main characteristics of the respondents to the survey. Derbyshire respondents are compared to East Midlands, CIPFA, Peer Group Councils and England. Most respondents in Derbyshire lived in the community ($n = 301$, 72%), this is similar to Derbyshire Peer Group Councils (71%) but lower than the CIPFA group (73%), East Midlands (75%) and England (80%). When looking at comparator groups, a greater proportion of Derbyshire respondents ($n = 101$, 24%) lived in residential care (figure 4), an observation which may be worth further analysis.

Figure 4: Response by setting



The PSR for Derbyshire residents was relatively similar to comparator areas (figure 5). The majority of respondents from all areas had a PSR of physical support ($n = 219$, 52% in Derbyshire) and respondents with a PSR of social or sensory support formed the smallest groups. Although respondents can have more than one support reason, only one is recorded in the survey.

Figure 5: Primary support reason of respondents



The majority of respondents in Derbyshire were aged 65 and over ($n = 220$, 53%), with 45% ($n = 187$) being aged 18-64 years (figure 6).

Figure 6: Age of respondents

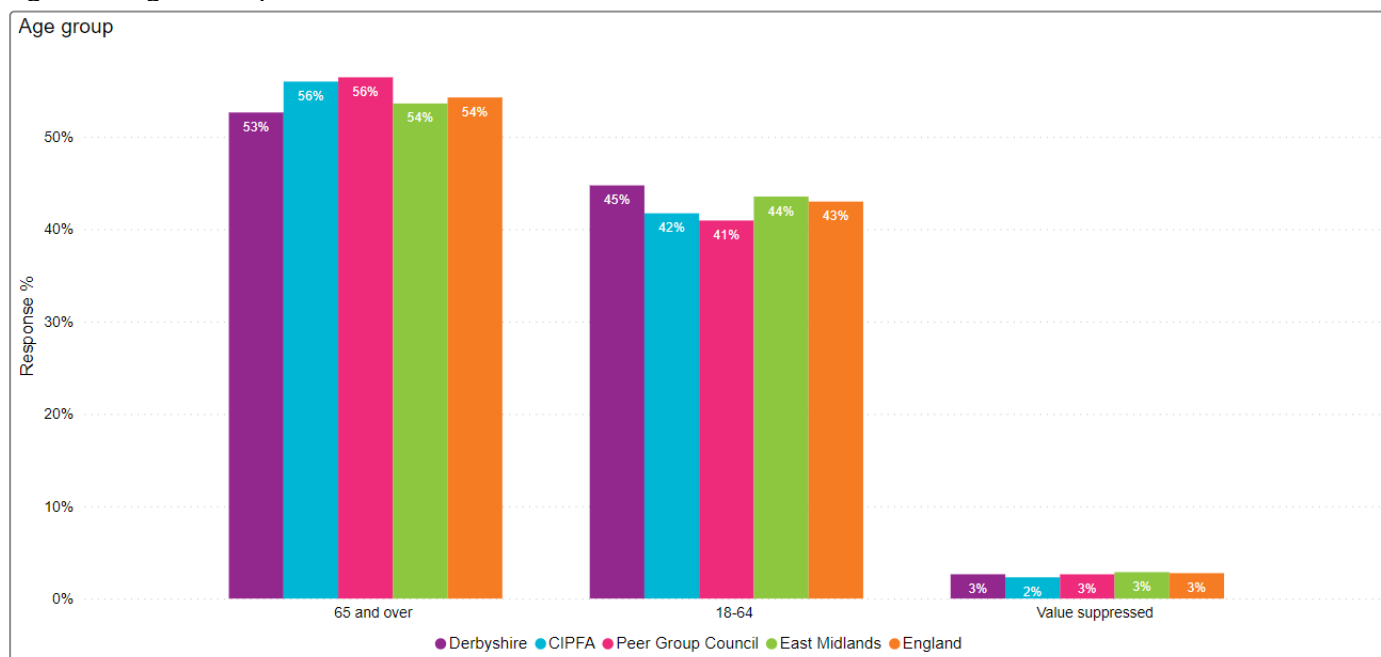
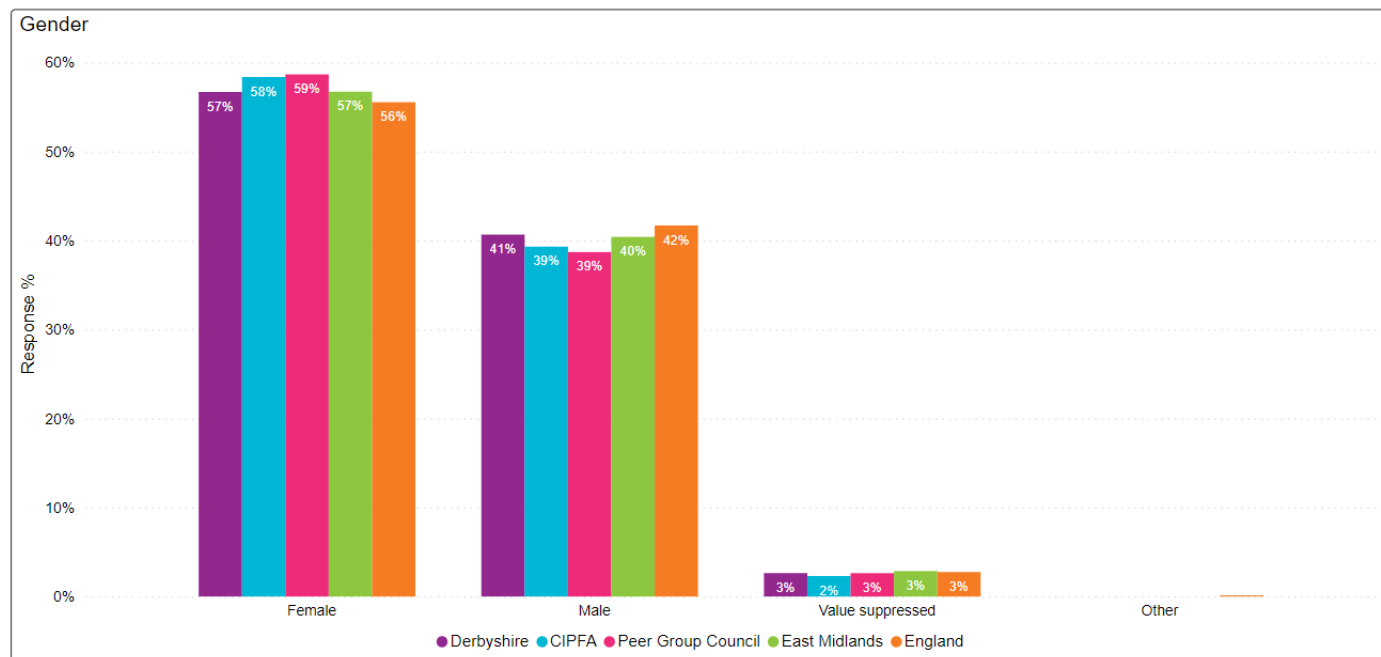


Figure 7 shows that the majority of respondents from Derbyshire were female ($n = 237$, 57%), similar to Peer Group Councils (59%) and CIPFA CASSRs (58%).

Figure 7: Gender of respondents



4 Adult Social Care Outcomes Framework (ASCOFs)

The Adult Social Care Outcomes Framework is a national set of indicators against which all local authorities with social services responsibilities are benchmarked. It is published by NHS England and can be explored using the aforementioned [Power BI Adult Social Care Analytical Hub](#). Some of the indicators are reflected in the Council Plan (2) and Adult Social Care and Health Service Plan. Seven of the indicators in the ASCOF are sourced from the results of this survey, presented below with comparators and trends. The scales have been deliberately distorted (*i.e., the y axis does not start at 0*) in order to allow clarity when displaying Derbyshire, England, and the East Midlands comparators. This does mean that small random fluctuations may appear more important than they should. However, the confidence intervals for Derbyshire are also shown to allow an interpretation of statistical significance¹. Confidence intervals quantify the imprecision in the estimate of a particular value and for any given confidence interval, the wider the interval, the greater is the uncertainty in the estimate. The width of a confidence interval is affected by three factors, one being the sample size. The smaller the sample size from which the estimate is calculated, the less precise the estimate and the wider the confidence interval. This is important to bear in mind when interpreting the results given the small sample size and the fact that the total number of responses to each question may vary. A table containing ASCOF figures can be found in appendix 1. Note that confidence intervals were not available for the first three years of the survey, 2014-15, 2015-16 and 2016-17.

The majority of ASCOFs for Derbyshire have improved since last year's survey, although some remain lower than in previous years. When compared to the East Midlands and England, Derbyshire's ASCOF scores in 2022-23 are all higher. Out of 152 local authorities in England, Derbyshire is ranked in the following positions for these ASCOFs:

- 1A Social care-related quality of life score: **62nd**
- 1B The proportion of people who use services who have control over their daily life: **37th**
- 1I1 The proportion of people who use services who reported that they had as much social contact as they would like: **71st**
- 3A Overall satisfaction of people who use services with their care and support: **10th**
- 3D1 Proportion of people who use services who find it easy to find information about services: **55th**
- 4A The proportion of people who use services who feel safe: **64th**

4.1 1A Social care-related quality of life score

Table 2 shows the breakdown of indicator 1A - social care related quality of life. This is a composite measure, developed by the Personal Social Services Research Unit, calculated from several of the questions in the survey. Each question has four possible answers and corresponding scores which are then combined into an overall quality of life score, out of a possible total of 24. For more information on the methodology for the ASCOFs, please see the

¹ A result is said to be statistically significant if it is likely not caused by chance or the variable nature of the samples. Further explanation is provided in appendix 3.

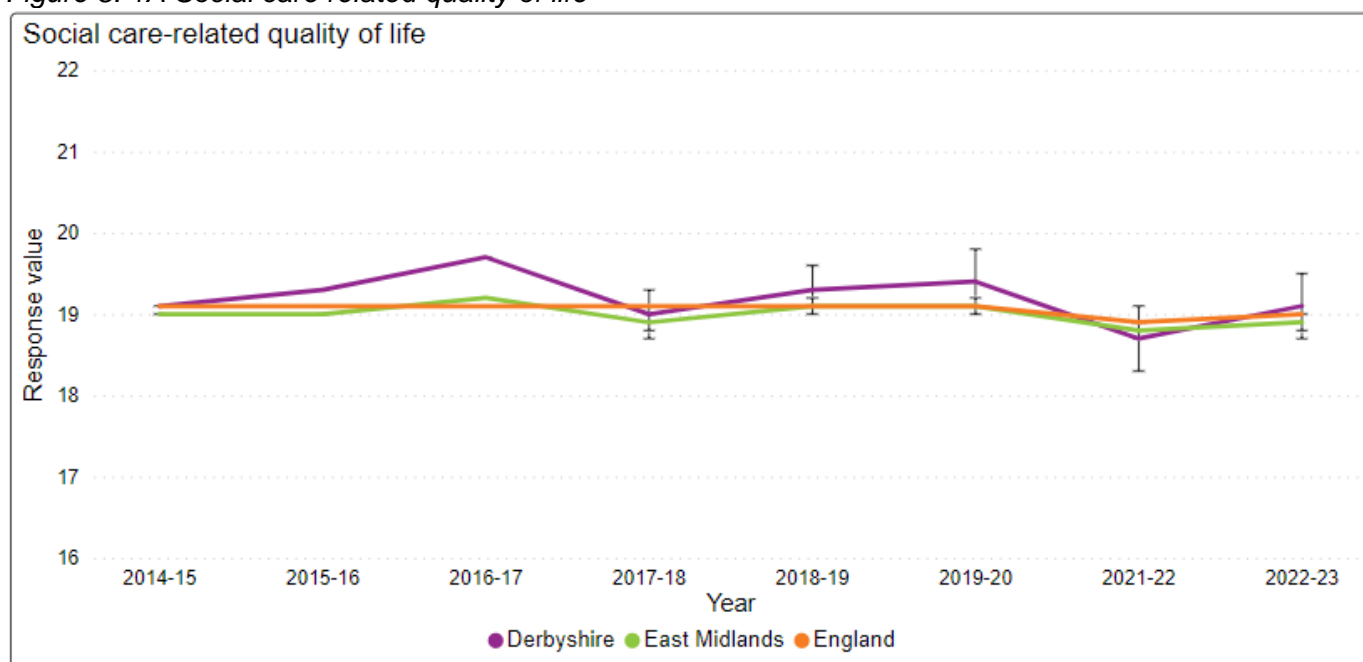
guidance from the Department for Health and Social Care ([link to the webpage for the ASCOF handbook of definitions](#)).

Table 2. The Questions and Scorings used to Calculate Indicator 1A

Area	Question	Possible Scoring			
Control	Q3a: Which of the following statements best describes how much control you have over your daily life?	no unmet needs (1)	needs adequately met (2)	some needs met (3)	no needs met (4)
Personal care	Q4a: Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?	no unmet needs (1)	needs adequately met (2)	some needs met (3)	no needs met (4)
Food and Nutrition	Q5a: Thinking about the food and drink you get, which of the following statements best describes your situation?	no unmet needs (1)	needs adequately met (2)	some needs met (3)	no needs met (4)
Accommodation	Q6a: Which of the following statements best describes how clean and comfortable your home/care home is?	no unmet needs (1)	needs adequately met (2)	some needs met (3)	no needs met (4)
Safety	Q7a: Which of the following statements best describes how safe you feel?	no unmet needs (1)	needs adequately met (2)	some needs met (3)	no needs met (4)
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?	no unmet needs (1)	needs adequately met (2)	some needs met (3)	no needs met (4)
Occupation	Q9a: Which of the following statements best describes how you spend your time?	no unmet needs (1)	needs adequately met (2)	some needs met (3)	no needs met (4)
Dignity	Q11: Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?	no unmet needs (1)	needs adequately met (2)	some needs met (3)	no needs met (4)

Figure 8 shows that Derbyshire's social care related quality of life was for 2022/23 was 19.1, which was statistically similar to the previous year (18.7).

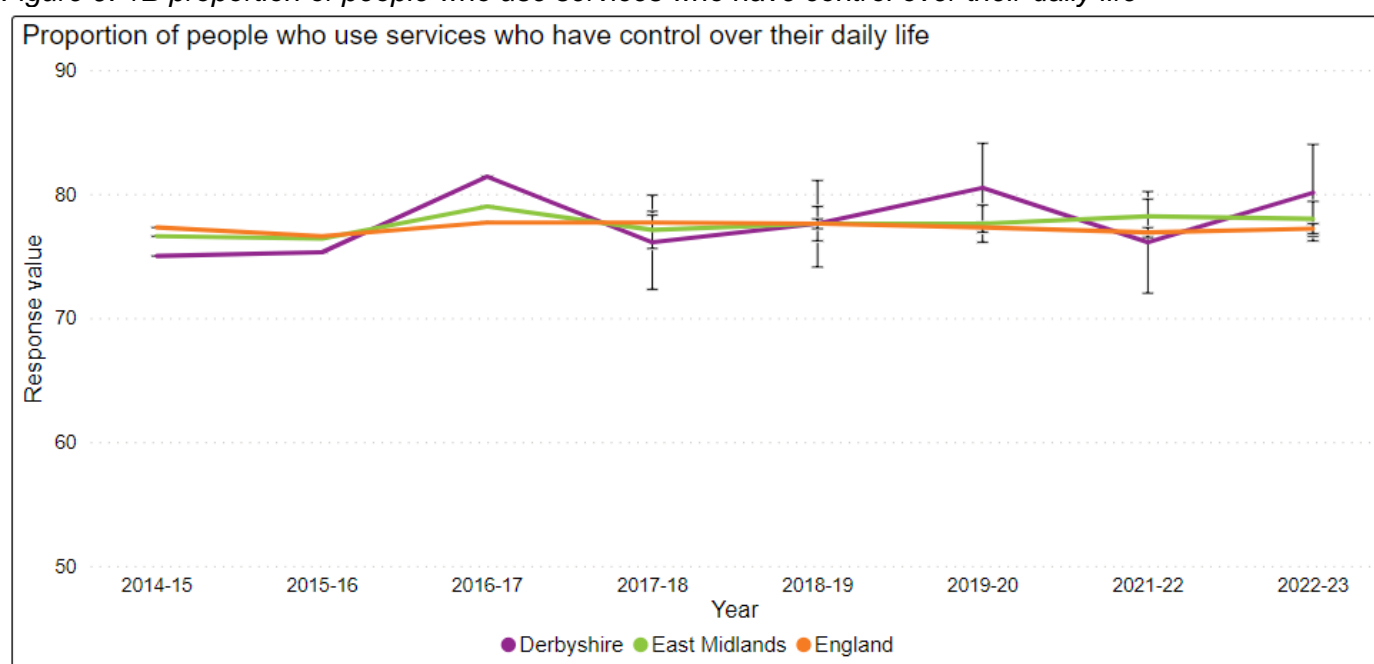
Figure 8: 1A Social care related quality of life



4.2 1B The proportion of people who use services who have control over their daily life

Figure 9 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. The most recent data point for 2022/23 shows Derbyshire (80%) has statistically similar scores to England (77%), and the East Midlands (78%).

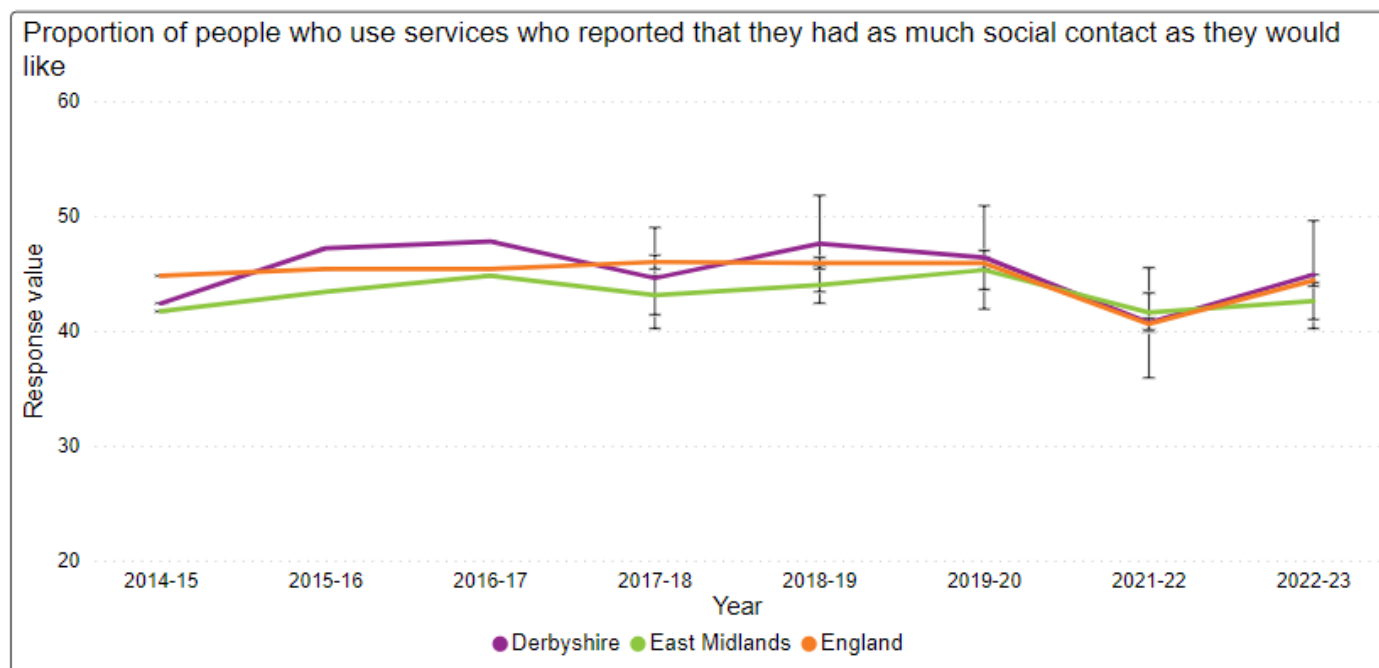
Figure 9: 1B proportion of people who use services who have control over their daily life



4.3 111 The proportion of people who use services who reported that they had as much social contact as they would like

With the official declaration that Covid-19 no longer constitutes a public health emergency and the subsequent easing of restrictions on social contact, the proportion of people (45%) who said they had as much social contact as they liked increased. Whilst this figure is still lower than the figures reported in 2018-19 and 2019-20, Derbyshire's score is statistically similar to East Midlands (43%) and England (44%) (figure 10).

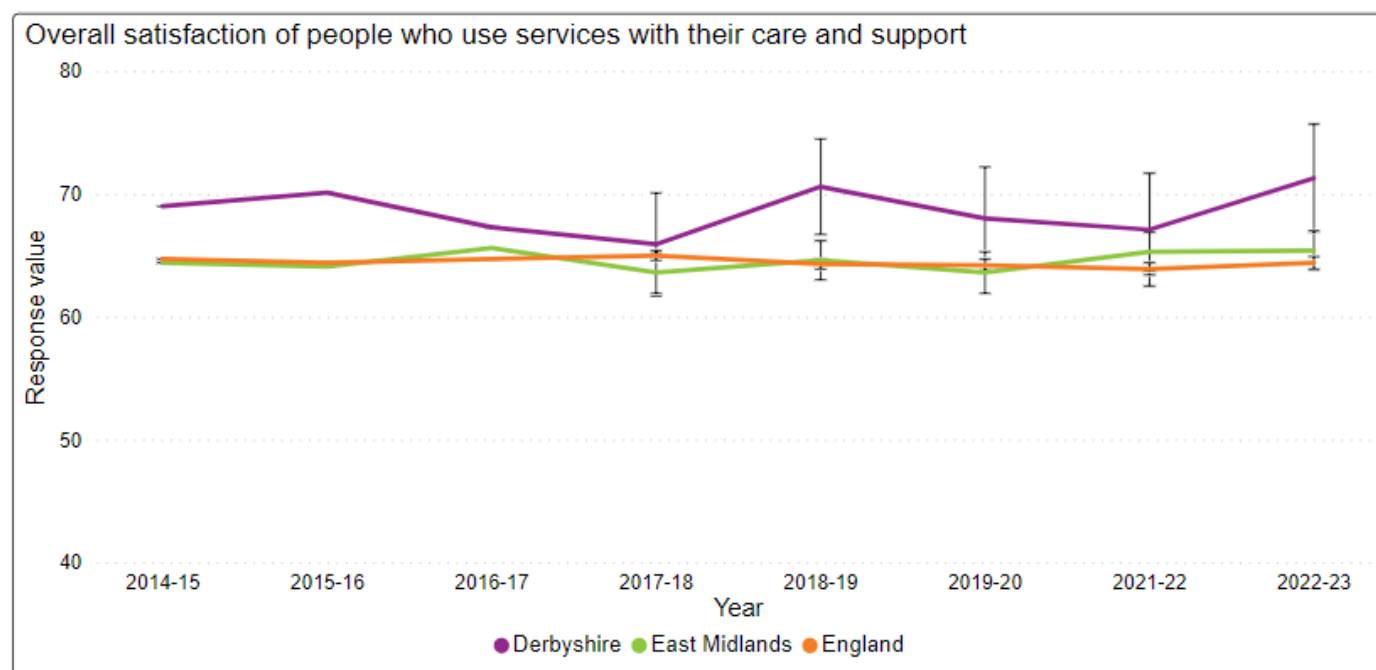
Figure 10: The proportion of people who use services who reported that they had as much social contact as they would like



4.4 3A Overall satisfaction of people who use services with their care and support

Between 2018-19 and 2021-22, satisfaction levels with services decreased (figure 11). This year's results show that the rate has increased slightly from 67% last year to 71%. The England rate has remained steady, whilst the East Midlands rate has increased very slightly this year. Whilst the rates for Derbyshire and East Midlands are statistically similar in 2022/23, Derbyshire's rate is statistically significantly higher than England's.

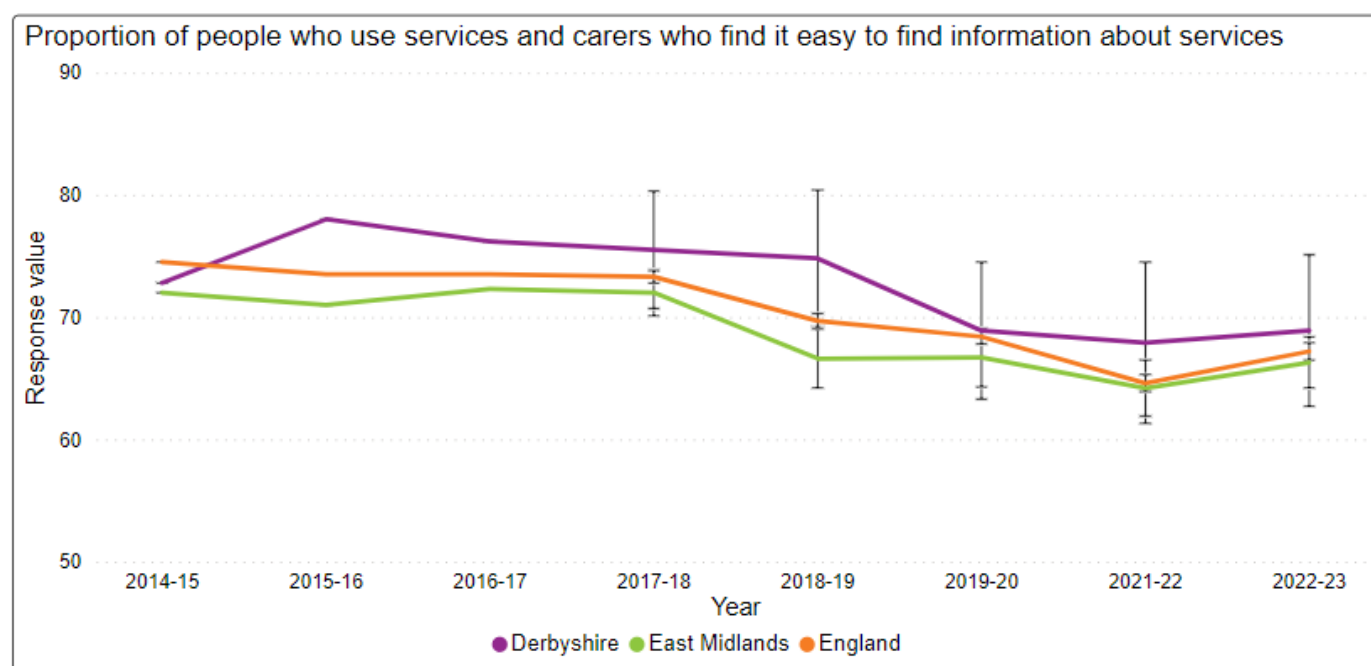
Figure 11: The proportion of people who use services who are satisfied with their care and support



4.5 3D1 Proportion of people who use services who find it easy to find information about services

Indicator 3D1 explores the proportion of those who find it easy to find information about services (figure 12). There has been a slight increase this year (69%) in Derbyshire compared to last year (68%), but this is not statistically significant. This year's figure is statistically similar to the scores for England (67%) and the East Midlands (66%).

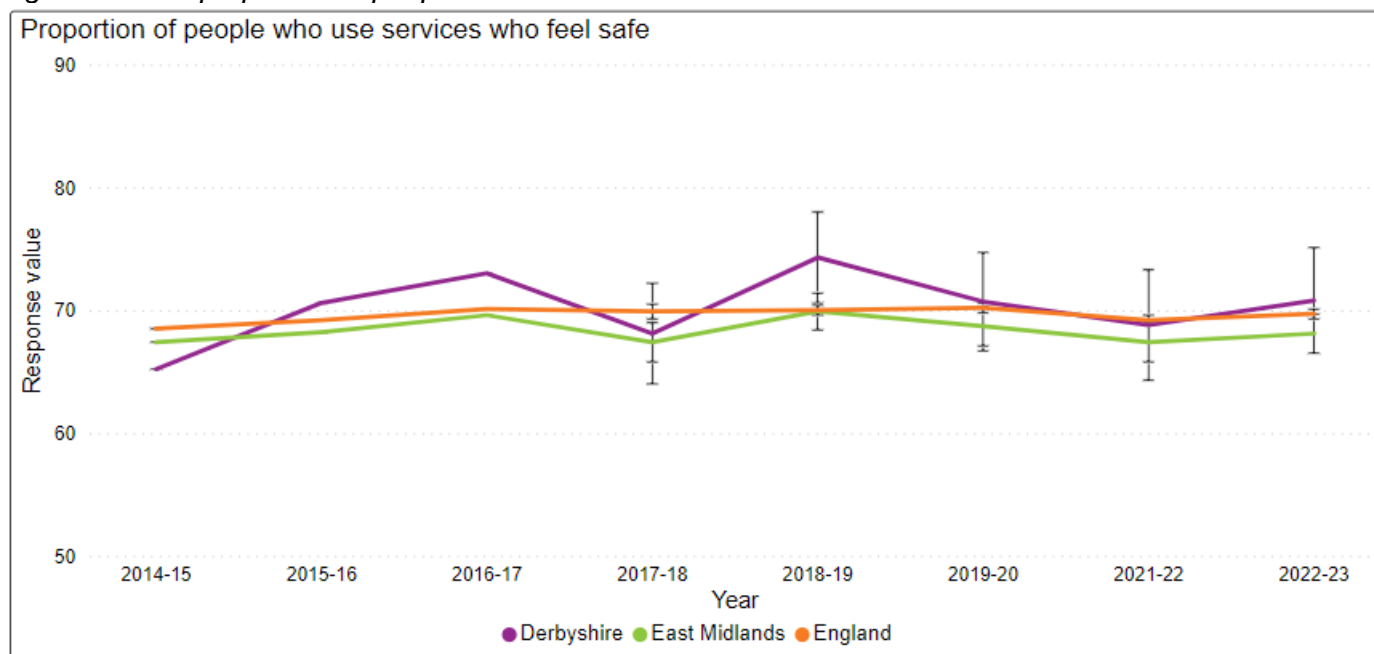
Figure 12: Proportion of people who use services who find it easy to find information about services



4.6 4A The proportion of people who use services who feel safe

Figure 13 shows the proportion of people who feel safe. While there has been an increase in the proportion of respondents who feel safe in Derbyshire (71%), this is not statistically significantly higher than last year (69%) and is statistically similar to the figures reported for England (70%) and East Midlands (68%) this year.

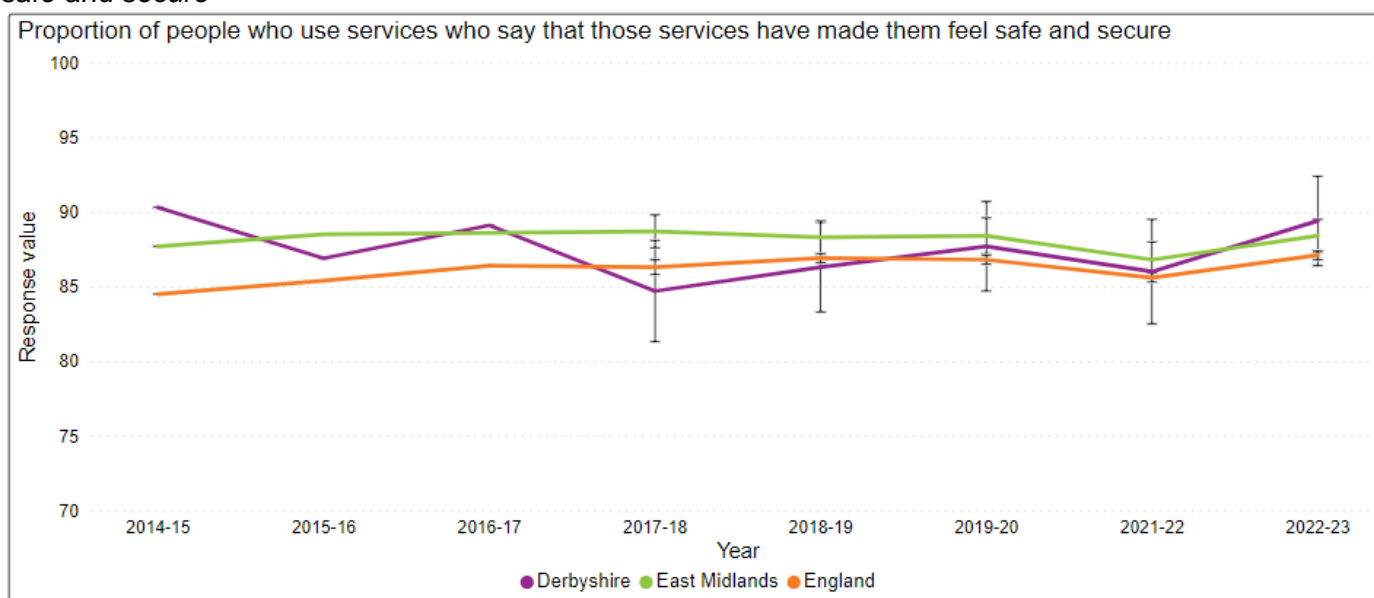
Figure 13: The proportion of people who use services who feel safe



4.7 4B The proportion of people who use services who say that those services have made them feel safe and secure

In 2022/23, the majority of people in Derbyshire who use services say that those services have made them feel safe and secure (89%), statistically similar to comparators and similar to Derbyshire's figure last year (86%) (figure 14).

Figure 14: The proportion of people who use services who say that those services have made them feel safe and secure



5 ASCS question responses

5.1 Satisfaction with services

Respondents were asked a series of questions to understand how they felt about the care and support they received.

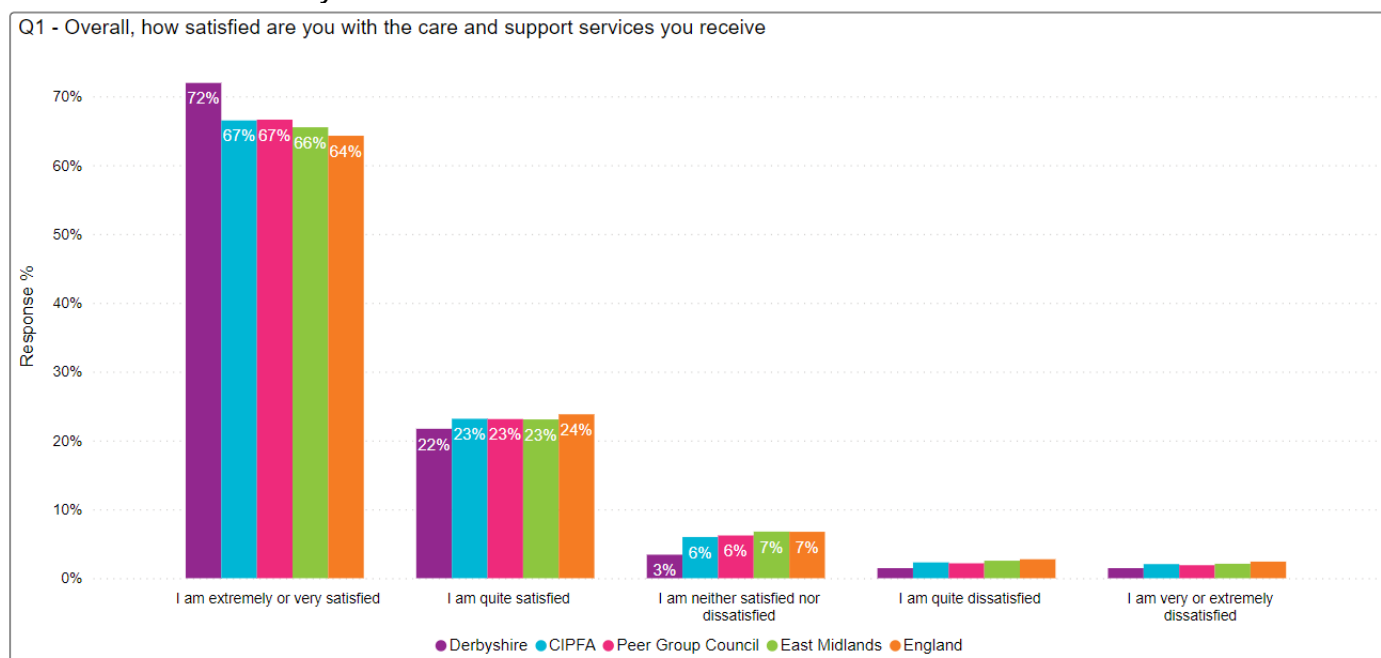
5.1.1 Overall, how satisfied are you with the care and support services you receive?

When respondents were asked how satisfied they were with the care and support they receive, the majority ($n = 295$, 72%) said they were either extremely satisfied or very satisfied. This is higher than the comparators (figure 15).

In the free-text analysis of responses, several comments were coded to the theme of 'satisfaction and gratitude'. Respondents often described the positive impact of receiving care, for example:

- *"My P.A. challenges me which I sometimes need. His confidence and positivity really helps me keep going. Having him has changed my life and without him I don't think I'd still be here"*
- *"Despite not remembering his sessions [cared-for-person] still has a sense of wellbeing after the sessions – laughter and [illegible] hangs around and creates contentedness"*
- *"...without the care I get I would have to go into a home and that is something I would hate"*

Figure 15: Overall, how satisfied are you with the care and support services you receive? Combined easy read and standard surveys



5.1.2 Quality of life

Quality of life is a composite measure calculated from several of the questions in the survey as previously discussed (section 4.1) and shows that the quality of life of respondents in Derbyshire is similar to that of England, East Midlands, Peer Group Councils and CIPFA comparators (figure 16). Due to the fact that respondents with a learning disability receive an easy read version of the survey, it is possible to compare responses for quality of life between those who have a learning disability and those who do not.

In terms of combined results from both standard and easy read surveys, the majority ($n = 254$, 61%) said their quality of life was either “so good, it could not be better or very good” or “good”. Meanwhile, nearly a third said their quality of life was “alright” ($n = 119$, 29%) and nearly 1 in 10 said their life was “bad” ($n = 29$, 7%) or “very bad or so bad, it could not be worse” ($n = 9$, 2%) (see figure 16). Of the 409 respondents (both those with a learning disability and those without) who answered the question of whether care and support services helped them to have a better quality of life, 381 respondents (93%) agreed.

Figure 16: Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole? Combined easy read and standard surveys

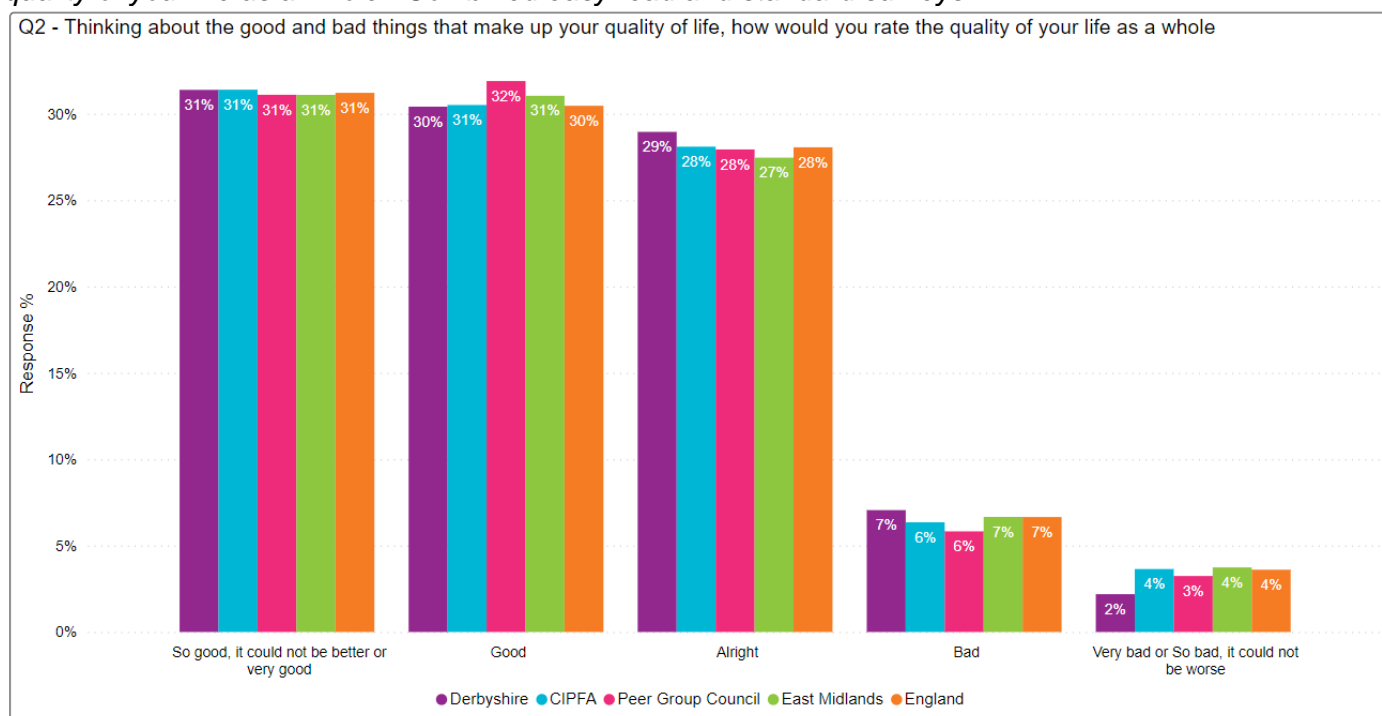


Figure 17 shows that the majority of respondents with a learning disability said their life was really great or mostly good ($n = 98$, 77%).

Figure 17: Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole? Easy read surveys

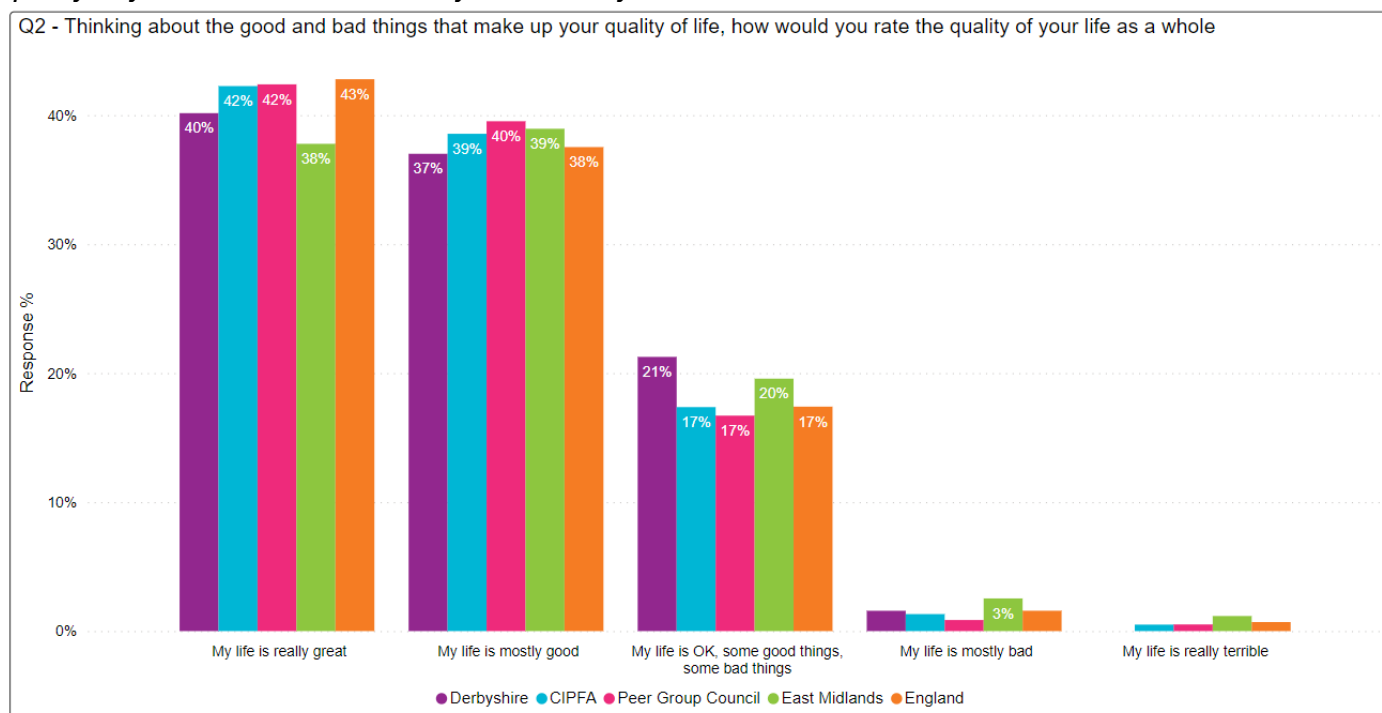
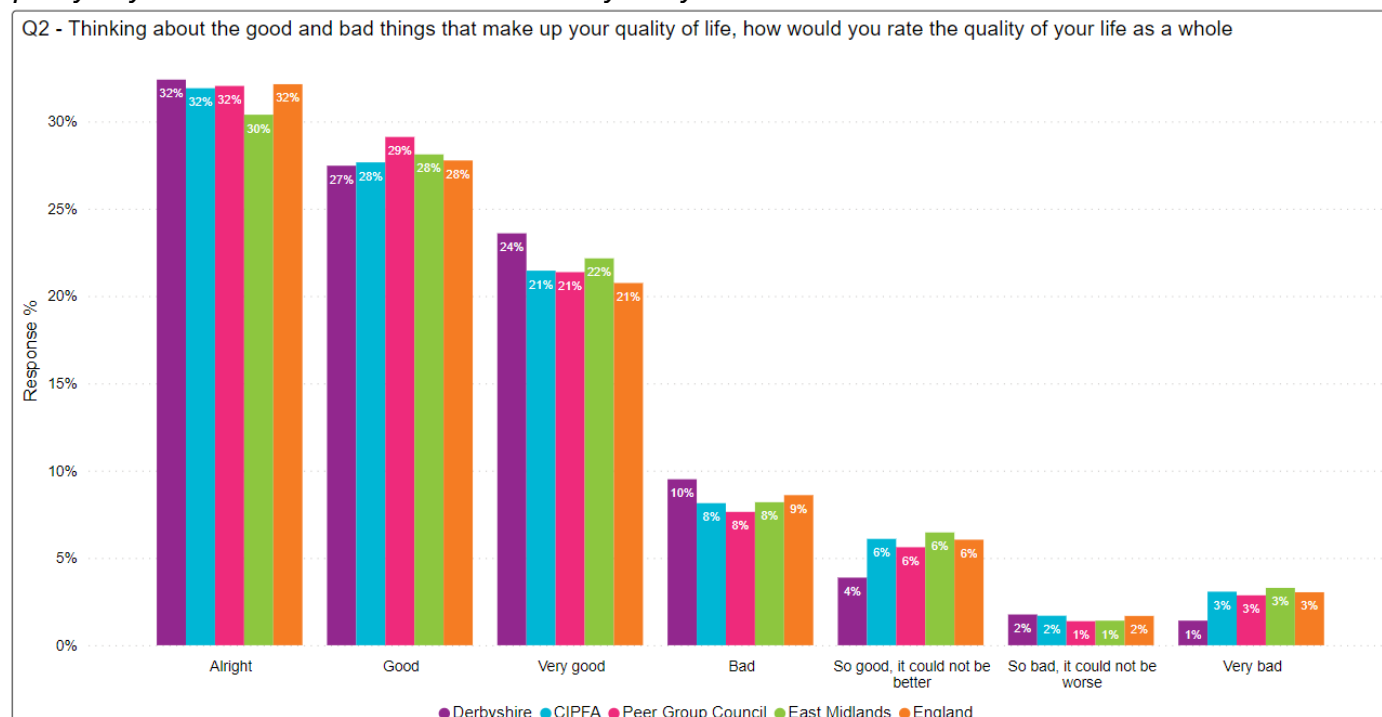


Figure 18 shows that nearly a third of respondents without a learning disability said their quality of life was “alright” ($n = 92$, 32%), just over a quarter said it was “good” ($n = 78$, 27%) and just under a quarter said it was “very good” ($n = 67$, 24%) (see figure 18).

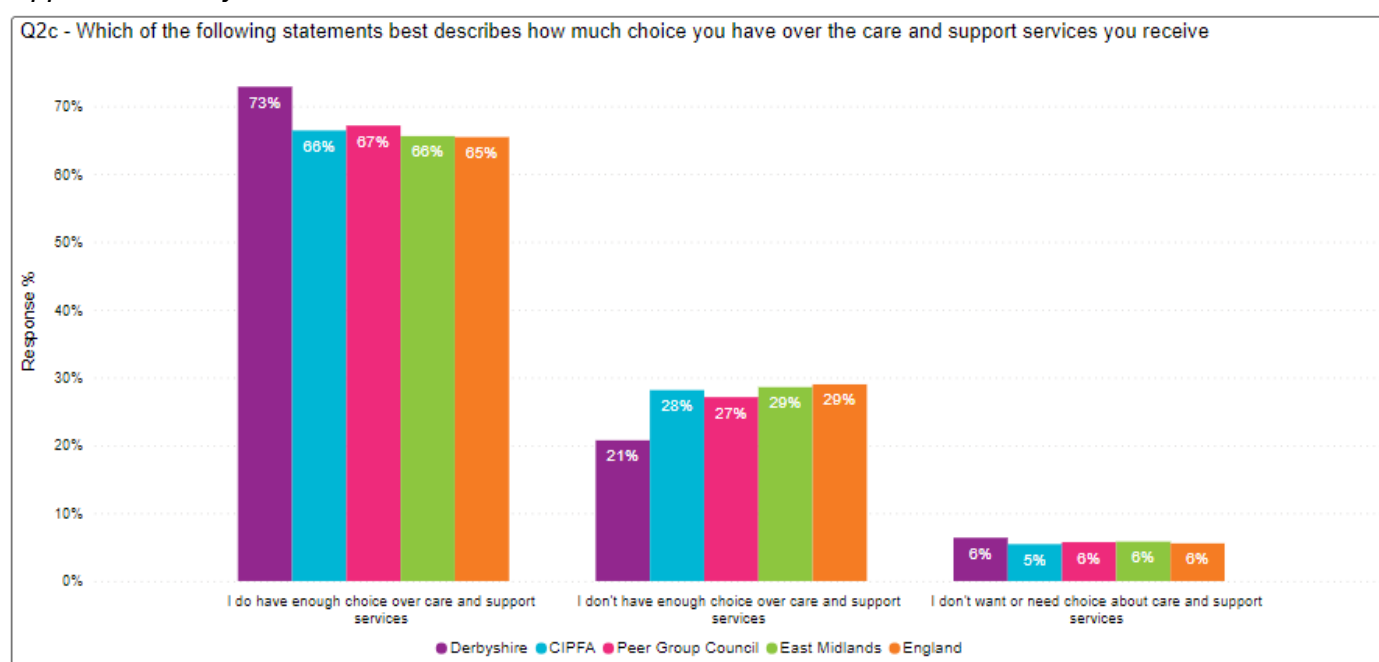
Figure 18: Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole? Standard surveys only



5.1.3 Which of the following statements best describes how much choice you have over care and support services you receive?

Respondents were asked how much choice they had over the care and support they receive, with 73% ($n = 137$) of respondents saying they had enough choice. Figure 19 shows that this was higher than comparator areas. However, over a fifth ($n = 39$, 21%) did not have the choice they wanted.

Figure 19: Which of the following statements best describes how much choice you have over care and support services you receive?



5.1.4 Which of the following statements best describes how much control you have over your daily life?

It is important that respondents have control of their own life since choice is an integral part of the concept of 'personalisation', towards which the Care Act 2014 strives (3). The majority of Derbyshire respondents said they had as much control as they want or adequate control of their life ($n = 330$, 81%). There was a small proportion ($n = 19$, 5%) that said they had no control over their daily life (see figure 20). Figure 21 shows that 86% ($n = 340$) of respondents said that the care and support services they receive helps them to have control of their life, which is slightly higher than the comparators.

The qualitative analysis reinforced the current evidence base that having choice over care decisions was very important for respondents' sense of wellbeing and control (4). The various areas where respondents would like to exercise more control were coded to the theme of 'Request for more control'. The majority of comments concerned choosing carers:

- *"I feel it's really beneficial to my health that I can have support from the people I choose. It has made a huge impact on my wellbeing, and a sense of control in my life"*
- *"But I had no choice what care company I had"*

- “They have stopped sending female helpers and like many of my generation prefer to have females”

Almost as many quotes referred to the timing of visits from carers:

- “The morning visits are at a completely unsuitable time”
- “The main problem is there is no continuity with call times or carers. I do feel people with any form of dementia do need some form of regularity in their confused lives”

The desire to delay the loss of independence was also evident:

- “I would like to be supervised so I can do my own dinner and my tea, as the carers do it all but I would like to do it myself as I’m losing all my independence”

Figure 20: Which of the following statements best describes how much control you have over your daily life?

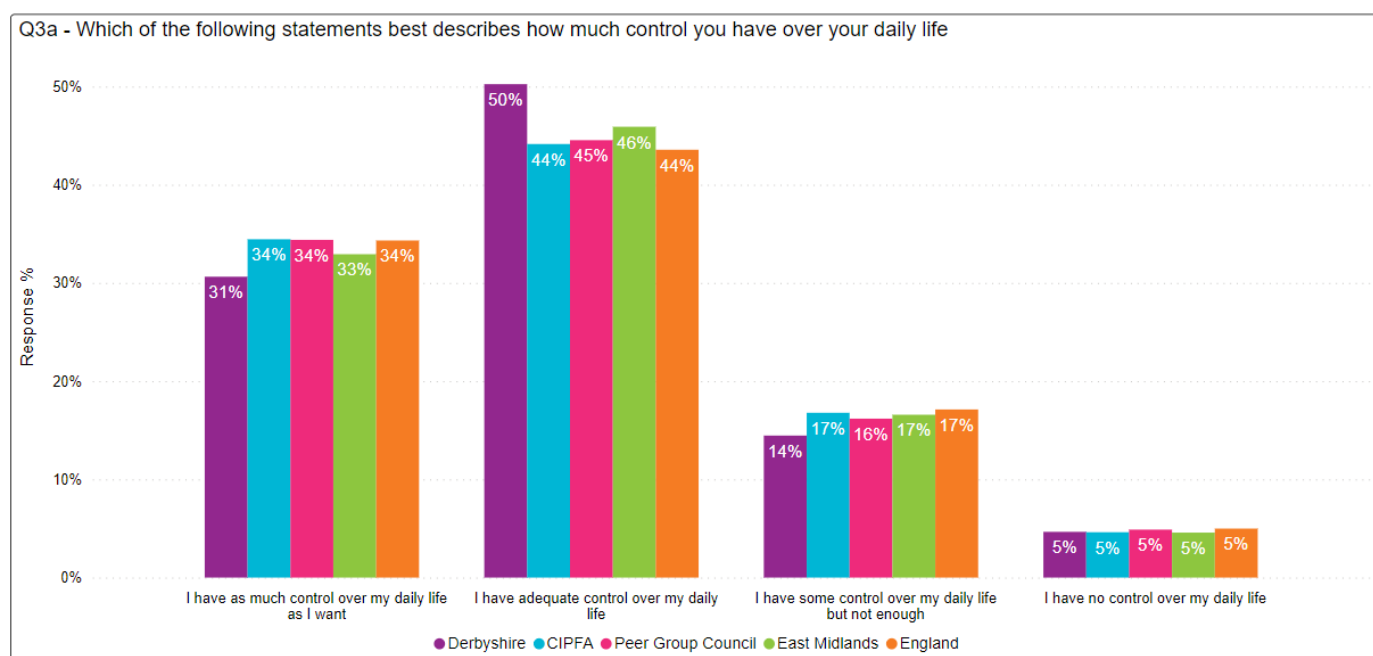
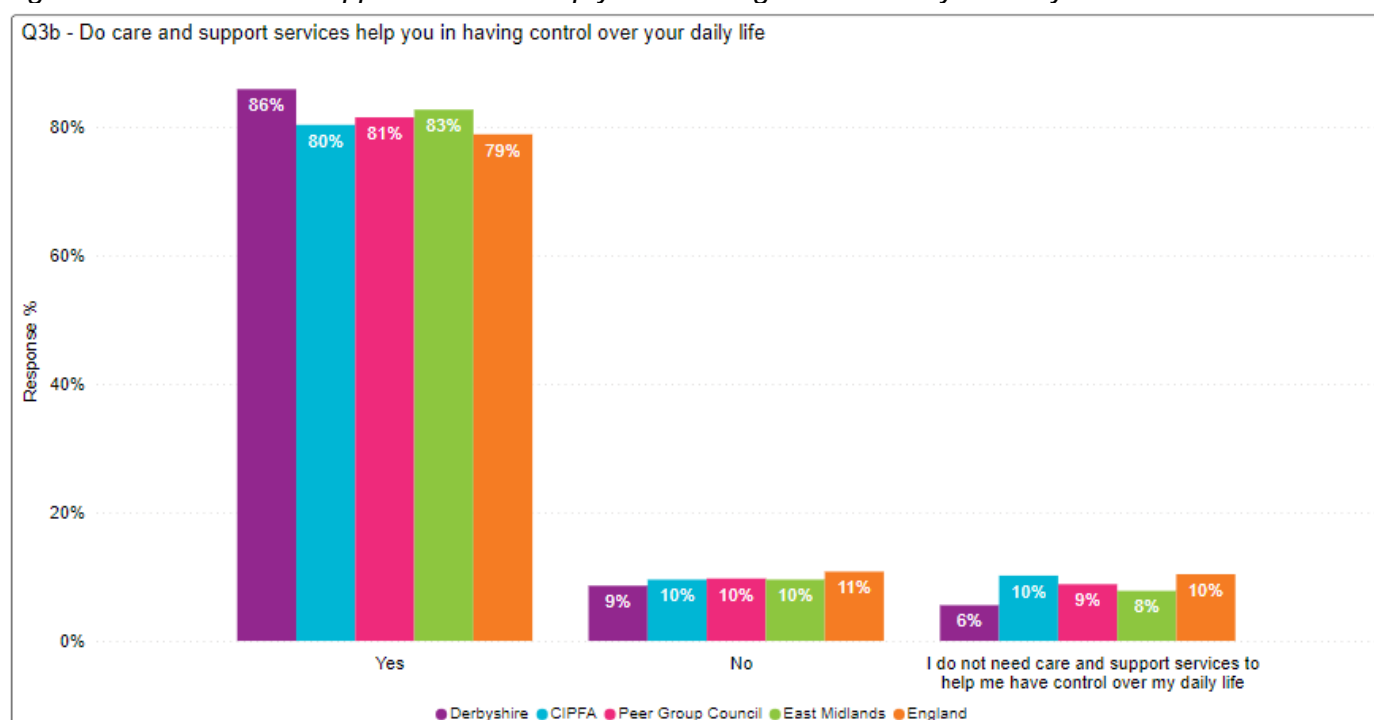


Figure 21: Do care and support services help you in having control over your daily life?



5.1.5 Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?

Figure 22 shows that in Derbyshire, 57% ($n = 232$) of respondents feel clean and able to present themselves in a way that they like, 36% ($n = 147$) feel that they are adequately clean and presentable. A small yet important proportion ($n = 25$, 6%) do not feel this way in Derbyshire. Whilst these represent similar percentages to comparators, they may highlight an area worthy of further investigation.

Figure 22: Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?

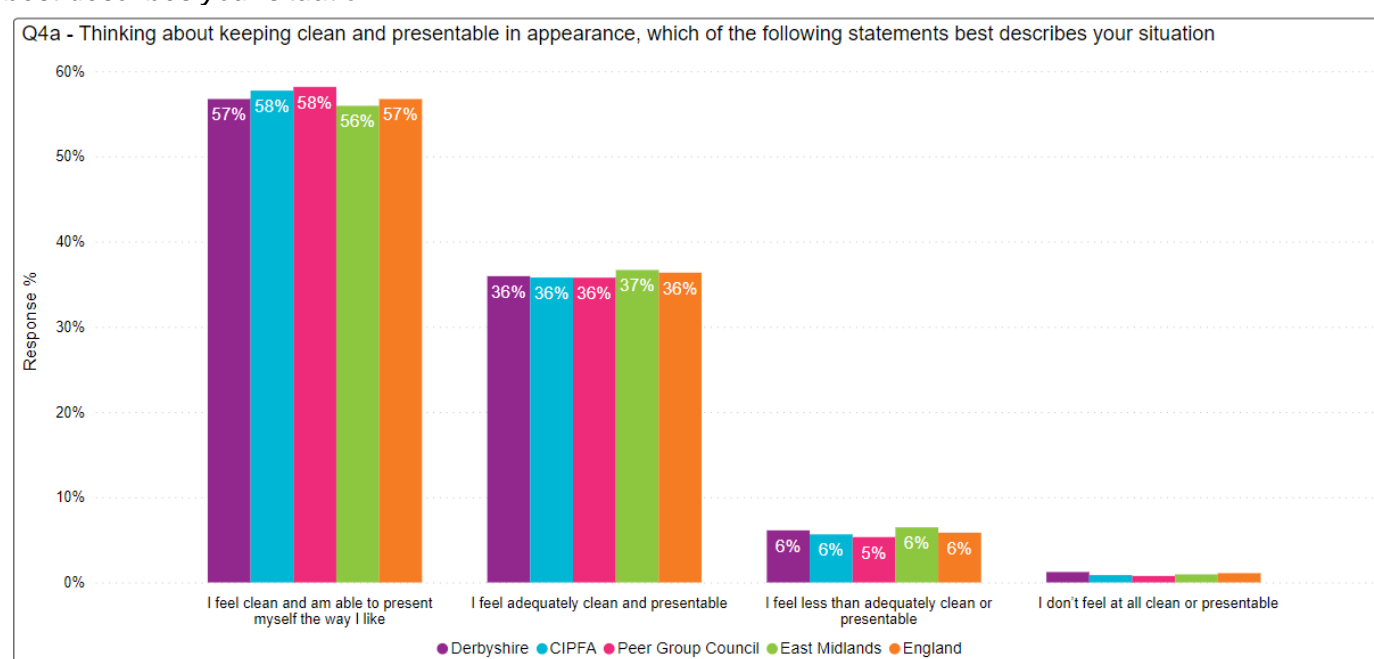
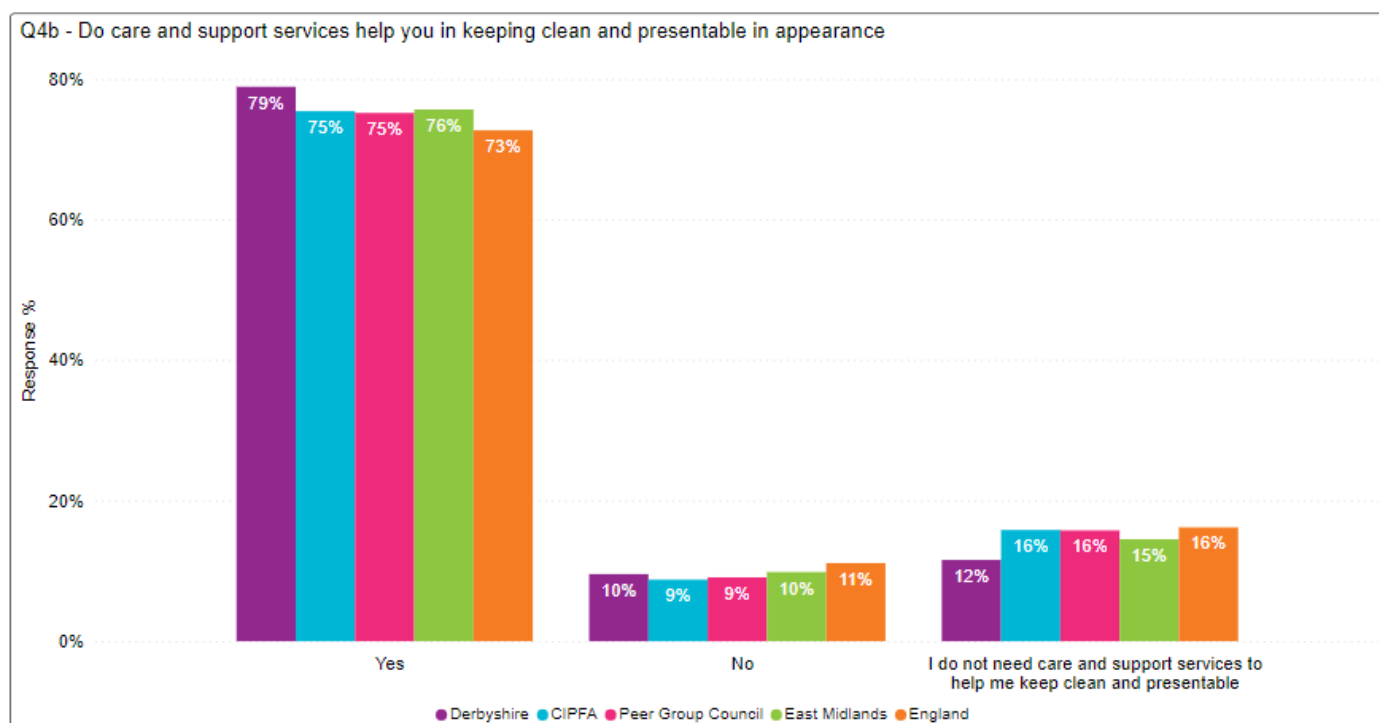


Figure 23 shows that in contrast to comparators, a higher proportion of Derbyshire respondents ($n = 314$, 79%) thought that the services they receive helped to keep them clean and presentable. Nevertheless, 1 in 10 respondents ($n = 38$, 10%) answered this question negatively.

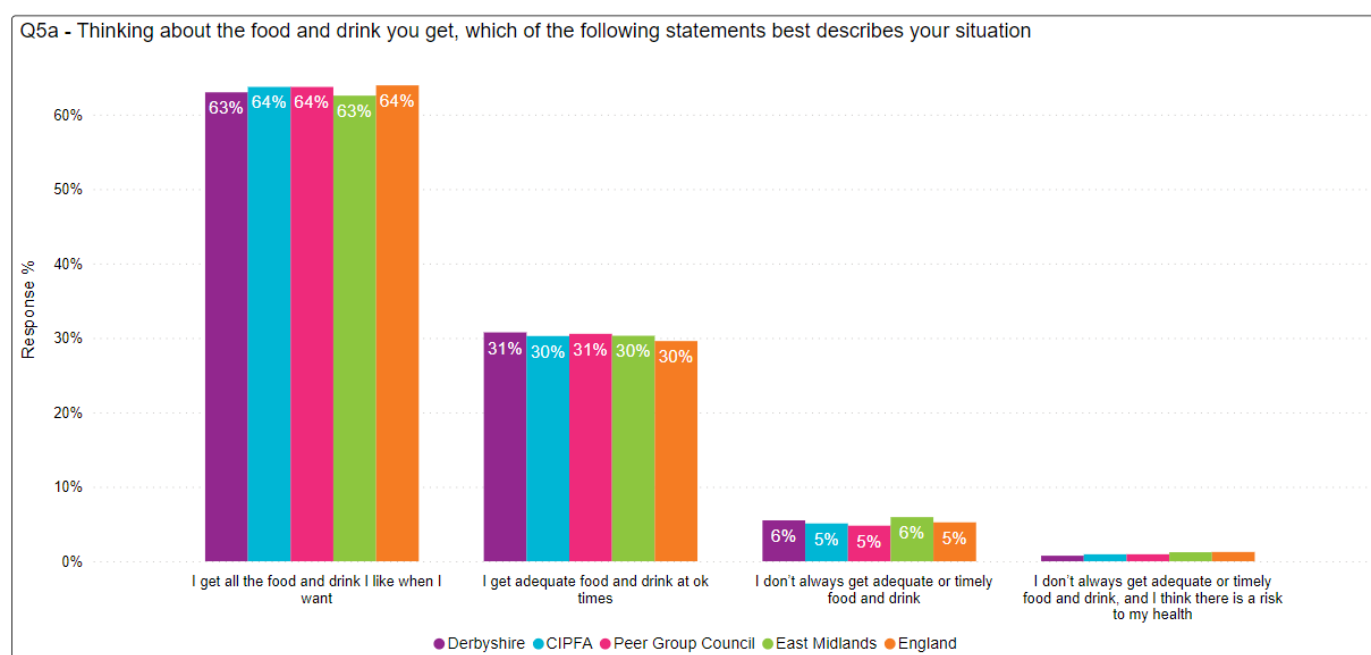
Figure 23: Do care and support services help you in keeping clean and presentable in appearance?



5.1.6 Thinking about the food and drink you get, which of the following statements best describes your situation?

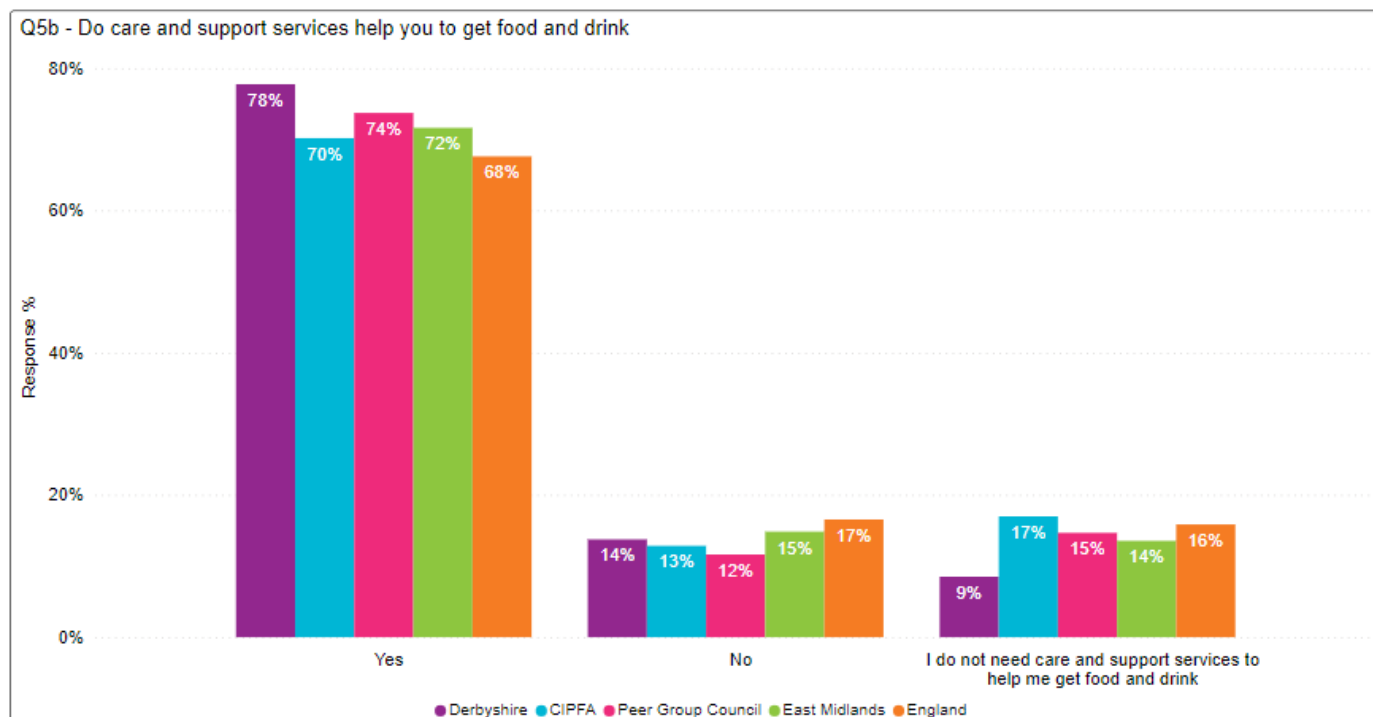
Figure 24 shows that the majority of respondents reported that they get all the food and drink they wanted ($n = 252$, 63%) or get adequate food and drink at OK times ($n = 123$, 31%).

Figure 24: Thinking about the food and drink you get, which of the following statements best describes your situation?



Most respondents ($n = 311$, 78%) thought the care and support they receive helps them to get food and drink. This was higher than comparator areas (figure 25), and slightly higher than the previous year (76%). However, 14% ($n = 55$) of respondents did not get the help they wanted to access food and drink, which is lower than the figure of 17% reported in the previous year yet still important to highlight.

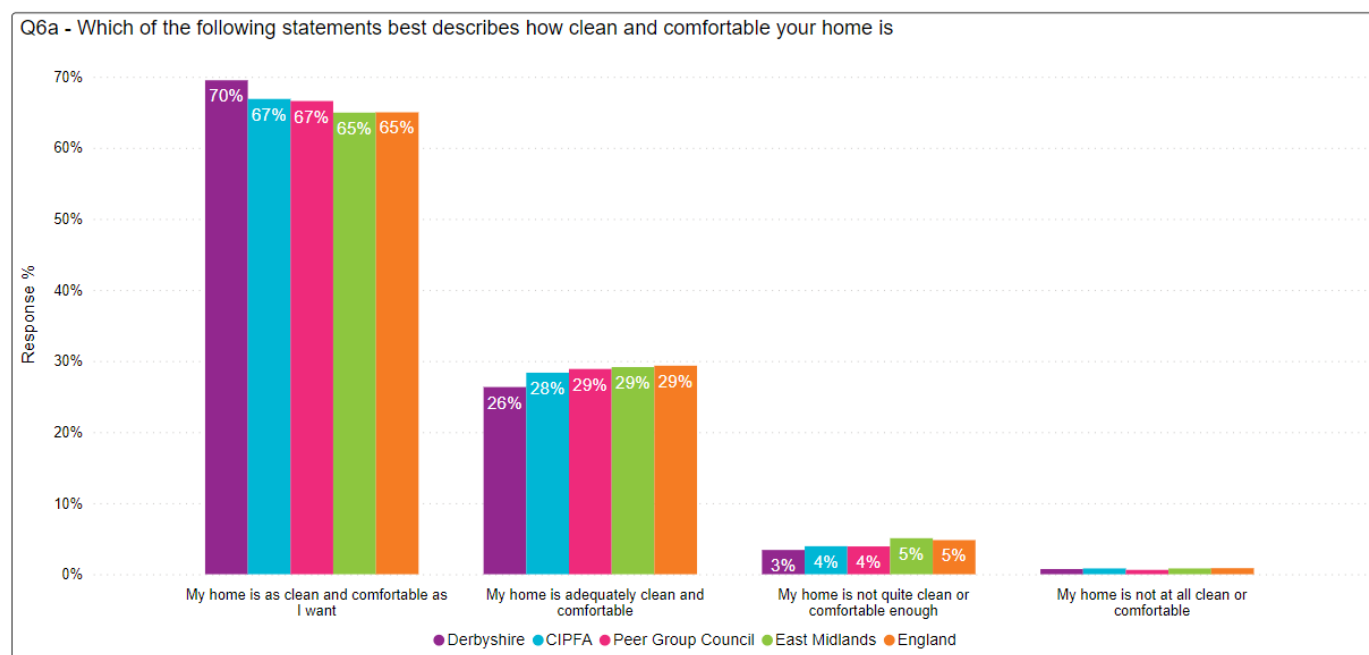
Figure 25: Do care and support services help you to get food and drink?



5.1.7 Which of the following statements best describes how clean and comfortable your home is?

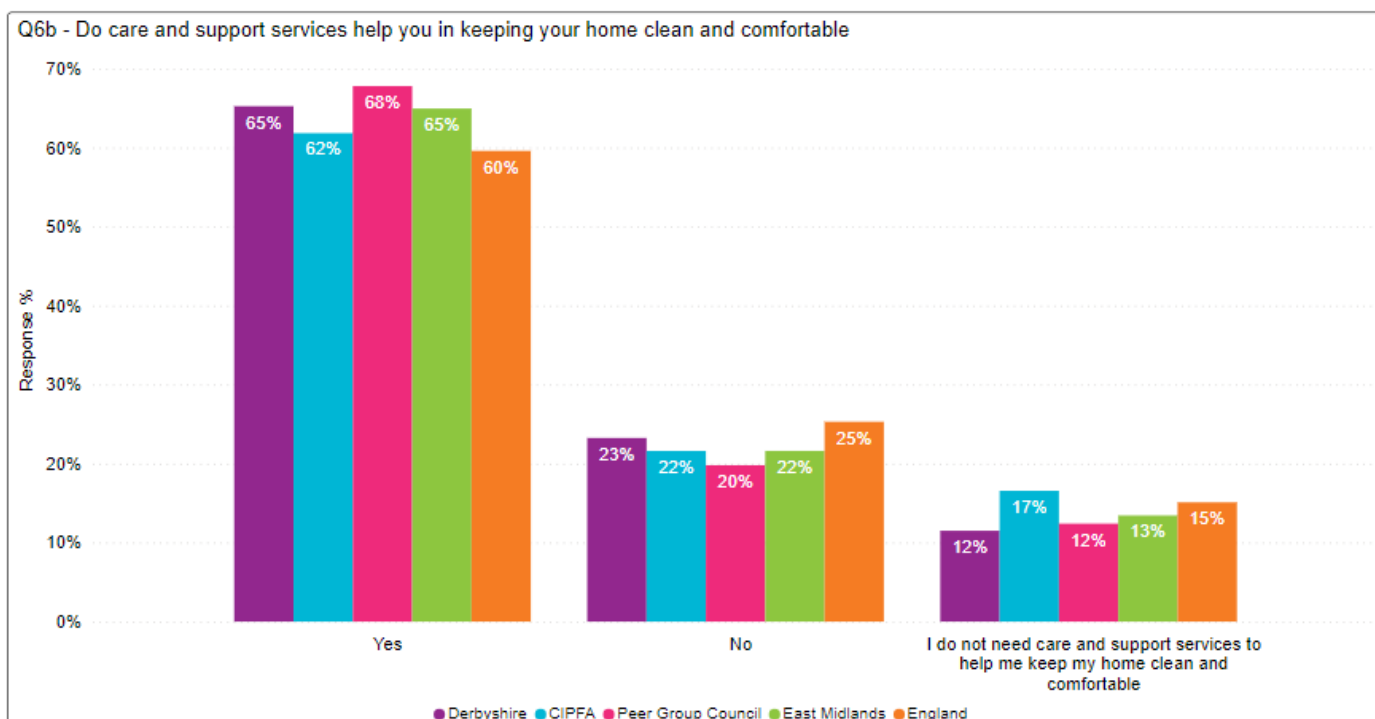
Figure 26 demonstrates that the majority of respondents have a home that is as clean and comfortable as they want ($n = 285$, 70%), or adequately clean ($n = 108$, 26%); these percentages are similar to comparator areas.

Figure 26: Which of the following statements best describes how clean and comfortable your home is?



Just under two thirds of respondents ($n = 261$, 65%) reported that they thought the services and care they receive help keep their home clean and comfortable (figure 27).

Figure 27: Do care and support services help you in keeping your home clean and comfortable?



5.1.8 Which of the following statements best describes how safe you feel?

Respondents were asked how safe they feel inside and outside of their home. Most respondents in Derbyshire ($n = 287$, 71%) said they feel as safe as they want, which is similar to the figures for England, East Midlands, CIPFA and Peer Group Councils. Around a quarter ($n = 91$, 23%) said they feel adequately safe, but not as safe as they want, whilst 6% ($n = 26$) of respondents said they felt less than adequately safe or didn't feel at all safe (figure 28). Those who responded that they did not feel safe at all were followed up by a Safeguarding Lead.

Figure 28: Which of the following statements best describes how safe you feel?

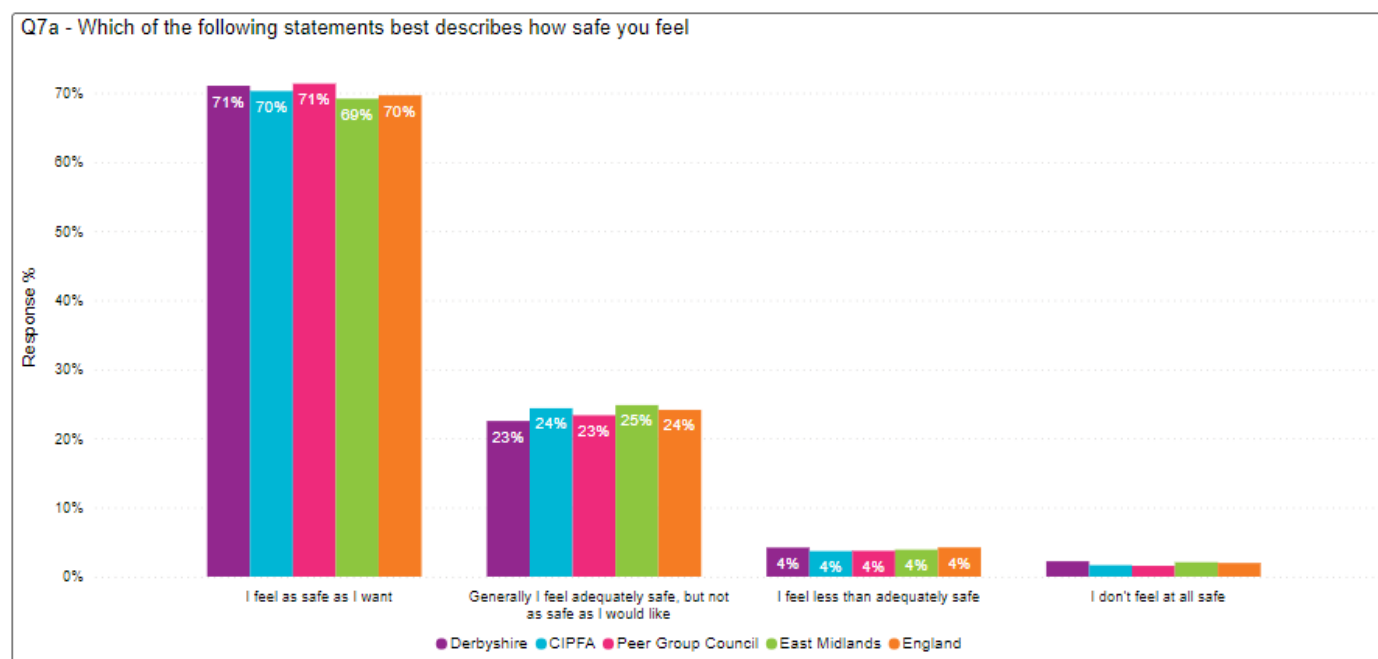
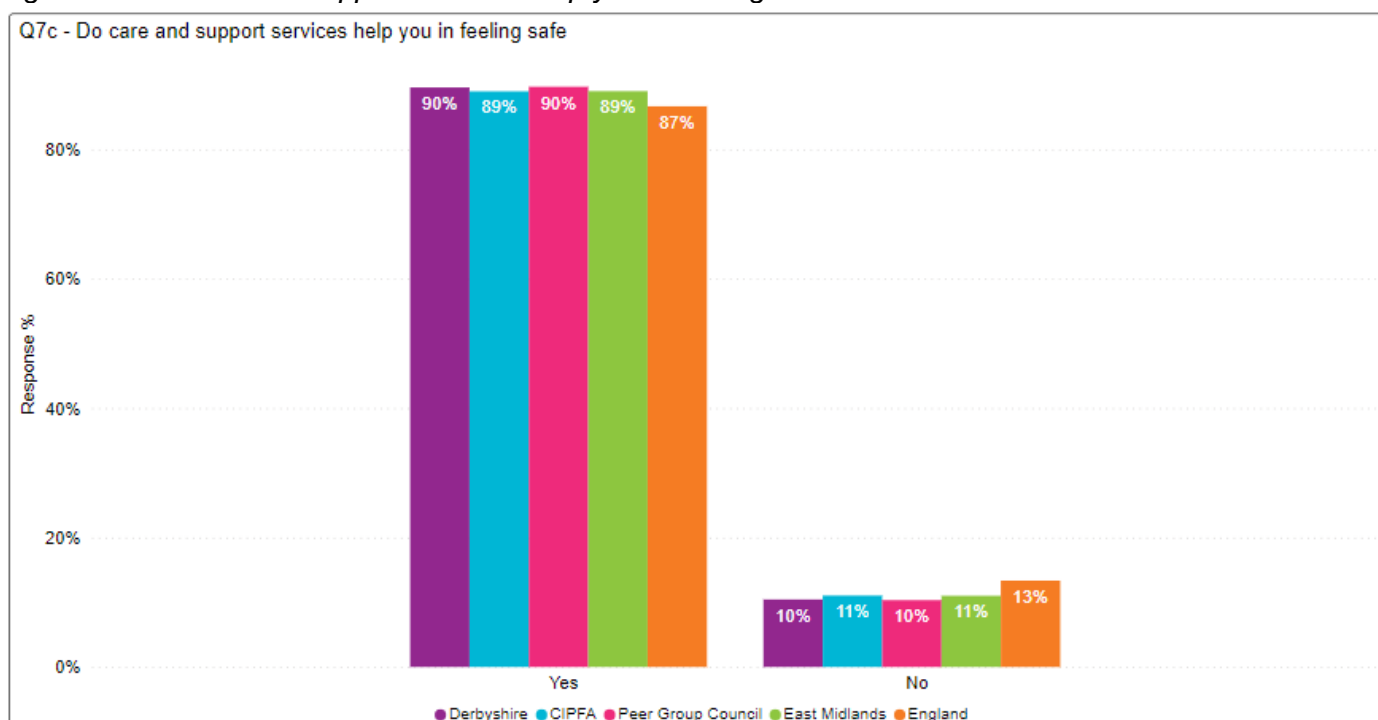


Figure 29 demonstrates that most respondents ($n = 352$, 90%) thought that the care and support they received helped them feel safe.

Figure 29: Do care and support services help you in feeling safe?



In relation to this question about feelings of safety, a well-established theme was that of 'uneasy or fearful'. There were various reasons for this, ranging from mobility issues to a respondent feeling threatened by surroundings or other people, to a fear of falling. Falling was specifically mentioned by 15 respondents. Some examples of why respondents felt 'uneasy or fearful' are given below:

Living alone was evidently a cause of concern for some:

- *“The fear of being on my own and only having the mobile warden, not safe around hot things. Generally sit in the chair in the sitting room”*

Fear due to issues of security following visits from carers or because of interactions with others were also seen in the free text responses:

- *“Several of the carers who visit have very often left the key safe unlocked even with complaints”*
- *“I feel safe in my bedroom. However there is not just me who lives in the property it is shared [sic] accommodation”*

Unmet need owing to the potential shortage of staff or what are felt to be inadequate care packages cause some respondents unease:

- *“Sometimes I press my buzzer to get help for changing my pad and it doesn’t always come as soon as I would like so can be sat in my wee”*
- *“Due to lack of care hours I do feel unsafe as I need to access toilet for example unaided”*

Thinking about the future can also result in a sense of unease:

- *“I have to rely on my stepmum to do it all for me and she’s getting older so don’t know what will happen in the future and that frightens me”*
- *“I feel like I am a burden sometimes and I do worry particularly as I am getting older and my disabilities are having more impact on my life”*

5.1.9 Thinking about how much contact you’ve had with people you like, which of the following statements best describes your social situation?

Ensuring that respondents have social contact is very important. Figure 30 shows that nearly half of respondents ($n = 183$, 45%) had as much social contact as liked, higher than the 42% reported in 2021/22. Over a third ($n = 145$, 36%) had adequate social contact, similarly higher than the 29% reported in 2021/22. Although 20% ($n = 79$) of respondents were not happy with the amount of social contact they could access, this was lower than the 29% of respondents who felt this way in 2021/22. For information, see figure 31 for a comparison of figures from 2022-2023 and 2021-2022. For further information, see the [2021/22 report on the Derbyshire Observatory](#).

Figure 30: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

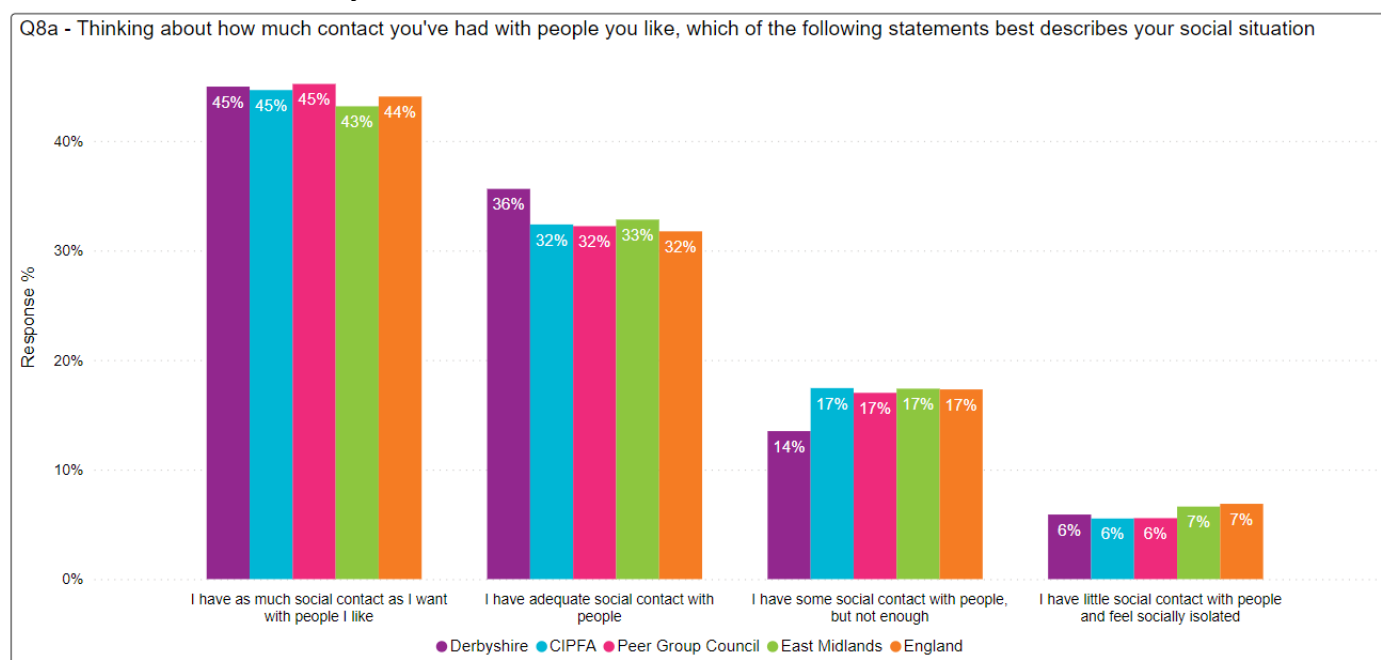
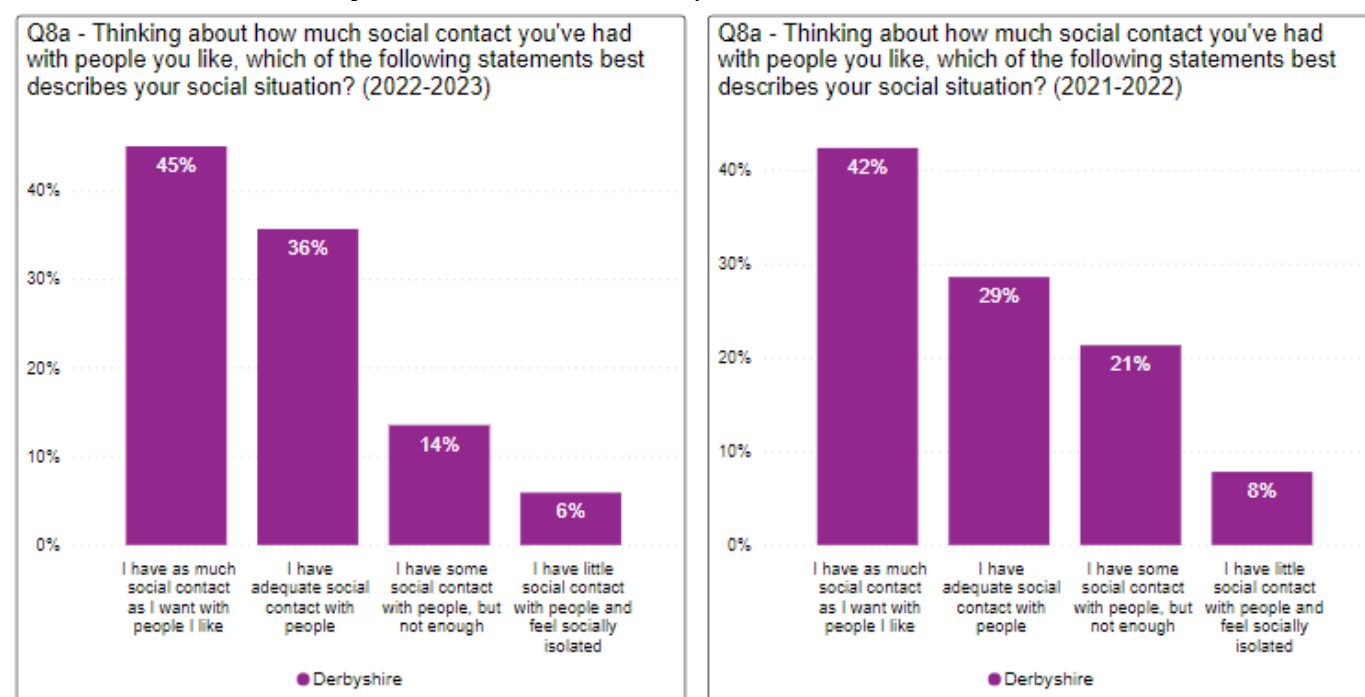
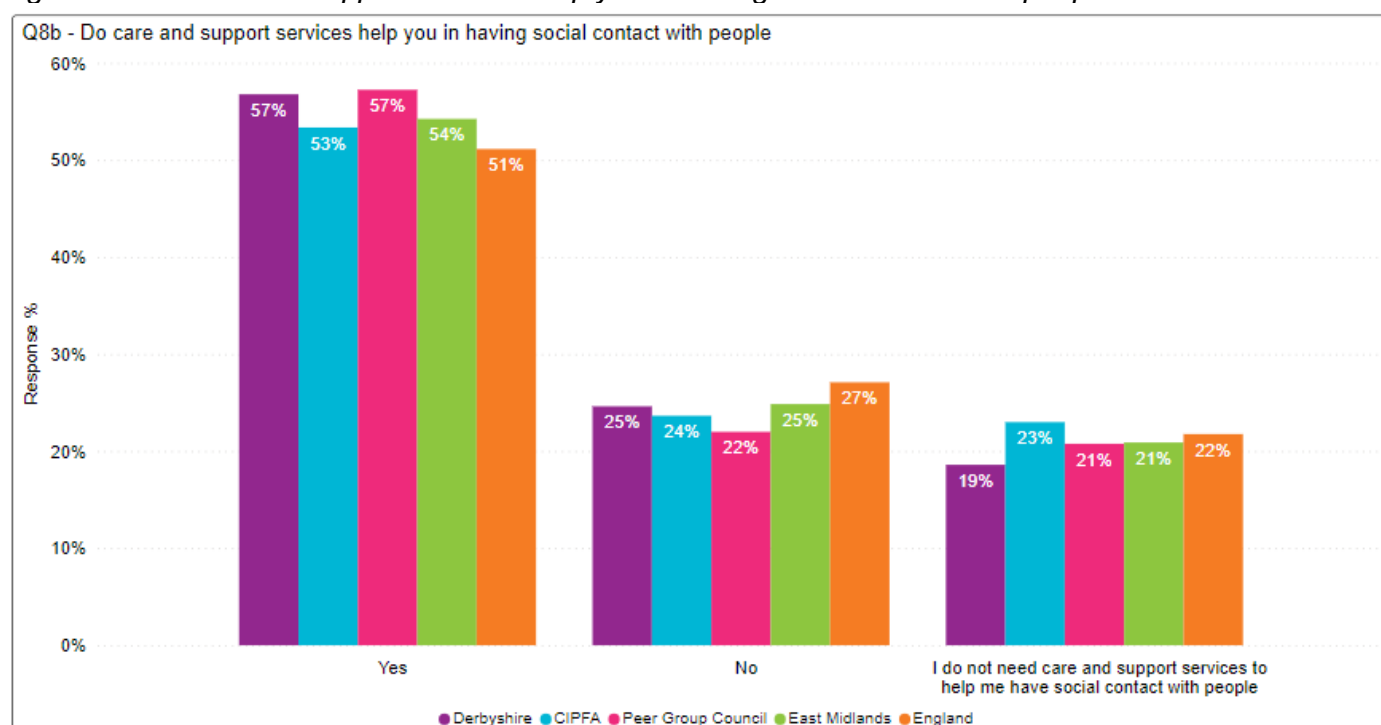


Figure 31: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? Comparison of 2022-2023 and 2021-2022



A quarter of those who responded ($n = 98$, 25%) said that care and support services did not help them have social contact with people (figure 32). Meanwhile, 57% ($n = 226$) of respondents answered “yes” in response to the question of whether they had help to have social contact, lower than the previous year’s 65%. In 2022/23, Derbyshire’s score was higher than all comparator groups apart from Peer Group Councils.

Figure 32: Do care and support services help you in having social contact with people?



5.1.10 Which of the following statements best describes how you spend your time?

Less than 1 in 4 respondents ($n = 153$, 39%) were able to spend their time as they want, doing things they value or enjoy. This was similar to the figures for the comparators. A slightly lower percentage ($n = 132$, 33%) were able to do 'enough' of the things they value, whereas 8% ($n = 30$) stated they don't do anything they value or enjoy with their time (figure 33). Nearly a quarter ($n = 94$, 24%) of respondents did not receive help from care and support services to assist in how they spent their time (figure 34).

Figure 33: Which of the following statements best describes how you spend your time?

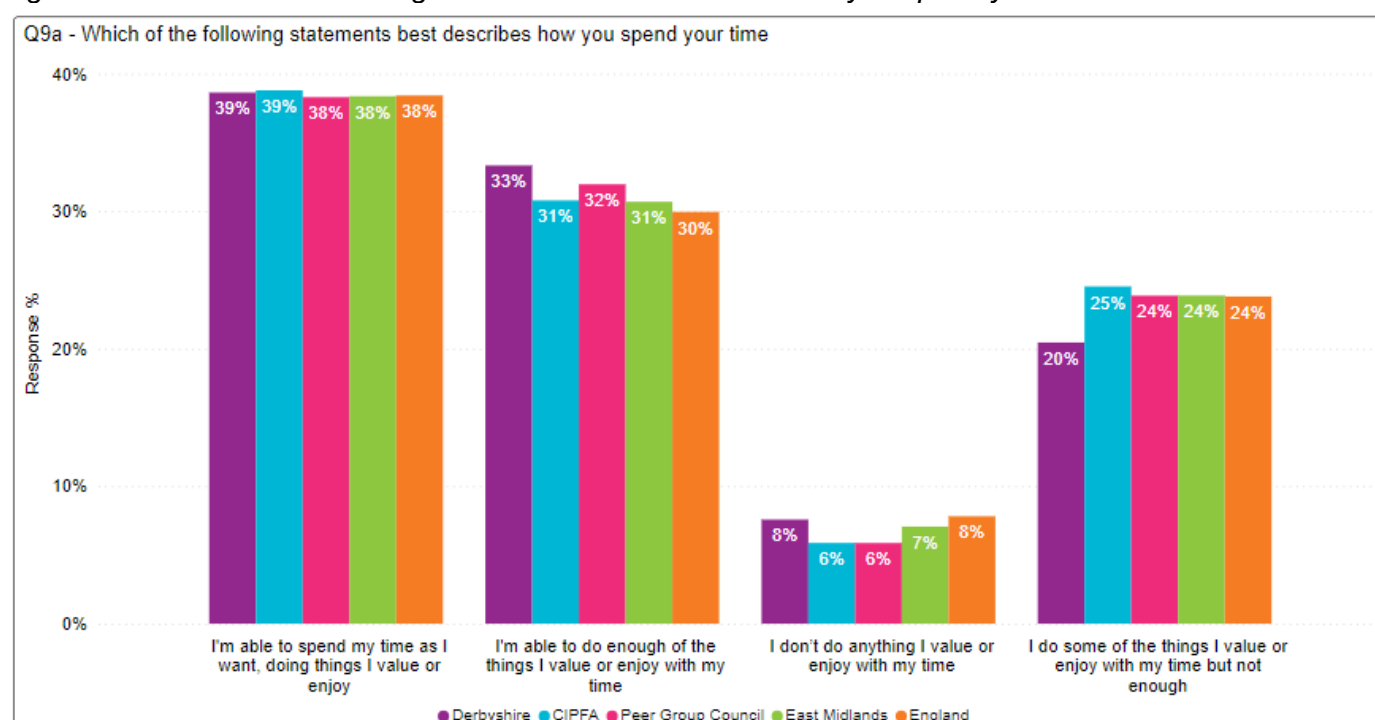
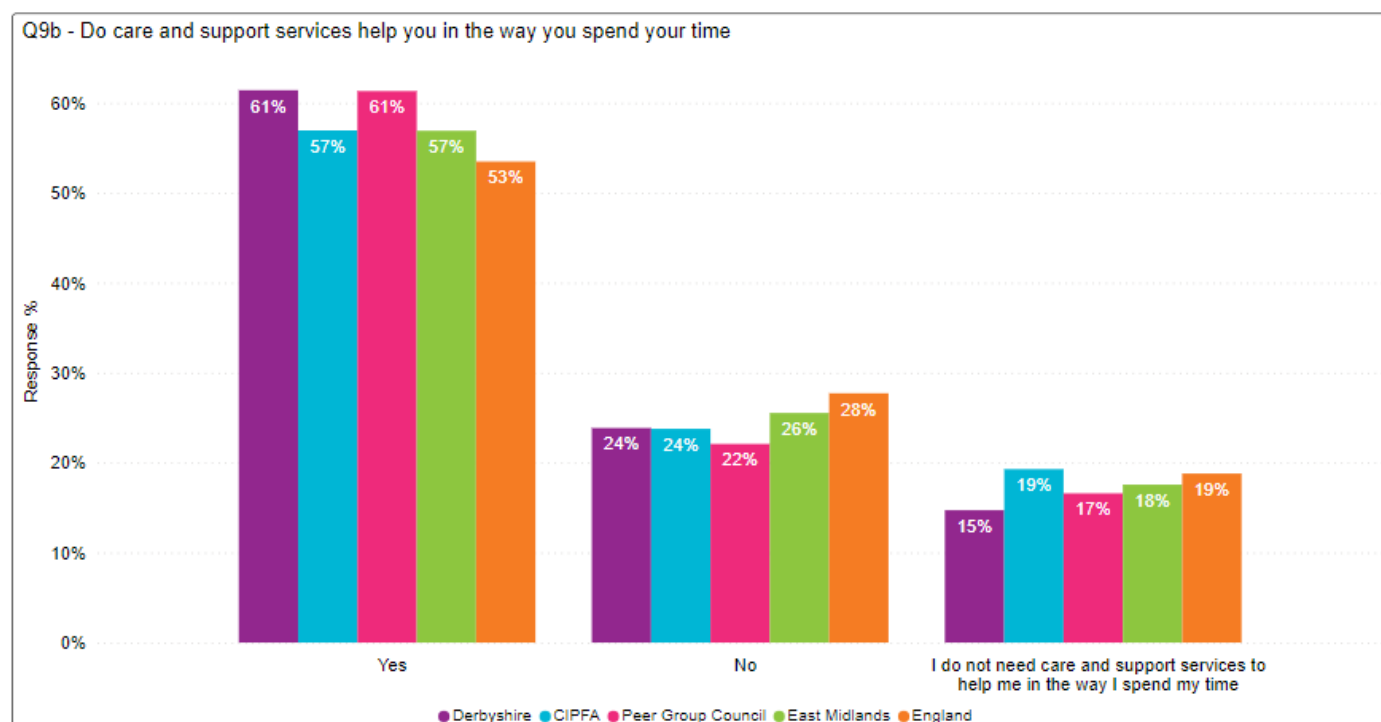


Figure 34: Do care and support services help you in the way to spend your time?



5.1.11 Which of these statements best describes how having help to do things makes you think and feel about yourself?

Receiving help and services to do things can be perceived differently by different people. Just over two thirds ($n = 268$, 67%) said that having help made them feel better about themselves. However, 8% ($n = 34$) of respondents said that it sometimes undermines the way they feel about themselves and 1% ($n = 5$) said that it completely undermines the way they feel (figure 35).

Figure 35: Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?

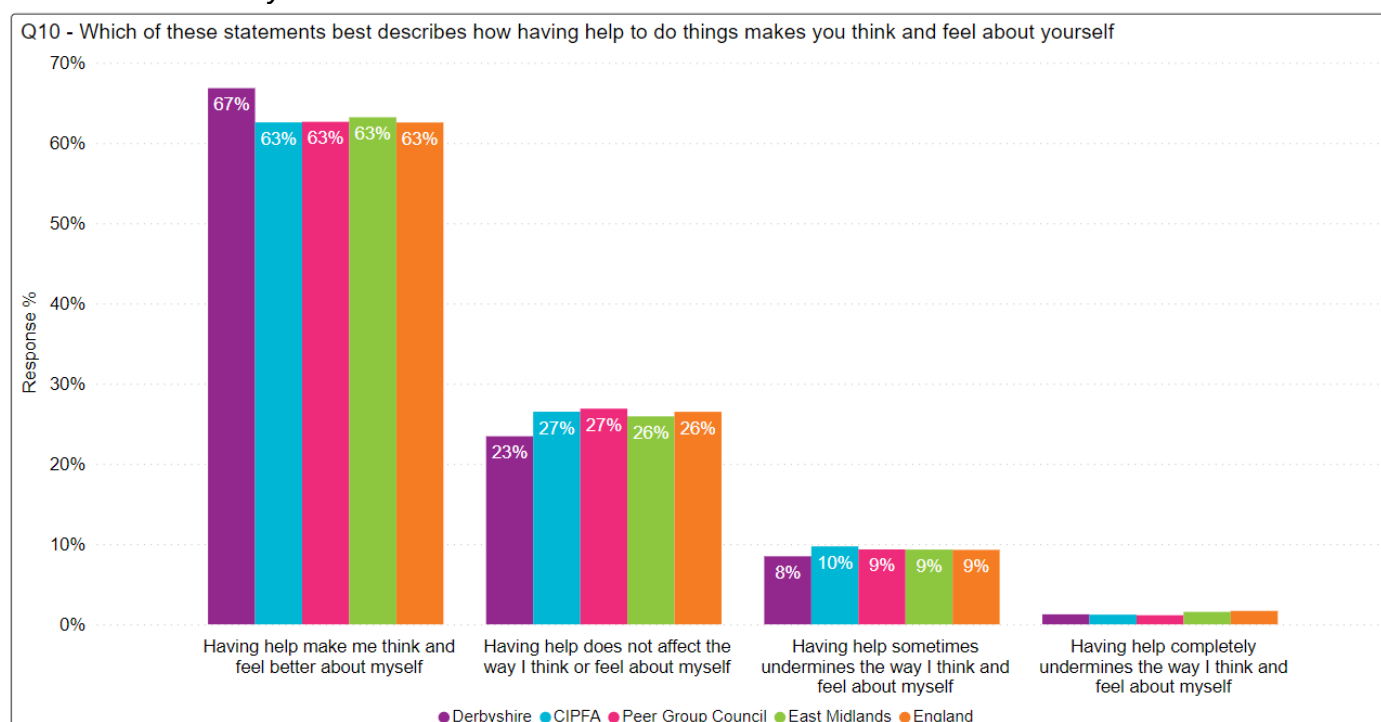
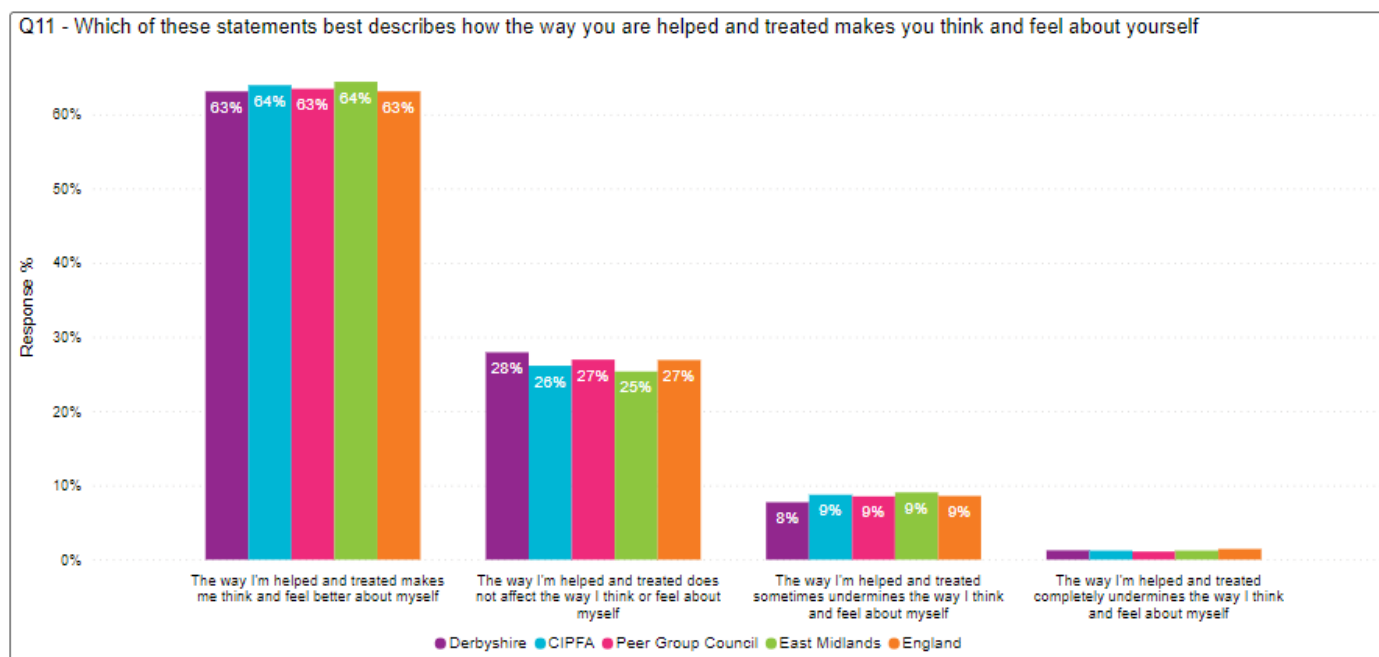


Figure 36 shows how the way people are treated and helped makes them feel about themselves. The majority ($n = 253$, 63%) said the way they were helped and treated makes them think and feel better about themselves.

Figure 36: Which of these statements best describes how having help to do things makes you think and feel about yourself?



5.2 Advice and information

5.2.1 *In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?*

Respondents were asked how easy or difficult they found it to find information and advice about support services and benefits. This could be information from voluntary organisations and private agencies, as well as Derbyshire County Council. Figure 37 shows that over 4 in 10 respondents ($n = 168$, 43%) had never tried to find information or advice. Of those that said they had tried to find information or advice, 38% ($n = 146$) responded that they find it very easy or fairly easy to find information, and 19% ($n = 73$) responded that it was fairly or very difficult to find information.

The free text responses which were coded to 'Accessing information' highlighted the topics of digital exclusion, computer literacy and knowledge around where to find information.

Many respondents are unable to find the information they need without assistance from either family members or their carers:

- *"My brother finds out information and advice for me"*
- *"I have no access to the internet and don't understand going online. I rely on my P.A. to find out information for me"*

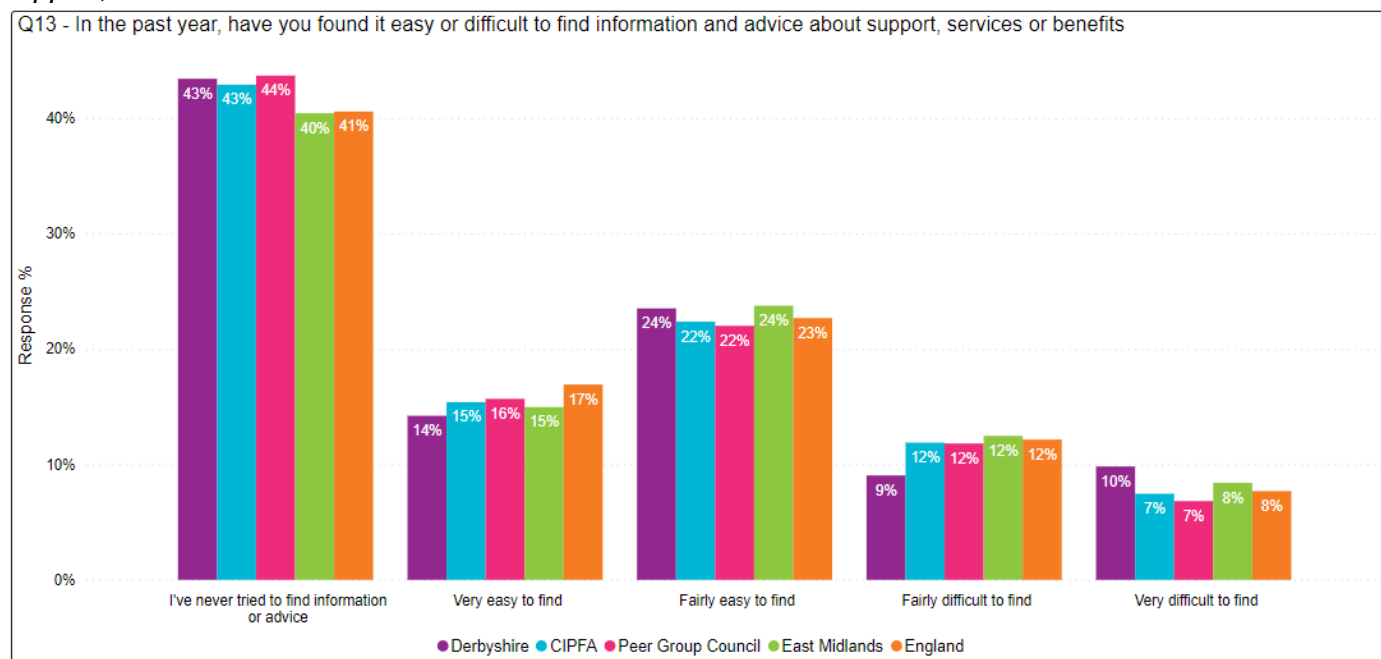
Sometimes the problem is that respondents do not know who to approach for information or lack the infrastructure to search for information independently:

- *"I don't know who I should ask for help"*
- *"We do not have a computer or smartphone. We are not online"*

Other comments concerning accessing information revealed frustration and difficulties:

- *"There is plenty of help available but not easy to find if you (like several million people) are unable or unwilling to be online or are not computer literate. Life is becoming frustrating"*
- *"Every time we've tried to phone up no one answers the phone"*

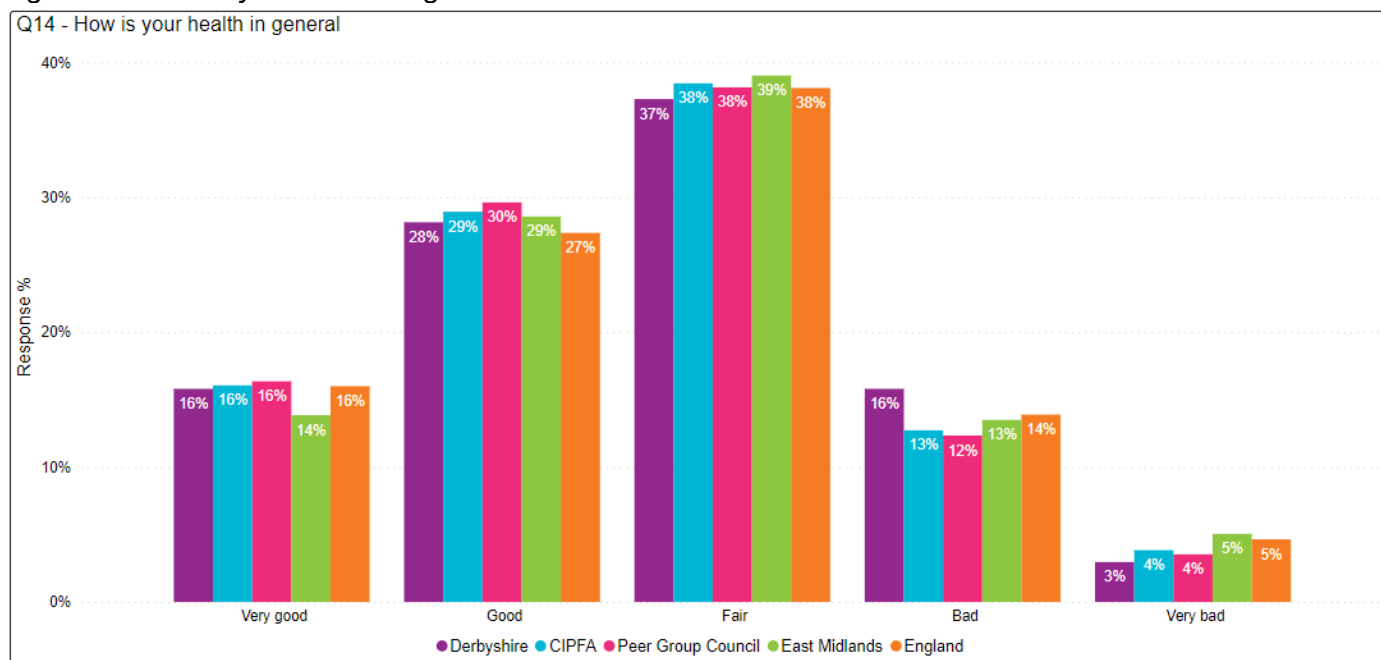
Figure 37: In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?



5.3 Health

This section of the report explores the health of respondents and their ability to undertake everyday tasks. When asked to describe their health, Derbyshire respondents reported their health as either very good ($n = 64$, 16%), good ($n = 114$, 28%) or fair ($n = 151$, 37%). However, 16% ($n = 64$) reported their health as bad and 3% ($n = 12$) as very bad (figure 38).

Figure 38: How is your health in general?



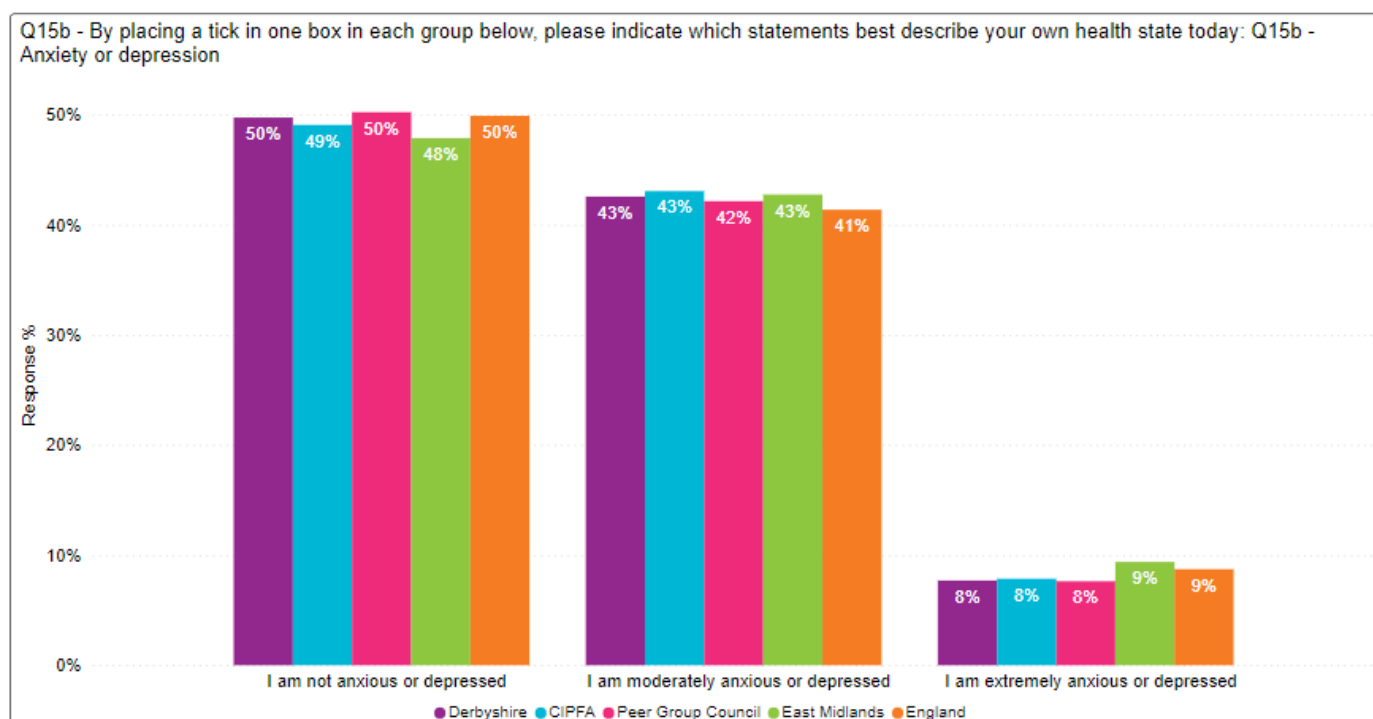
Respondents were asked about their health state on the day they answered the survey and whether they were experiencing any pain or discomfort and anxiety or depression. Figure 39 shows that 48% ($n = 192$) were experiencing moderate pain or discomfort and 14% ($n = 54$) were experiencing extreme pain or discomfort.

Figure 39: Which statements best describe your own health state today (Pain or discomfort)



Figure 40 shows respondents' reported levels of anxiety and depression. In response to this question, 43% ($n = 166$) of respondents reported that they were moderately anxious or depressed whilst 8% ($n = 30$) reported that they were extremely anxious or depressed. Further research into this topic would help to understand the factors and trends behind these snapshot figures.

Figure 40: Which statements best describe your own health state today (Anxiety or depression)



5.3.1 Ability to undertake everyday tasks

The following questions asked respondents how they coped with a range of everyday tasks. Figure 41 shows that more than half ($n = 221$, 55%) of respondents were able to move around their home easily. More than half ($n = 226$, 56%) were able to get in and out of bed or a chair

easily (figure 42). Over three quarters ($n = 314$, 79%) of respondents could feed themselves easily, however, 15% ($n = 59$) of respondents struggled to feed themselves and 7% ($n = 26$) were unable to do so (figure 43). Only 16% ($n = 65$) of the Derbyshire respondents were able to deal with paperwork and financial matters easily by themselves (figure 44), perhaps suggesting that further research is necessary to understand why this is the case. There was not much difference between Derbyshire's and comparators' results on all these questions concerning everyday tasks.

Figure 41: Do you usually manage to get around indoors (except steps) by yourself?

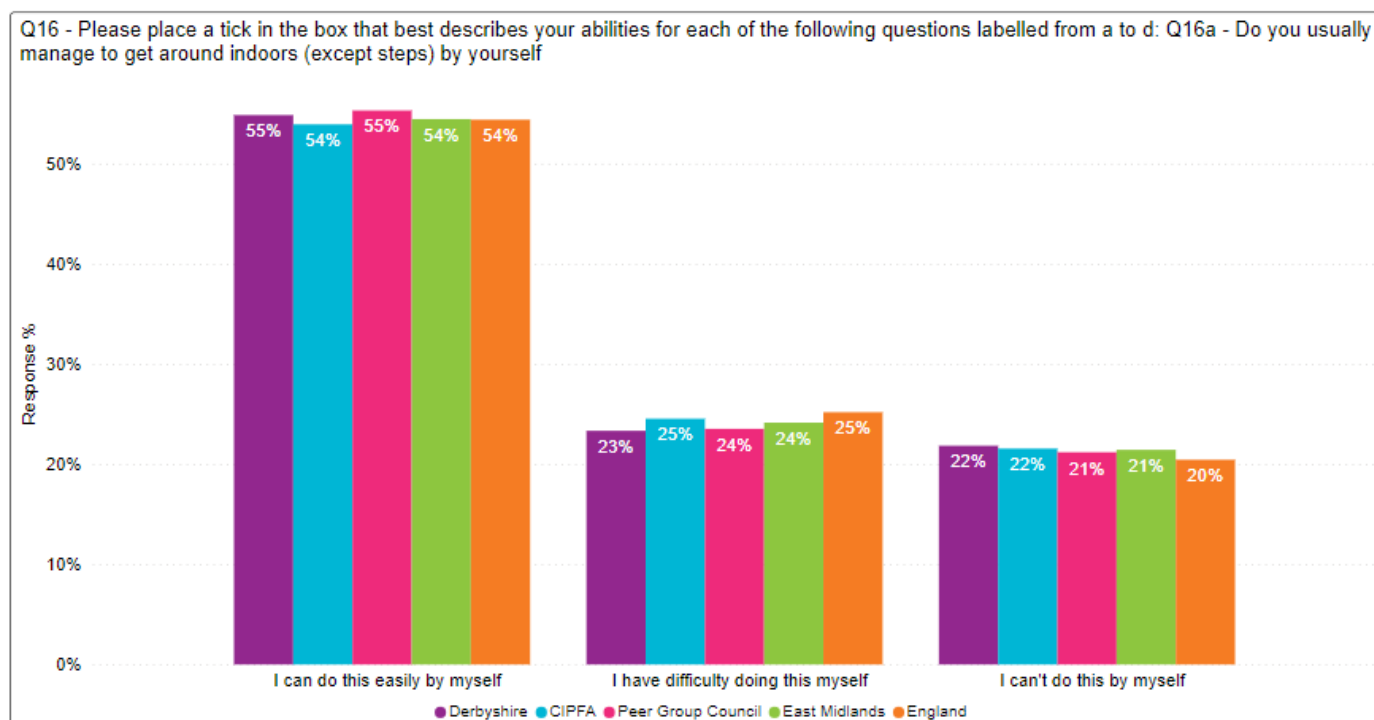


Figure 42: Do you usually manage to get in and out of a bed (or chair) by yourself?

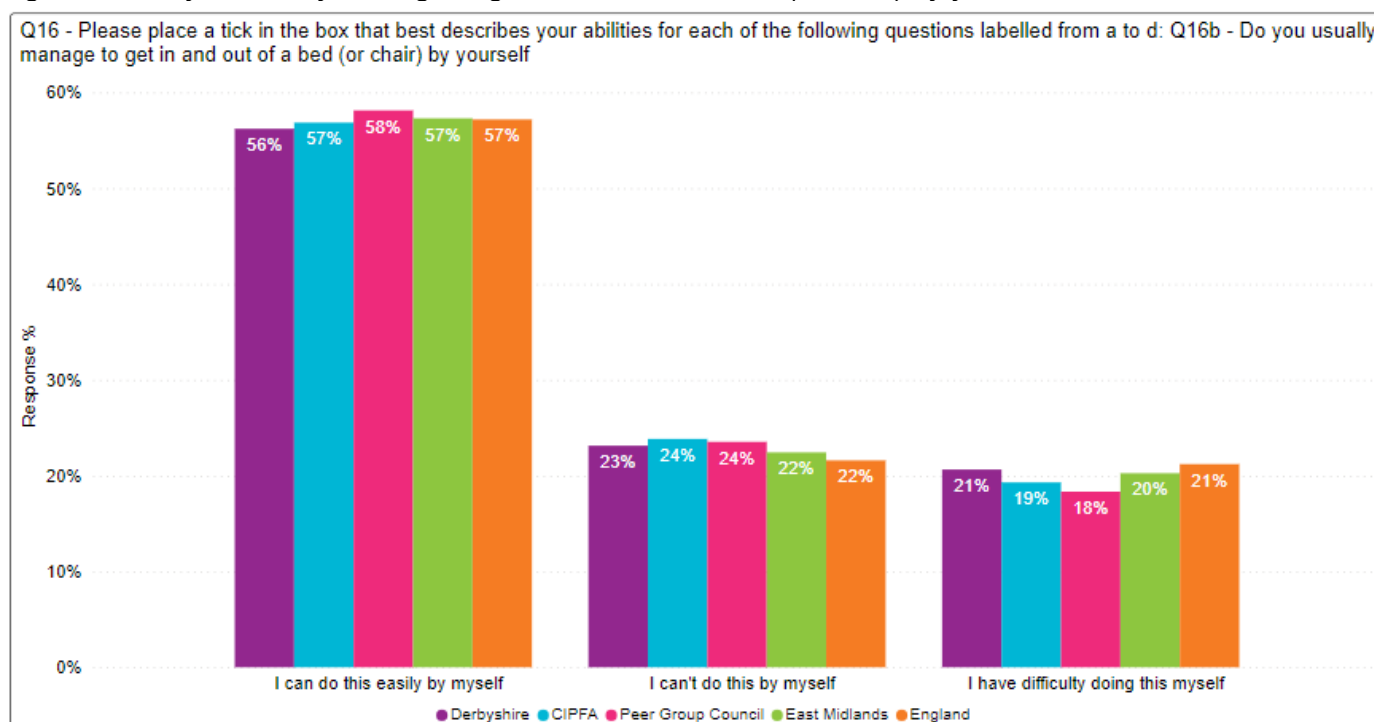


Figure 43: Do you usually manage to feed yourself?

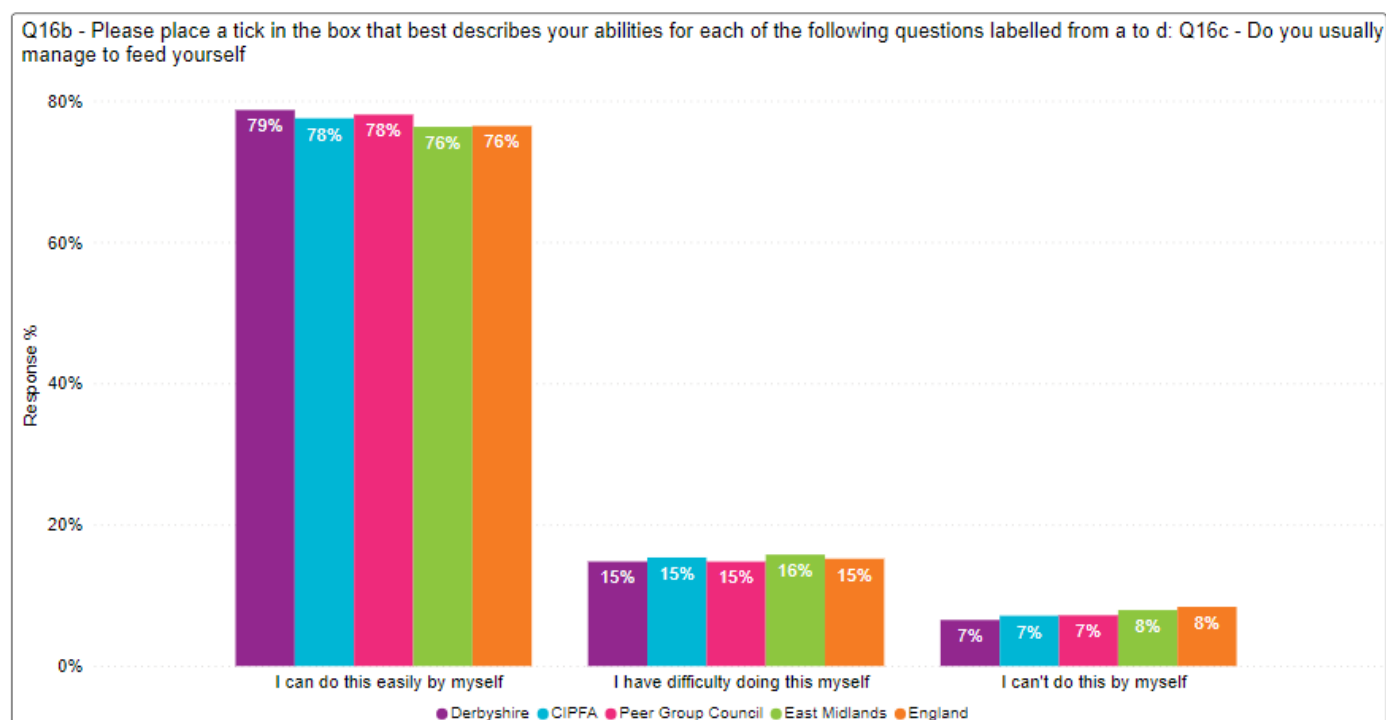
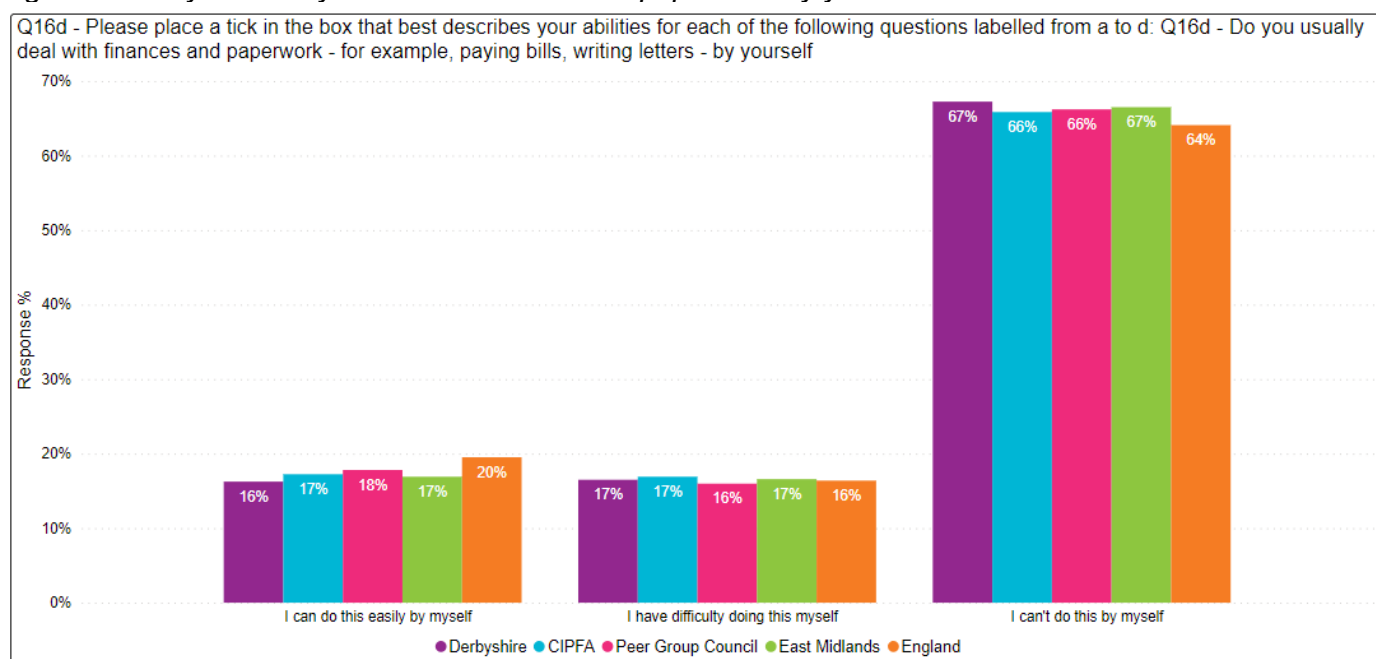
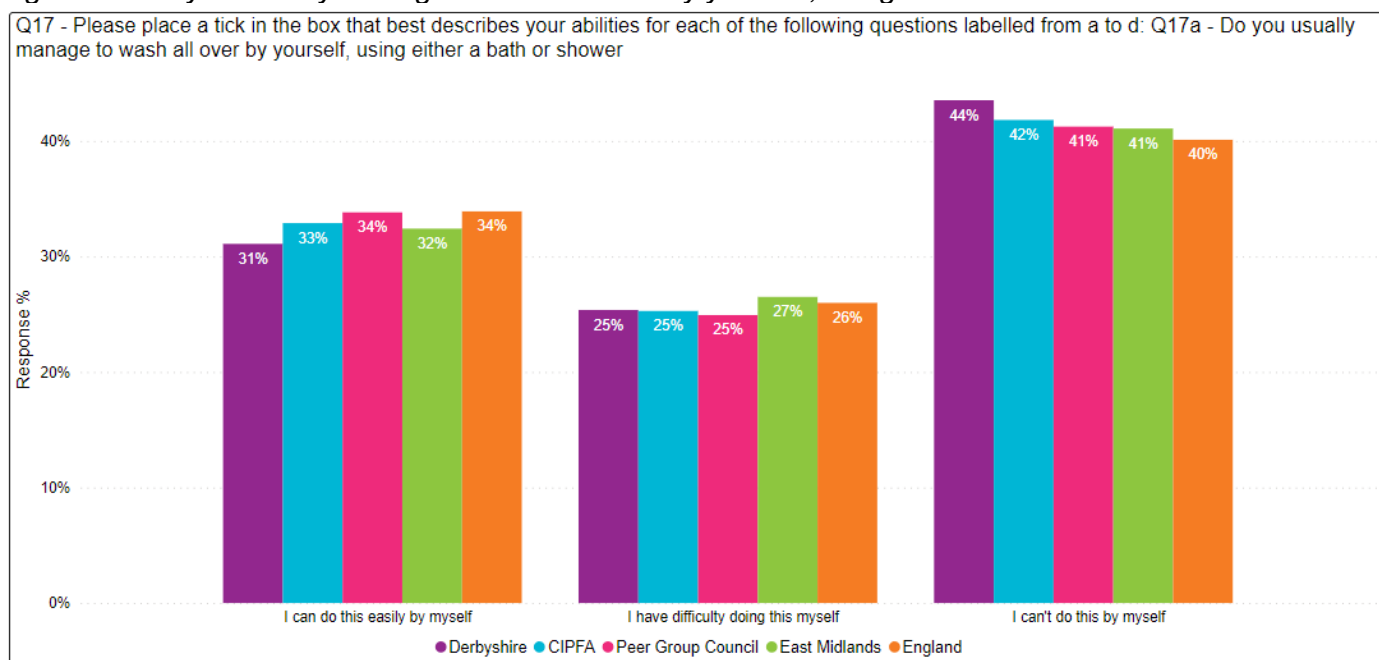


Figure 44: Do you usually deal with finances and paperwork by yourself?



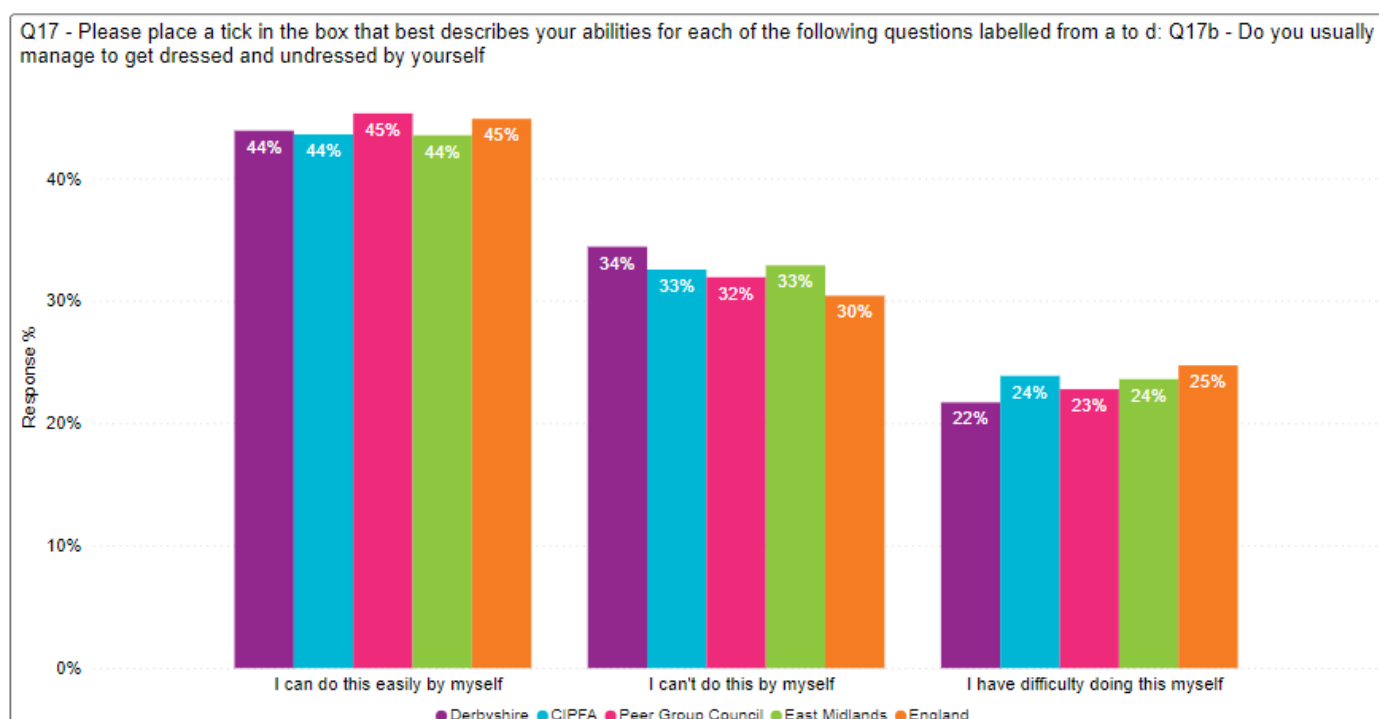
A further question asked of respondents was how they coped with a range of everyday tasks including getting dressed, using the toilet, and washing themselves. The results varied across the different tasks. Whilst 31% ($n = 125$) of respondents were able to easily wash all over by themselves, over two thirds ($n = 277$, 69%) of respondents struggled or could not wash themselves unaided (figure 45).

Figure 45: Do you usually manage to wash all over by yourself, using a bath or shower?



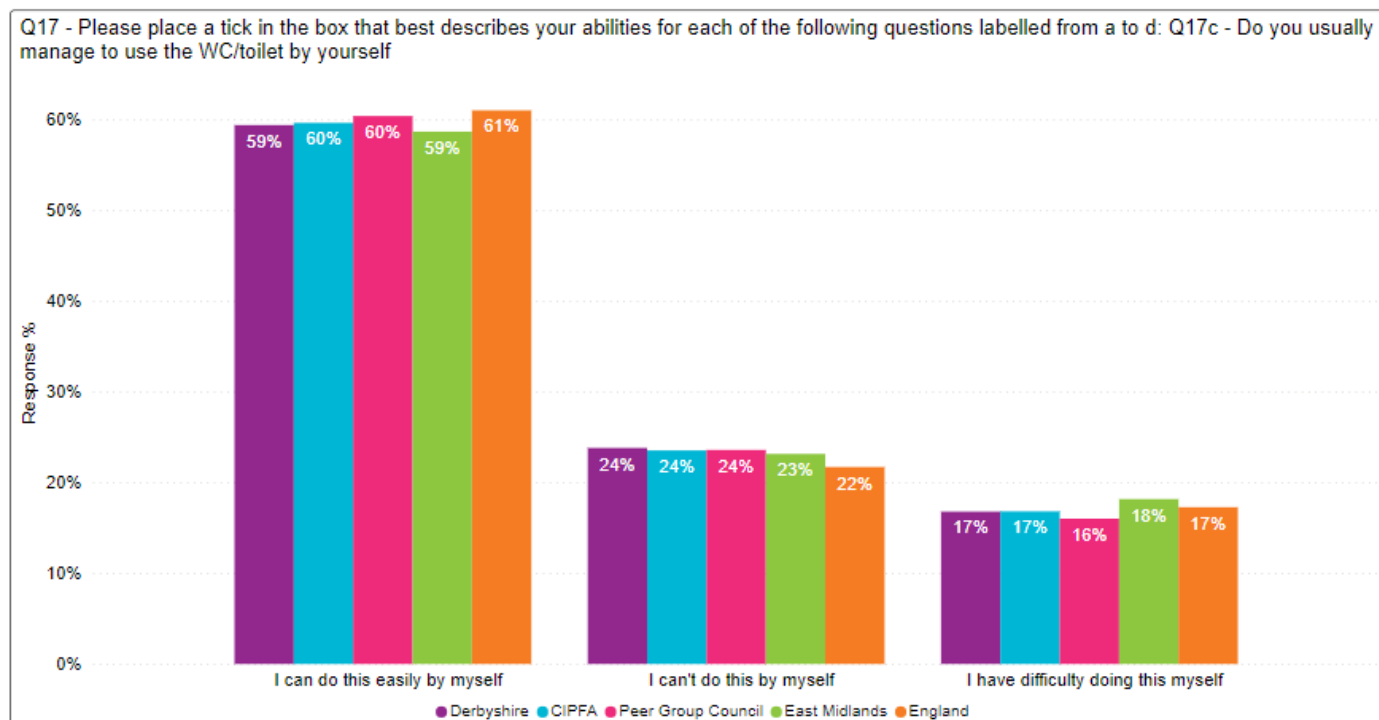
In terms of being able to dress and undress themselves, 44% ($n = 176$) of Derbyshire respondents were capable of doing so easily by themselves, similar to comparators, whilst 22% ($n = 87$) had difficulty getting dressed and undressed by themselves, and 34% ($n = 138$) were unable to do so (figure 46).

Figure 46: Do you usually manage to get dressed and undressed by yourself?



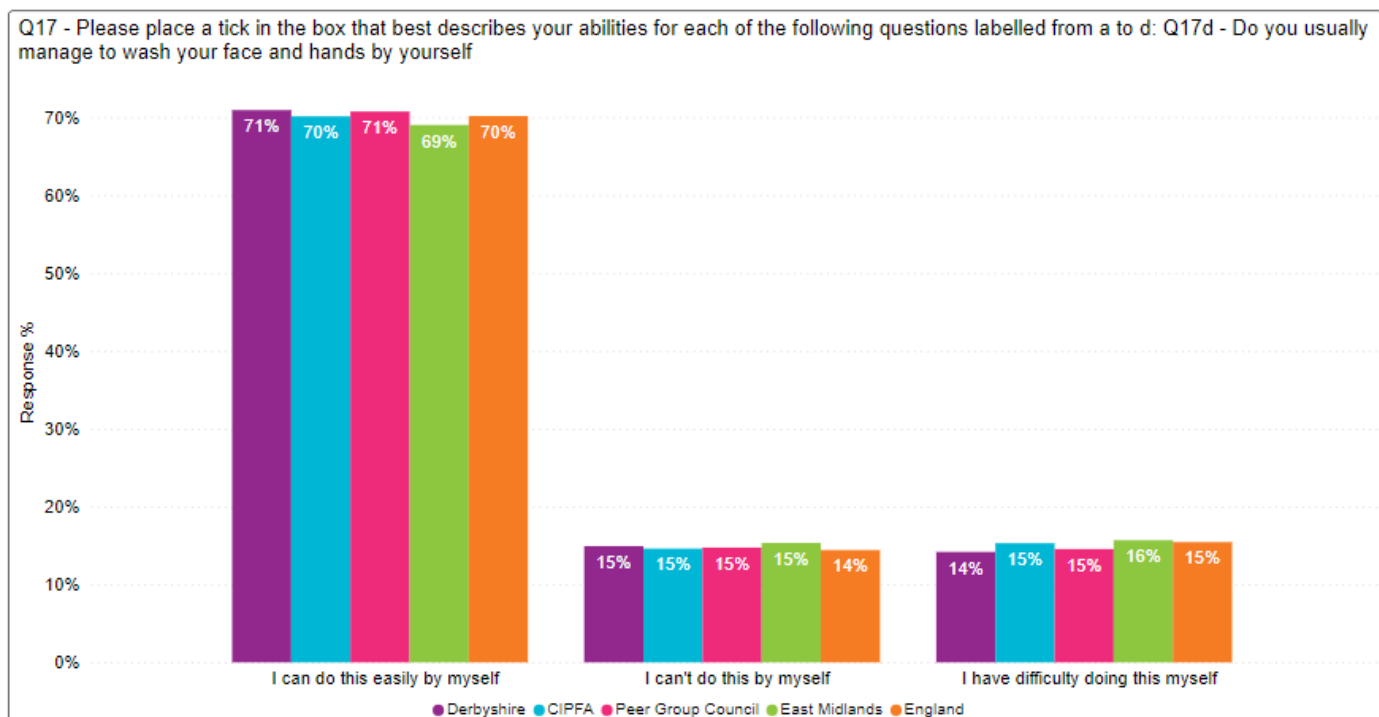
Regarding using the toilet, again Derbyshire respondents were slightly less able than comparators, with 24% ($n = 95$) unable to manage alone compared with 22% for England (figure 47).

Figure 47: Do you usually manage to use the WC/toilet by yourself?



Derbyshire was similar to comparators in respondents' ability to wash their hands and face without help ($n = 285$, 71%) (figure 48).

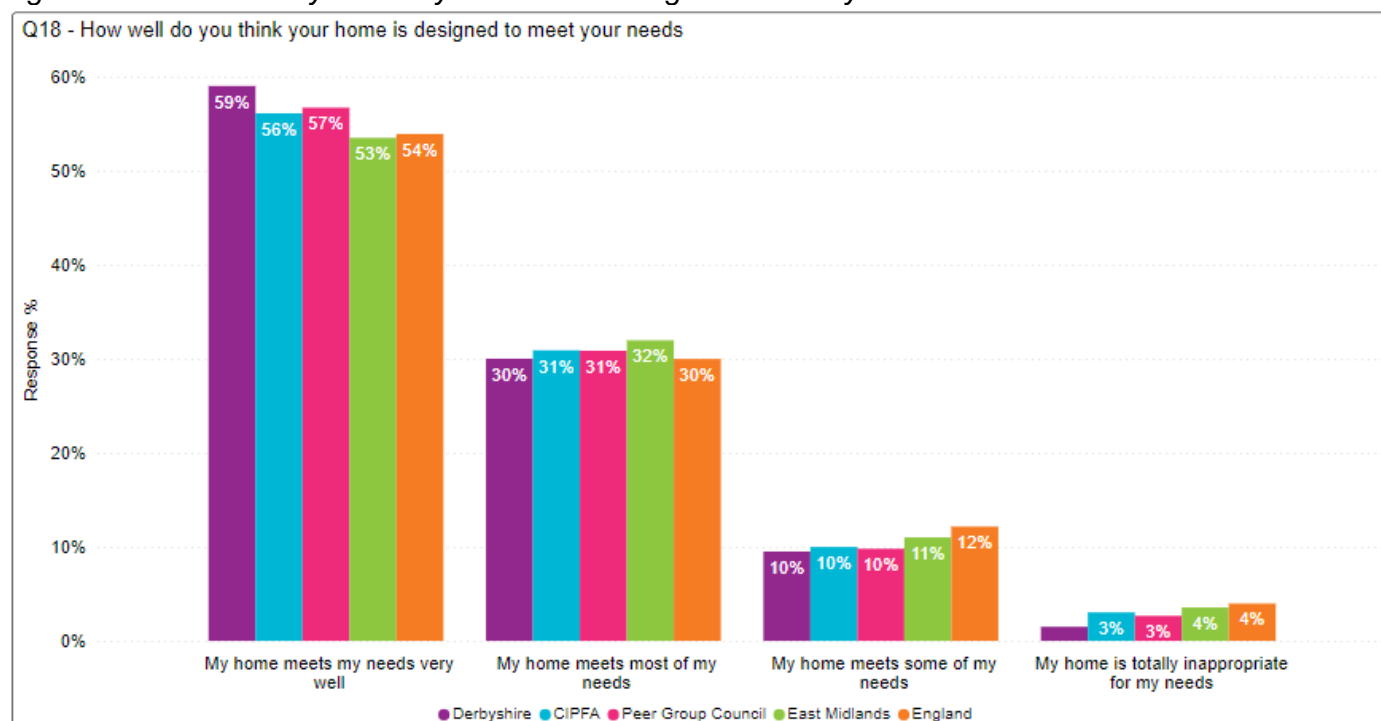
Figure 48: Do you usually manage to wash your hands and face by yourself?



5.3.2 How well do you think your home is designed to meet your needs?

Figure 49 illustrates what respondents thought about how well their home or care home met their needs. The majority ($n = 356$, 89%) thought their home met their needs very well or met most of their needs.

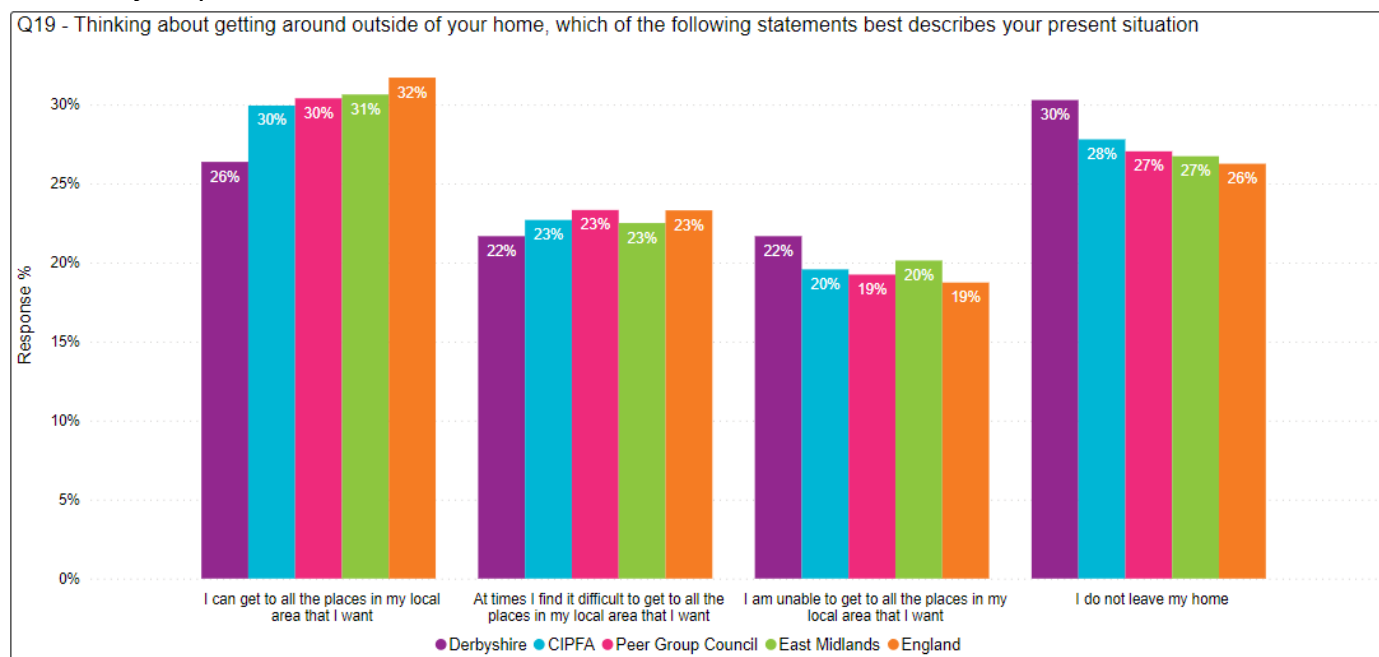
Figure 49: How well do you think your home is designed to meet your needs?



5.3.3 Thinking about getting around outside of your home, which of the following statements best describes your present situation?

Figure 50 shows the percentages in terms of respondents' ability to get around outside the home. There is a relatively even split between the different levels reported by respondents. In Derbyshire, 30% ($n = 116$) of respondents did not leave their home. This is lower than the 35% reported the previous year but higher than the comparative figures reported by other areas in 2022/23. In addition to this, a lower proportion of respondents in Derbyshire than comparator groups were able to get to all the places locally that they wished to ($n = 101$, 26%). Further research is needed in this area to understand how respondents could be better enabled to get to all the places they would like.

Figure 50: Thinking about getting around outside of your home, which of the following statements best describes your present situation?



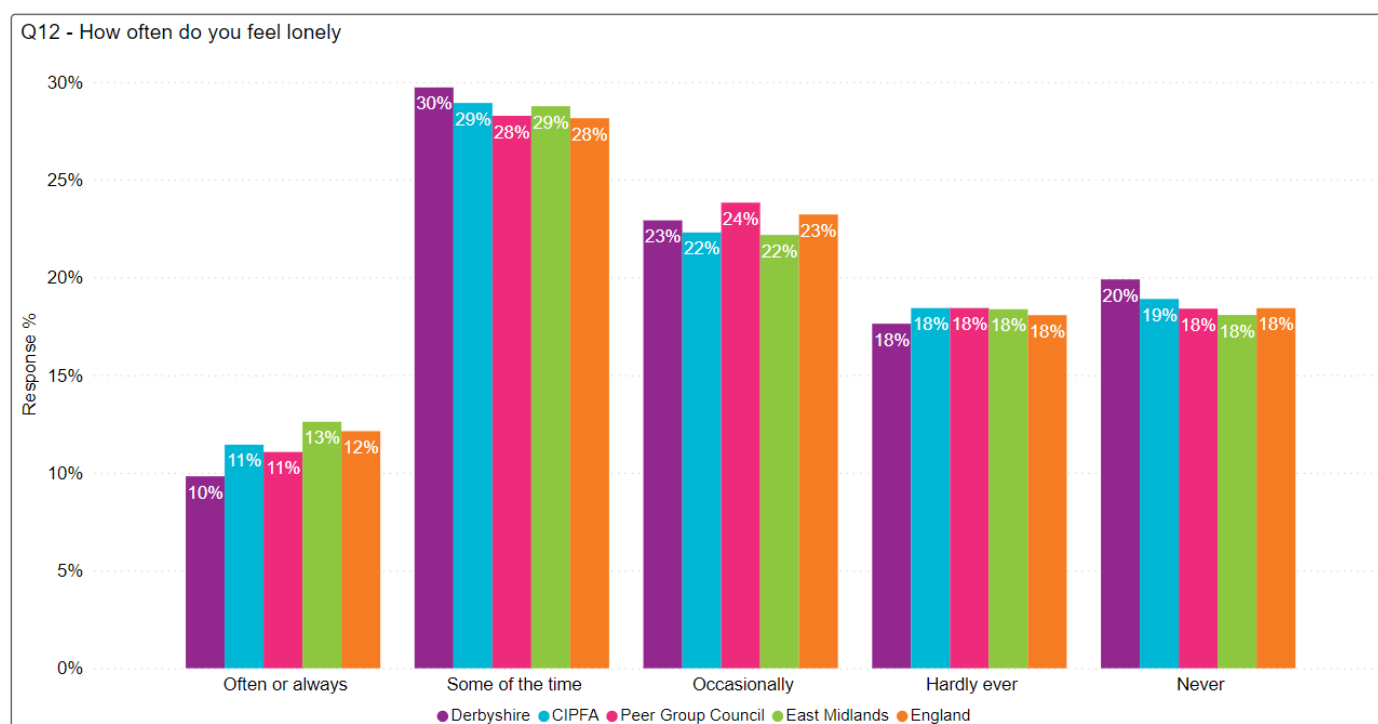
5.4 Loneliness

In 2022-23, in line with the Government's 2018 strategy on tackling loneliness, a new question on loneliness was added to the survey (5). The Covid-19 pandemic and resulting social distancing made it even more important to draw attention to mental health and loneliness, since self-reported levels of poor mental health and loneliness increased during the pandemic (6). When all comparator groups are considered, a lower percentage ($n = 39$, 10%) of Derbyshire respondents reported "often or always" feeling lonely. In addition, a higher percentage of Derbyshire respondents than comparators ($n = 79$, 20%) reported "never" feeling lonely (figure 51).

In the thematic analysis of the free-text responses, a substantive theme of 'loneliness or isolation' was identified, covering the topics of shortage of time with carers, mobility issues and not feeling understood:

- *"I have care for 1 hour a.m. followed by 3 x 20 minutes in the day, being isolated I don't feel this is enough time. I can't have conversation or social interaction because of time restraints"*
- *"I have carers four times a day but because they are very busy, visits are shorter than I would like" "Due to my pain and poor mobility I seldom leave the house. I have very few visitors so feel lonely at times"*
- *"I am a prisoner in my own home as I cannot get out due to steps up/down to property"*
- *"Most people in my life don't understand my issues – this makes me feel frightened and alone. I can't engage with most people so feel isolated and scared"*

Figure 51: How often do you feel lonely?

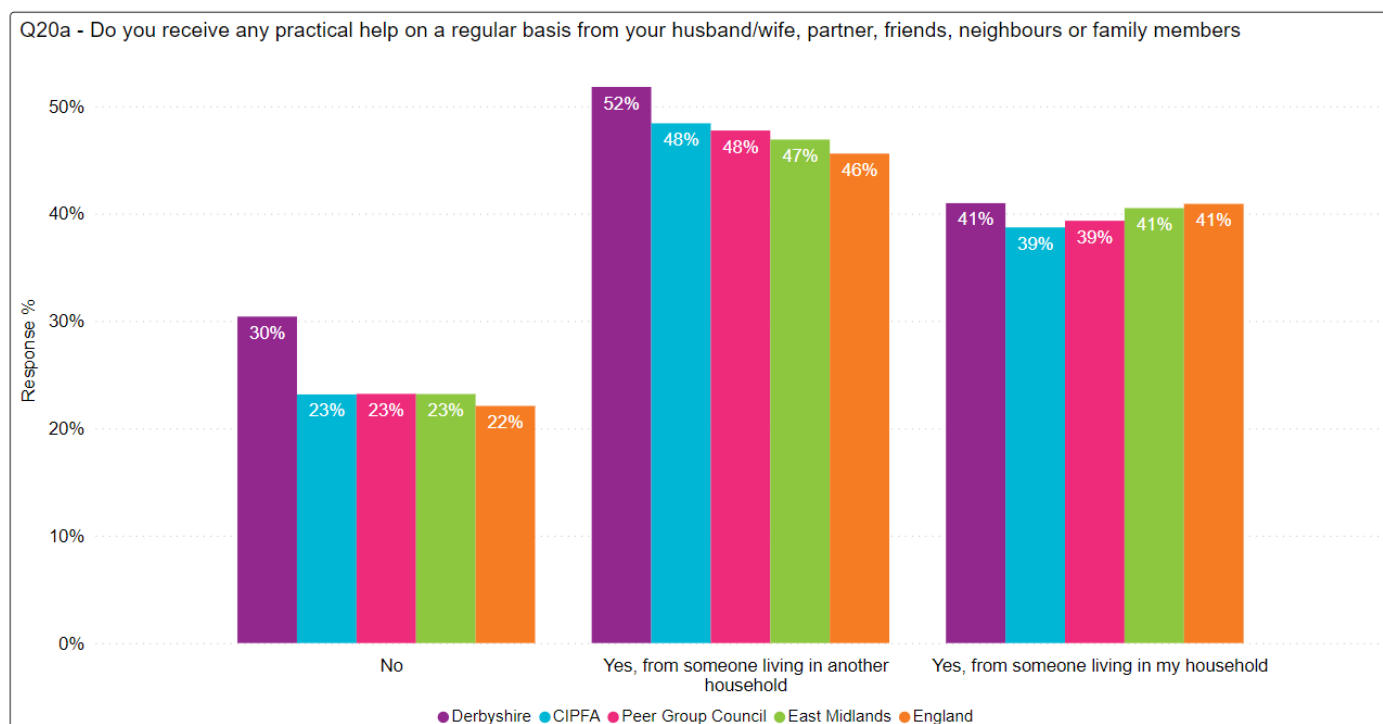


5.5 About yourself

5.5.1 Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

In Derbyshire, 52% ($n = 201$) of respondents said that they receive help on a regular basis from someone living in another household or outside of their care home, which was higher than all comparators (figure 52). Note respondents could receive help from someone in their home and outside, so the percentages add up to more than 100%.

Figure 52: Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

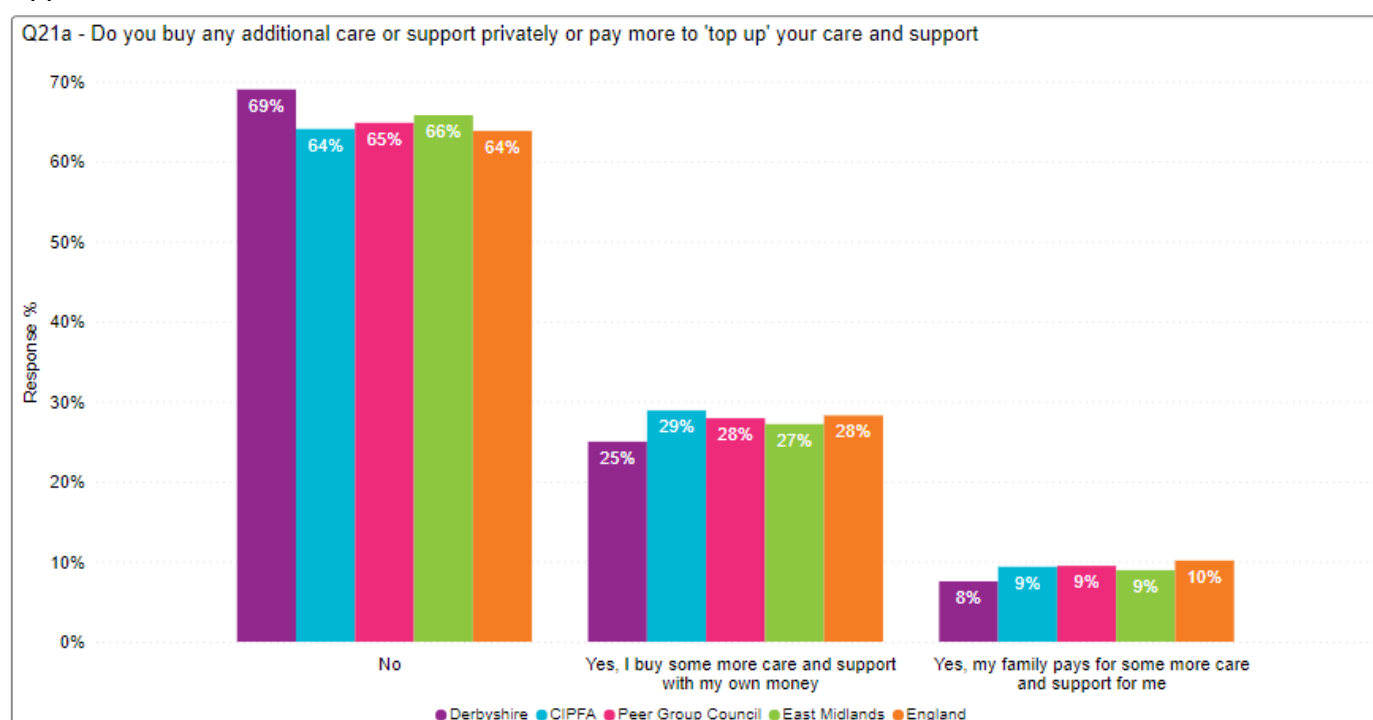


5.5.2 Do you buy any additional care or support privately or pay more to 'top up' your care and support?

Figure 53 shows that in Derbyshire, 25% ($n = 96$) of respondents reported that they buy more care and support with their own money, and 8% ($n = 29$) said that their family provides money for extra care/support. Respondents who commented on the theme of financial and money concerns frequently expressed worry not for themselves but for the financial burden of paying for care taken on by their families, the level of pay available to carers or the perceived under-funding of the service generally. For example:

- “I feel bad that my family have to pay a significant sum each week to fund my care”
- “I currently have 14 hours of DP which I pay my PAs at 10.00 a [sic] hour – a pittance”
- “The care staff are excellent but the service is poorly resourced”

Figure 53: Do you buy any additional care or support privately or pay more to 'top up' your care and support?

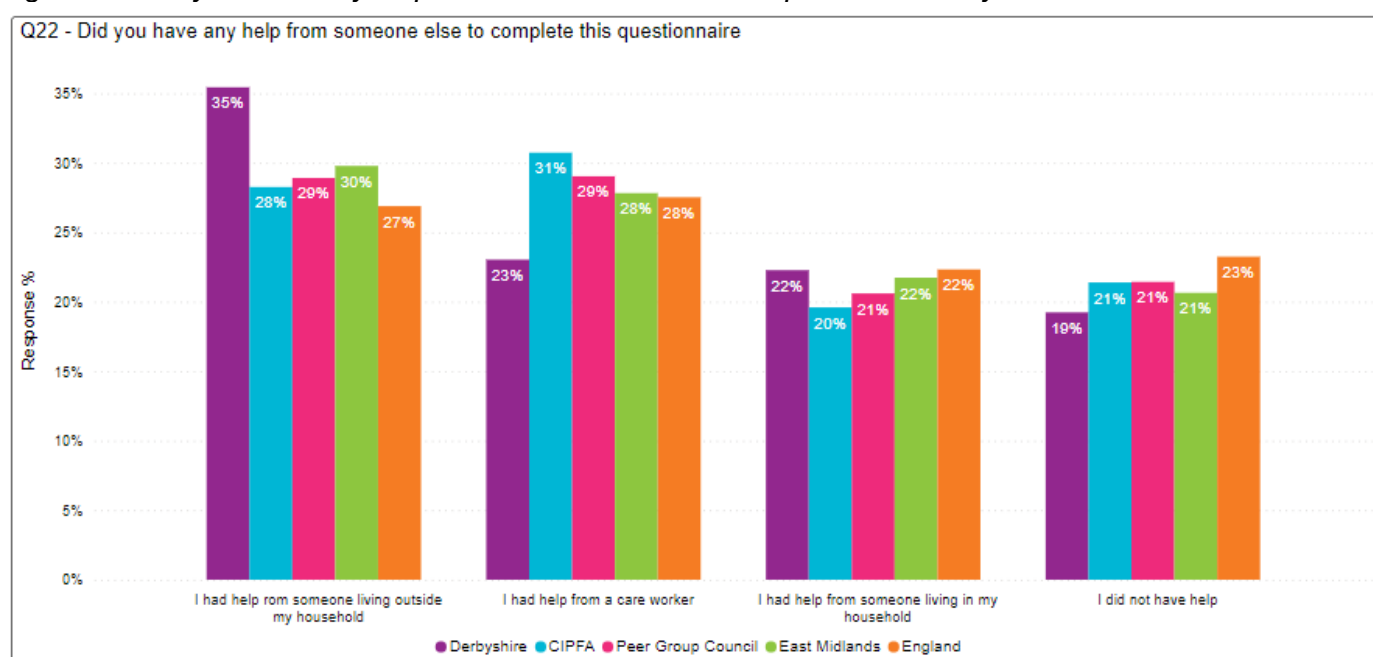


5.6 About the survey

5.6.1 Did you have any help from someone else to complete this survey?

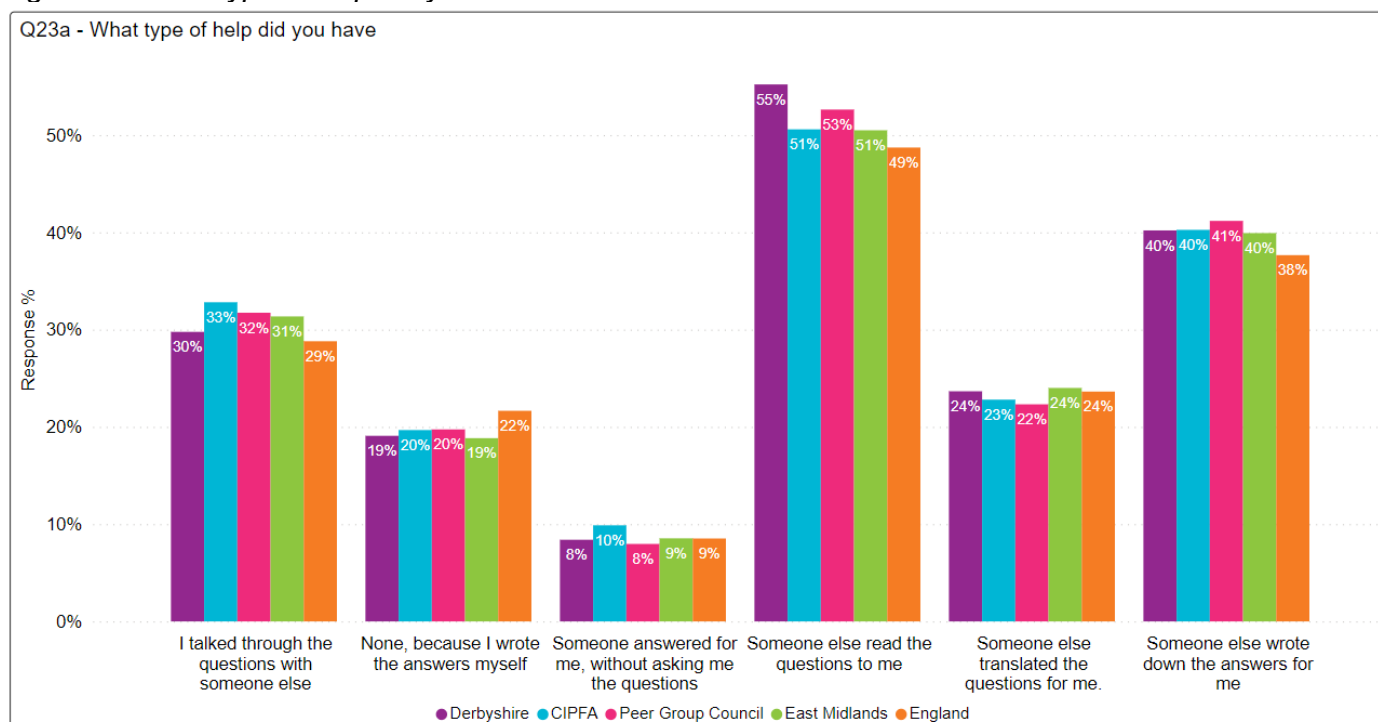
In Derbyshire, 19% ($n = 76$) of respondents did not have help completing the survey. Respondents who had help, received it from either care workers, people living at home or people living outside of the home (figure 54).

Figure 54: Did you have any help from someone else to complete this survey?



Those that received help had various types/levels of help (figure 55); some just talked through the questions with someone (30%, $n = 117$), others had the questions read aloud to them (55%, $n = 217$), and in some cases (8%, $n = 33$), some people helped by answering the questions for the respondents without asking the respondents the questions. It is important to recognise that any assistance in answering the survey could skew the answers and introduce the possibility that the results do not fully reflect respondents' opinions.

Figure 55: What type of help did you have?



5.7 Additional comments provided in free text responses to question 24

Question 24 provides an opportunity for respondents (or indeed supporters who may have helped respondents to fill in the survey) to “describe any other experiences you would like to tell us about, or to write any other comments you would like to make”. The comments made can be wide-ranging and do not always correspond with one of the previously listed questions. When these additional comments were thematically analysed, they provided additional insight into respondents' perspectives.

5.7.1 Improvements

A number of free text responses were coded to the theme of ‘Improvements’, with some respondents expressing a desire to see improvements in consistency with regards to who provides the care and the time it is delivered:

- “I never get consistent calls and never know who is turning up”
- “I am 98 years old and I don't like being messed about with times allocated to me and constant changing of care workers has [sic] this upsets me and it affects my health has [sic] I am not eating properly”

Improved communication between departments and with respondents is desired:

- *“More joined up thinking and communication between local authority departments”*
- *“The bosses lack contact with me to let me know about workers being late or not coming”*
- *“On first arrival at care home, nothing was said about how the home was run, we think that an introduction leaflet could be handed to new arrivals explaining some simple things i.e. Covid-19, meals and times, washing of clothes and putting name tags on items...”*

5.7.2 Support

Support in different capacities was coded to three separate themes depending on whether the support was from unpaid carers, paid carers or social workers.

Support from unpaid carers emphasised the role of family and friends, such as:

- *“My daughter deals with things and gets in contact with the relevant department if I need anything to make my quality of life better”*
- *“My grandparents...help me with everything. Take me to all my appointments like doctors, dentist, hospital, also help me with money management, cleaning my flat, clothes washing/changing bedding, personal hygiene”*
- *“My daughter visits daily to help keep the house clean and does my shopping, paying bills etc and generally runs the home on my behalf”*

Other responses were coded to the theme of ‘Support from paid carers’. These responses often related to the type and amount of support received but also pointed out perceived shortcomings in the care provided. Some examples are given below:

- *“I have carers 3 times a day to help me with the housework, prepare hot food, hot drinks”*
- *“I have carers coming in four times a day to wash her and change her pads”*
- *“Some staff are lovely – some others are sharp and stressed. Can’t eat my food very quick and get told I need to eat it faster”*
- *“Sometimes drinks are left where I cannot reach them”*
- *“I am left to go to the toilet on my own and I often struggle to change my pants, and am at risk of falling”*

‘Support from social worker’ was identified as another theme in which many of the comments predominantly concerned respondents not having a social worker:

- *“Not had a designated social worker assigned to me for nearly 3 years”*
- *“Finding out about support that she could get was very difficult as she didn’t have a social worker”*

Another concern was discussions not being actioned:

- *“Some time in 2022 received a visit from a part time social worker from another area (Sheffield) who said she would help in getting my care back on. Not had any communication since”*
- *“The social workers also promised to get more support for community services (MDT) but this has not materialised”*

5.7.3 Falls

The original qualitative analysis, distributed as an internal document, identified falls as a topic requiring further investigation/exploration given the fact that a number of responses specifically mentioned falling. This topic has already been identified as requiring action due to the fact that recommissioning the Falls Exercise Prevention Programme is mentioned in the Adult Social Care and Health Service Plan as one of the key actions in 2023-24. Falling or a fear of falling was often cited in connection to feeling unsafe, frequently featuring in the 22 safeguarding referrals that were made to DCC’s Safeguarding team during the period that the survey was carried out. Whilst some responses stated a fear of falling, others provided more context for this fear:

- *“Got a fear of falling”*
- *“Due to poor eyesight I have a history of falls”*
- *“Failing health means legs not good. Arthritis, I am unsteady and have a fright [sic] of falling”*

Comments made by respondents reveal how falls and the fear of falling impacts their daily lives by limiting their activities:

- *“I live by myself so when my carer leaves I cannot get up by myself. I fall a lot”*
- *“I can’t go outside for fear of falling over to [sic] many steps and uneven pavements”*

Additionally, dependence on others for support when out was also evident in the coded responses:

- *“She [daughter] escorts me out as I cannot go out alone”*
- *“I have my brother hold me”*

5.7.4 Satisfaction and Gratitude

Of all free text responses made, a significant proportion of them expressed appreciation for specific care organisations, carers and/or the care received, and were therefore coded to the theme of ‘satisfaction and gratitude’. Notably, there were an equal proportion of free text responses which were deemed to be negative and positive.

These free text responses sometimes mentioned specific care homes and firms:

- *“On the whole the care that my mum receives at [care home] is wonderful”*

- *“The care I receive from everyone at [care organization] has always been fantastic and first class”*

Whilst others commented more generally on day care available:

- *“Day activities vary in quality. Some is [sic] excellent”*

Frequently, the impact of receiving care was described:

- *“My P.A. challenges me which I sometimes need. His confidence and positivity really helps me keep going. Having him has changed my life and without him I don't think I'd still be here”*
- *“Despite not remembering his sessions [cared-for-person] still has a sense of wellbeing after the sessions – laughter and [illegible] hangs around and creates contentedness”*
- *“...without the care I get I would have to go into a home and that is something I would hate”*

6 Conclusion

6.1 Findings

This report summarises a survey that was carried out between January and March 2023, from which the main findings are:

- The response to the survey was greatest amongst those with physical support needs ($n = 221$, 53%), those living in the community ($n = 309$, 74%), those aged 65 and over ($n = 221$, 53%), and women ($n = 240$, 57%). This was also the case with the 2021-22 survey results.
- In line with national trends there have been increases in all the below ASCOF measures. Although, whilst some Derbyshire scores are higher than the comparators, they are not significantly so. The England score is shown in brackets.
 - (1A) Social care-related quality of life score 19.1 (19.0)
 - (1B) Proportion of people who have control over their lives 80% (77%).
 - (1I1) Proportion of people who use services who have as much social contact as they would like 45% (44%).
 - (3A) Overall satisfaction of people who use services with their care and support 71% (64%).
 - (3D1) Proportion of people who use services who find it easy to find information about services 69% (67%).
 - (4A) Proportion of people who use services who feel safe 71% (70%).
 - (4B) Proportion of people who use services who say that those services have made them feel safe and secure 89% (87%).
- The majority of respondents feel the care and services they receive help with various aspects of their life including having control of their life, keeping clean and presentable, getting food and drink, feeling safe, having social contact and helping to spend time doing the things they like. Nevertheless, as the recommendations highlight, there is scope to make an even greater positive impact among those respondents with greater needs.
- Quality of life was higher among respondents that completed an Easy Read version (predominantly those with a Primary Support Reason of Learning Disability) compared with those that completed the standard survey.
- Respondents satisfaction with the services they receive is high, 94% being either extremely, very or quite satisfied.

6.2 Recommendations

These recommendations relate to the survey findings and highlight those areas where further attention could be directed. The findings from the 2022-23 Adult Social Care Survey show that all ASCOF indicators for Derbyshire are higher, although statistically similar to the 2021/22 ASCOF indicators. Despite the challenges faced by social care services and Derbyshire residents during the previous two years of the COVID-19 pandemic, the ASCOF indicators for 2022/23 are comparable to the pre-pandemic scores for Derbyshire.

Notably, in 2022/23, Derbyshire scored highly (71.3%) for “ASCOF 3A - Overall satisfaction of people who use services with their care and support satisfaction” and is ranked 10th nationally (out of 152 local authorities in England).

- **Consider what could done to improve access to information and reduce levels of digital exclusion.** Though the score for finding information has improved since the last survey (69% versus 68%), it is declining over time, nationally as well as locally. The qualitative analysis illustrates the difficulty many respondents have in accessing and navigating online sources of information.
- **Consider how to improve access to food and drink.** The majority of respondents (93%) were able to access adequate food and drink, however, 7% could not. In a follow-up question on whether or not respondents received help from care and support services to get food and drink, 14% responded that they did not get the help they needed.
- **Consider how to increase respondents’ sense of agency and control over their lives.** The majority of respondents (81%) responded that they have enough control over their daily life, highlighting that 19% do not have any or enough control. The qualitative analysis offers insight into how this could be improved. For example, under the theme of ‘request for more control’, some respondents mentioned a desire for a greater sense of agency and independence when it comes to care arrangements.
- **Consider how to increase levels of social contact and reduce isolation.** The majority of respondents (80%) responded that they had either adequate or as much social contact as they liked, highlighting that 20% of respondents do not have as much social contact as they desire. Despite improvements made since the Covid-19 pandemic, figures for those who have as much social contact as they would like could be higher. This is necessary since loneliness can have a significant impact on an individual’s mental and physical health (1).
- **Consider ways to improve mobility and access to places outside the home.** Despite emerging from the Covid-19 pandemic, the figures for those respondents who do not leave their home or are not able to get to all the places locally that they want, remain high (30% of respondents to this question), and higher than comparators.

7 References

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Appendix 1 – ASCOF Measures

1A Social care-related quality of life score

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22	2022-23
Derbyshire	19.10	19.30	19.70	19.00	19.30	19.40	18.70	19.10
East Midlands	19.00	19.00	19.20	18.90	19.10	19.10	18.80	18.90
England	19.10	19.10	19.10	19.10	19.10	19.10	18.90	19.00

1B Proportion of people who have control over their lives

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22	2022-23
Derbyshire	75.00	75.30	81.40	76.10	77.60	80.50	76.10	80.10
East Midlands	76.60	76.40	79.00	77.10	77.60	77.60	78.20	78.00
England	77.30	76.60	77.70	77.70	77.60	77.30	76.90	77.20

11 Proportion of people who use services who have as much social contact as they would like

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22	2022-23
Derbyshire			47.80	44.60	47.60	46.40	40.70	44.90
East Midlands			44.80	43.10	44.00	45.30	41.60	42.60
England			45.40	46.00	45.90	45.90	40.60	44.40

3A Overall satisfaction of people who use services with their care and support

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22	2022-23
Derbyshire	69.00	70.10	67.30	65.90	70.60	68.00	67.10	71.30
East Midlands	64.40	64.10	65.60	63.60	64.60	63.60	65.30	65.40
England	64.70	64.40	64.70	65.00	64.30	64.20	63.90	64.40

3D1 Proportion of people who use services who find it easy to find information about services

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22	2022-23
Derbyshire			76.20	75.50	74.80	68.90	67.90	68.90
East Midlands			72.30	72.00	66.60	66.70	64.20	66.30
England			73.50	73.30	69.70	68.40	64.60	67.20

4A Proportion of people who use services who feel safe

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22	2022-23
Derbyshire	65.20	70.60	73.00	68.10	74.30	70.70	68.80	70.80
East Midlands	67.40	68.20	69.60	67.40	69.90	68.70	67.40	68.10
England	68.50	69.20	70.10	69.90	70.00	70.20	69.20	69.70

4B Proportion of people who use services who say that those services have made them feel safe and secure

Geographical Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22	2022-23
Derbyshire	90.30	86.90	89.10	84.70	86.30	87.70	86.00	89.40
East Midlands	87.70	88.50	88.60	88.70	88.30	88.40	86.80	88.40
England	84.50	85.40	86.40	86.30	86.90	86.80	85.60	87.10

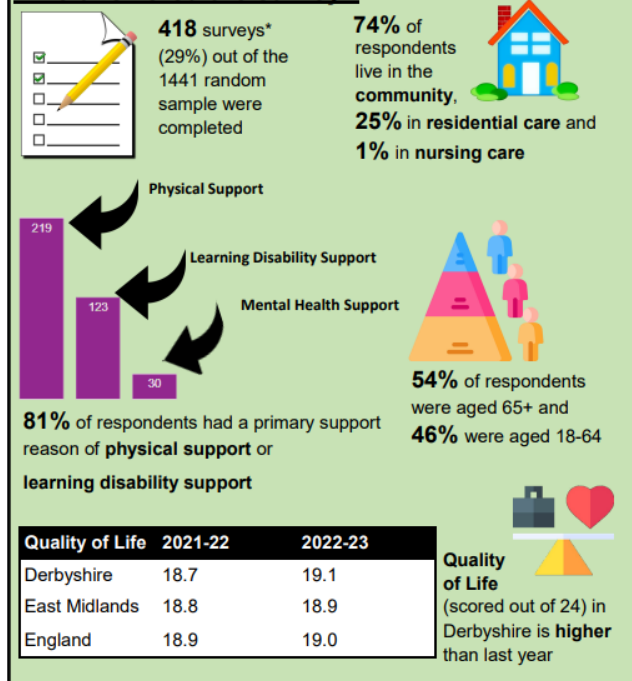
Appendix 2 - Infographic



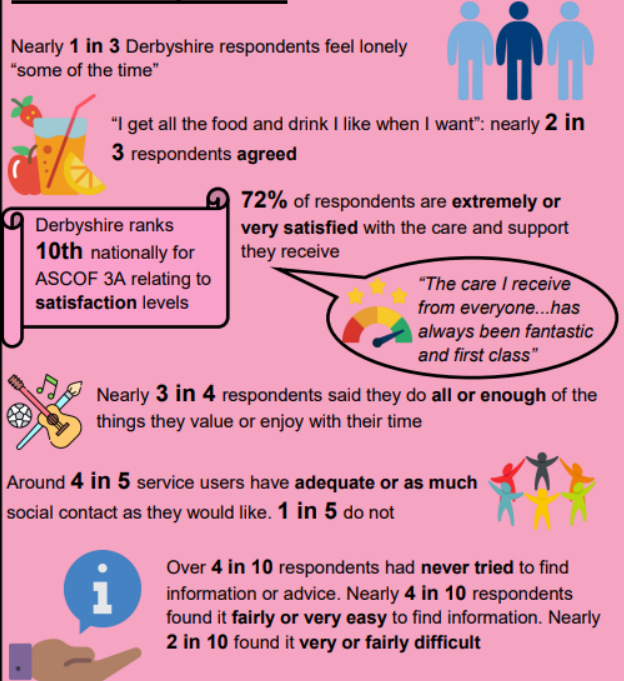
Adult Social Care Survey Derbyshire 2022-23



Who answered the survey?



What did they tell us?



* Not all figures will add up to 100% or 418 as not all questions were answered by all respondents

As of January 2023, 9,006 people receiving social services care or support in Derbyshire were eligible to receive the survey. This is about 14 in every 1,000 adults in Derbyshire (Census 2021 for Derbyshire 635,657)

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

Appendix 3 – Explanation of Statistical Terms

The information below is sourced from the Association of Public Health Observatories (APHO) (7)

Number and Rate

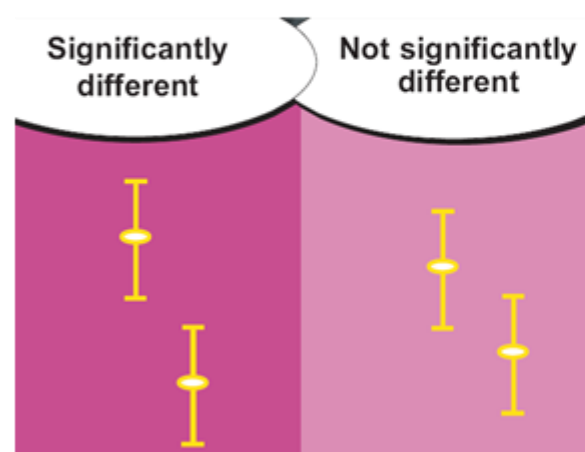
Number is the most basic measure; this may be a count of events such as the number of admissions to hospital or a count of the number of people with a particular attribute e.g. the number of children who are obese. However, in order to make comparisons between populations and over time we need to take 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)

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)