

Adult Social Care Survey 2023/24

Lancashire County Council Summary Report



Title	Adult Social Care Survey 2023/24 Lancashire County Council summary report
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Date of creation	09/01/2025	Review cycle	
Last review		Next review date	

Version	Date	Section/Reference	Amendment

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1 Executive summary

The Adult Social Care Survey (ASCS) is a national survey that has been used to collect the views of adult social care service users every year since 2010/11. The main purpose of the survey is to provide assured, benchmarked, local data to support local decision-making in a challenging financial climate. The survey provides an overall quality of life index and intelligence to identify if different types of service user experience different outcomes and whether services are meeting service users' needs.

The ASCS includes service users in residential and nursing care, as well as those who receive services in the community. However, service users who lack the capacity to consent to take part aren't included.

For the 2023/24 ASCS, 1354 self-completion postal questionnaires were sent to a stratified random sample of adult social care service users during January 2024. Reminder letters were sent during February 2024. In total, 378 questionnaires were returned, giving an overall response rate of 28%.

1.1 Key findings

1.1.1 Overall satisfaction

- Overall, about nine-tenths of respondents (91%) were satisfied with the care and support services they receive. However, one-in-twenty respondents (5%) were dissatisfied.
- About three-fifths of respondents (62%) rated their quality of life as good and about one-in-ten respondents (9%) rated their quality of life as bad.

1.1.2 Having choice over care and support

- Over two-thirds of respondents (70%) said that they have enough choice about the care and support services they received. However, a quarter of respondents (25%) said that they don't have enough choice.

1.1.3 Social care related quality of life

- A third of respondents (33%) said that they have as much control over their daily life as they want. Just under one-in-twenty respondents (4%) said that they have no control over their lives.
- Four-fifths of respondents (82%) agreed that care and support services help them in having control over their daily lives.
- About half of respondents (52%) said that they felt clean, and they were able to present themselves the way they liked. One-in-a-hundred respondents (1%) said that they didn't feel clean or presentable.
- Two-thirds of respondents (67%) said that they got all the food and drink they liked when they wanted. One-in-a-hundred respondents (1%) said that they didn't always get adequate or timely food and drink, and they thought there was a risk to their health.
- Seven-tenths of respondents (71%) said that their home was as clean and comfortable as they wanted. One-in-a-hundred respondents (1%) said that their home was not at all clean or comfortable.

- Seven-in-ten respondents (71%) said that they felt as safe as they wanted. One-in-a-hundred respondents (1%) said that they didn't feel at all safe.
- Almost nine-in-ten respondents (87%) agreed that care and support services help them in feeling safe.
- Nearly half of respondents (47%) said that they had as much social contact as they wanted. However, about one-in-twenty respondents (6%) said that they had little social contact with people and felt socially isolated.
- About two-fifths of respondents (39%) said that they were able to spend their time as they wanted, doing things they valued or enjoyed. However, one-in-twenty respondents (5%) said that they didn't do anything they valued with their time.
- About two-thirds of respondents (65%) said the way that they were helped and treated made them think and feel better about themselves. One-in-a-hundred respondents (1%) said the way that they were helped and treated completely undermined the way they think and feel about themselves.
- Nine-tenths of respondents (92%) agreed that care and support services helped them to have a better quality of life.

1.1.4 Information

- Of those respondents who had tried to find information or advice about support, services or benefits in the past year, more than two-thirds (70%) said it was easy to find and less than one third (30%) said it was difficult to find.

1.1.5 Health

- Over two-fifths of respondents (43%) said that in general their health was very good or good, two-fifths of respondents (41%) said that their health was fair in general and less than a fifth (18%) said it was bad or very bad.
- A third of respondents (33%) said that they had no pain or discomfort on the day they responded to the questionnaire, a little over half of respondents (52%) said that they had moderate pain or discomfort, and about one-in-six respondents (15%) said that they had extreme pain or discomfort.
- Half of respondents (51%) said that they were not anxious or depressed on the day they responded to the questionnaire, two-fifths of respondents (39%) said that they were moderately anxious or depressed and less than one tenth (10%) said that they were extremely anxious or depressed.

1.1.6 Doing things for myself

- Three-fifths of respondents (63%) said that they couldn't deal with finances and paperwork – for example, paying bills, writing letters – by themselves.
- Almost two-fifths of respondents (39%) said that they couldn't manage to wash all over by themselves, using either a bath or a shower.
- A little under a third of respondents (31%) said that they couldn't manage to get dressed and undressed by themselves.

1.1.7 Getting around in my local area

- About a quarter of respondents (27%) said that they can get to all the places in their local area that they want. A fifth (21%) said that, at times, they find it difficult to get to all the places in their local area that they want. Just over half

of respondents (52%) said that they are unable to get to all the places in their local area that they want or that they do not leave their home.

1.1.8 Type of help and support received

- Almost four-fifths of respondents (76%) were in a community support setting, a fifth (19%) were in residential care and less than one-in-twenty respondents (5%) were in nursing care.
- About a third of respondents (32%) had a local authority (LA) managed personal budget, a fifth of respondents had direct payment only (21%), a fifth had LA commissioned support only (20%) and about one-in-fifty (3%) had part direct payment.
- About one-in-six respondents (17%) didn't receive any practical help on a regular basis from their husband/wife, partner, friends, neighbours, or family members. Over two-fifths of respondents (47%) received help from someone living in their household and half of respondents (50%) received help from someone living in another household.
- Almost two-thirds of respondents (64%) didn't buy any additional care or support privately or pay more to 'top-up' their care and support. Just over a quarter of respondents (27%) bought some more care and support with their own money and one-tenth of respondents (11%) had family that paid for some more care and support for them.

1.1.9 Suitability of home

- More than half of respondents (54%) said that their home met their needs very well. Over two-fifths of respondents (43%) said that their home met most or some of their needs. However, just over one-in-fifty respondents (3%) said that their home was totally inappropriate for their needs.

1.1.10 Demographics

- About three-fifths of respondents (58%) were female and about two-fifths of respondents (42%) were male.
- Just over four-fifths of respondents (83%) were white and about one-in-twenty respondents (7%) were from an ethnic minority community.
- Three-fifths of respondents (61%) were aged 65 and over and two-fifths of respondents (39%) were aged 18-64.

2 Introduction

The Adult Social Care Survey (ASCS) is a national survey that has been used to collect the views of adult social care service users every year since 2010/11.

The main purpose of the survey is to provide assured, benchmarked, local data to support local decision-making in a challenging financial climate. The survey provides an overall quality of life index and intelligence to identify if different types of service user experience different outcomes and whether services are meeting service users' needs.

The ASCS includes service users in residential and nursing care, as well as those who receive services in the community. However, service users who lack the capacity to consent to take part aren't included.

The ASCS is used to populate the following outcome measures in the Adult Social Care Outcomes Framework (ASCOF). These measures were updated in the adult social care outcomes framework for 2023 to 2024¹. These are:

- 1A Social care-related quality of life score
- 1B Adjusted Social care-related quality of life – impact of Adult Social Care services (formerly metric 1J)
- 1D Overall satisfaction of people who use services with their care and support (formerly metric 3A)
- 3A The proportion of people who use services who have control over their daily life (formerly metric 1B)
- 3C1 The proportion of people who use services who find it easy to find information about support (formerly metric 3D1)
- 4A The proportion of people who use services who feel safe
- 5A1 The proportion of people who use services who reported that they had as much social contact as they would like (formerly metric 1I1)

¹ <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions/the-adult-social-care-outcomes-framework-2023-to-2024-handbook-of-definitions>

3 Methodology

A sample of 1354 people was selected from the eligible population produced on 28 November 2023. The eligible population for the Adult Social Care Survey (ASCS) 2023/24 was adult social care users in receipt of long-term support services funded or managed by the local authority following a full assessment of need. It included part-funded and full-cost-paying clients, and was the same population of service users as those who would be reported in table LTS001b of the SALT return.

The ASCS covers a range of different service users: those with learning disabilities and those without; those in residential or nursing care; and those receiving services in the community; as well as older and younger service users. To reduce the sampling error of the population statistics estimated from the survey data, the sample was selected using stratified random sampling. This technique has been shown to produce better population estimates when there is considerable variation between different groups within the population. Stratified random sampling involves splitting different groups within an eligible population into separate strata and drawing an independent random sample within each strata.

The four strata in the sample were

1. Learning disabilities – all ages
2. Non-learning disabilities aged 18-64
3. Non-learning disabilities aged 65+ in long-term residential and nursing care
4. Non-learning disabilities aged 65+ receiving community-based services (including supported living)

Checks were undertaken to exclude those service users who lack the capacity to consent to take part. All services users within each of the four selected samples were sent a self-completion questionnaire in the post.

Each type of service user was sent a questionnaire in a format appropriate to their needs. For example, those who were identified as having learning disabilities were sent questionnaires in an easy-read format. The different questionnaires asked the same questions. However, the responses for question 1 and question 2 in the easy-read versions consisted of five response options, not seven response options like the standard questionnaires.

1354 self-completion postal questionnaires were sent to the service users in the sample during January 2024. Reminder letters were sent during February 2024. In total, 378 questionnaires were returned, giving an overall response rate of 28%. The returned questionnaires were processed and compiled on a datasheet provided by NHS Digital. This completed datasheet was returned to NHS Digital for validation. The final validated survey result for all councils in England, along with several other related publications including the 2023/24 ASCOF score, are published by NHS Digital at <https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey>. The final validated data is weighted by NHS Digital to account for non-response.

The analysis of question 1 and question 2 combines the responses to the easy-read questionnaire (five response options) and standard questionnaire (seven responses options).

3.1 Limitations

The table below shows the sample tolerances that apply to the results in this survey. Sampling tolerances vary with the size of the sample as well as the percentage results.

Number of respondents	50/50 + / -	30/70 + / -	10/90 + / -
100	10%	9%	6%
200	7%	6%	4%
300	6%	5%	3%
400	5%	5%	3%
500	4%	4%	3%

In a sample of 400 respondents where 50% of respondents give a particular answer to a question, we would expect that in the same population if 100 different samples of 400 respondents were asked the same question then in 95 of those samples the response would be between 45% and 55% (ie +/- 5%). Therefore, we can be 95% confident that the population (adult social care users) would provide a response to the same question somewhere between 45% and 55%.

It should also be noted that the eligible population of adult social care users for the Adult Social Care Survey changed from the 2013-14 survey to 2014-15 survey. In the 2013-14 survey it had been those in receipt of local authority funded services following a full assessment of need. The key changes to the eligible population for the 2013-14 survey and the 2014-15 survey are that:

- Service users whose only services are the provision of equipment, professional support or short-term residential care who were included in previous years are not included this year. The exception to this is that service users receiving professional support for their mental health needs are included even where this support is the only service they receive.
- 'Full-cost clients' (those who pay for the full costs of their services, but whose care needs are assessed and supported through the local authority) were not eligible for inclusion in years prior to 2014-15.

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

4 Main findings

4.1 ASCOF summary

The ASCS data is used for seven ASCOF indicators. Lancashire's 2023/24 scores for these indicators are presented in the table below.

Only one of the seven of Lancashire's ASCS 2023/24 ASCOF scores has a statistically significant difference compared to the previous year (2022/23). The score for indicator 1B Quality of life of people who use services - adjusted to account only for the additional impact of local-authority funded social care on quality of life, removing non-service-related factors (such as underlying health and care needs, gender) is significantly higher in 2023/24 than 2022/23.

Table 1 ASCOF measures from the Adult Social Care Survey – year-on-year comparison

	2021/22	2022/23	2023/24
1A Social care-related quality of life score	19.3	18.9	19.4
1B Adjusted Social care-related quality of life – impact of Adult Social Care services	0.440	0.385	0.464
1D Overall satisfaction of people who use services with their care and support	69%	66%	67%
3A The proportion of people who use services who have control over their daily life	80%	77%	80%
3C1 The proportion of people who use services who find it easy to find information about support	69%	69%	69%
4A The proportion of people who use services who feel safe	70%	66%	71%
5A1 The proportion of people who use services, who reported that they had as much social contact as they would like	45%	46%	46%

4.1.1 Comparing different councils' ASCS ASCOF scores

The ASCS ASCOF measures are calculated using survey data and are therefore subject to confidence intervals.

With survey data, confidence intervals express the range of values that we would expect the response to fall between if the survey was repeated numerous times. The confidence intervals published by NHS Digital for this survey are the 95% confidence intervals. Therefore, if the survey was repeated in the exact same way 100 times, we would expect that 95 times the value would be somewhere between the range given by the confidence intervals.

When comparing the survey results of different councils, each council's confidence intervals need to be taken account before it can be said if they differ statistically from each other. One way to do this is to test if their confidence intervals don't overlap each other. If they don't overlap, they can be said to be statistically significantly different from each other. This method is used for comparing 1A and 1B as these

indicators are derived scores. For all other ASCOF indicators, a z-score test has been used to determine where statistically significant differences exist.

4.1.2 North West councils

There are 24 councils in North West England with responsibility for adult social care. They are:

- Blackburn with Darwen
- Blackpool
- Bolton
- Bury
- Cheshire East
- Cheshire West and Chester
- Cumberland
- Halton
- Knowsley
- Lancashire
- Liverpool
- Manchester
- Oldham
- Rochdale
- Salford
- Sefton
- St. Helens
- Stockport
- Tameside
- Trafford
- Warrington
- Westmorland and Furness
- Wigan
- Wirral

Table 2 Lancashire's ASCS 2023/24 ASCOF scores compared to other North West councils

	1A	1B	1D	3A	3C1	4A	5A1
Higher score than LCC	0	0	0	2	0	2	1
Same score as LCC	20	13	22	16	22	20	22
Lower score than LCC	3	10	1	5	1	1	0

There are some statistical differences between Lancashire's ASCS 2023/24 ASCOF scores and the scores of the other North West councils, with Lancashire scoring statistically identical scores to most other councils for most of the indicators. The differences between Lancashire and other North West councils in each of the seven indicators is summarised below.

For the indicator '1A Social care-related quality of life score', Manchester, Trafford, and Warrington had scores that were statistically significantly lower than Lancashire's score.

For the indicator '1B Adjusted Social care-related quality of life – impact of Adult Social Care services', ten North West councils had scores that were significantly lower than Lancashire's, including: Blackpool, Bury, Cheshire East, Halton, Liverpool, Manchester, Salford, Sefton, St. Helens, and Warrington.

For the indicator '1D Overall satisfaction of people who use services with their care and support', Trafford had a score that was statistically significantly lower than Lancashire's score.

For the indicator '3A The proportion of people who use services who have control over their daily life', Blackburn with Darwen, Halton, Manchester, Oldham, and Trafford had scores that were significantly lower than Lancashire's score. In contrast, Cumberland and Westmorland and Furness had scores that were significantly higher than Lancashire's.

For the indicator '3C1 The proportion of people who use services who find it easy to find information about support', Warrington had a score that was statistically significantly lower than Lancashire's score.

For the indicator '4A The proportion of people who use services who feel safe', Manchester had a score that was statistically significantly lower than Lancashire's score. In contrast, Cheshire West and Chester and Stockport had scores that were statistically significantly higher than Lancashire's.

For the indicator '5A1 The proportion of people who use services', who reported that they had as much social contact as they would like, Cheshire West and Chester had a score that was statistically significantly higher than Lancashire's score.

4.1.3 Peer group councils

There are 15 councils in the Lancashire peer group. They are:

- Cambridgeshire
- Essex
- Gloucestershire
- Hampshire
- Hertfordshire
- Kent
- Kirklees
- Leicestershire
- Nottinghamshire
- South Gloucestershire
- Staffordshire
- Surrey
- Warwickshire
- West Sussex
- Worcestershire

Table 3 Lancashire's ASCS 2023/24 ASCOF scores compared to its peer group councils

	1A	1B	1D	3A	3C1	4A	5A1
Higher score than LCC	0	0	1	0	0	2	0
Same score as LCC	13	12	14	15	13	13	14
Lower score than LCC	2	3	0	0	2	0	1

There are some statistical differences between the ASCS 2023/24 ASCOF scores of Lancashire and the councils in its peer group, with Lancashire scoring statistically identical scores to most other councils for most of the indicators. The differences occur in indicators 1A, 1B, 1D, 3C1, 4A and 5A1.

For the indicator '1A Social care-related quality of life score', Essex and Surrey had a score that was statistically significantly lower than Lancashire's score.

For the indicator '1B Adjusted Social care-related quality of life – impact of Adult Social Care services', Kirklees, Surrey, and Warwickshire had a score that was statistically significantly lower than Lancashire's score.

For the indicator '1D Overall satisfaction of people who use services with their care and support', Warwickshire had a score that was statistically significantly higher than Lancashire's score.

For the indicator '3A The proportion of people who use services who have control over their daily life', no peer group council had a score statistically significantly different to Lancashire's score.

For the indicator '3C1 The proportion of people who use services who find it easy to find information about support', Essex and Leicestershire had scores that were statistically significantly lower than Lancashire's score.

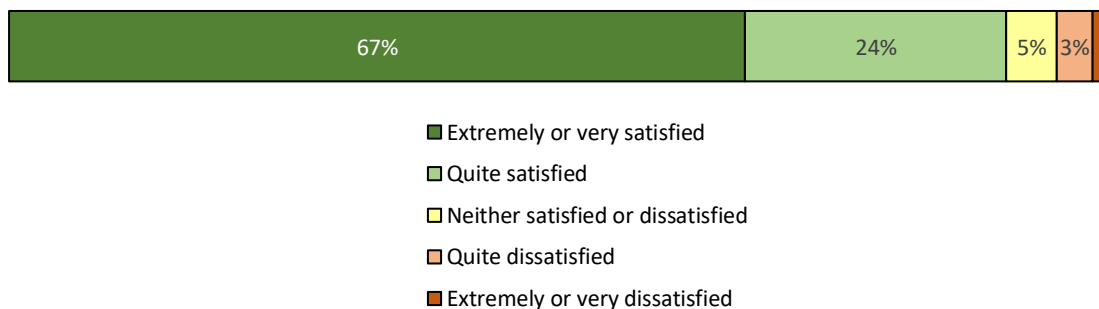
For the indicator '4A The proportion of people who use services who feel safe', Kent and West Sussex had scores that were statistically significantly higher than Lancashire's score.

For the indicator '5A1 The proportion of people who use services, who reported that they had as much social contact as they would like', Essex had a score that was statistically significantly lower than Lancashire's score.

4.2 Overall satisfaction

The questionnaire began by asking respondents how satisfied or dissatisfied they were with the care and support services they receive. Overall, about nine-tenths of respondents (91%) were satisfied² with the care and support services they receive. However, one-in-twenty respondents (5%) were dissatisfied³.

Chart 1 Overall, how satisfied or dissatisfied are you with the care and support services you receive?



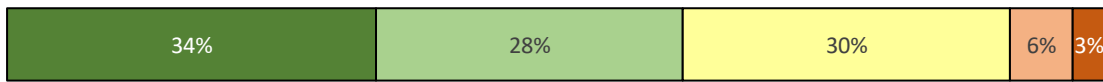
Base: all respondents (unweighted 370)

² Either 'extremely satisfied', 'very satisfied' or 'quite satisfied'.

³ Either 'extremely dissatisfied', 'very dissatisfied' or 'quite dissatisfied'.

Respondents were then asked how they rated their quality of life as a whole. About three-fifths of respondents (62%) rated their quality of life as good⁴ and about one-in-ten respondents (9%) rated their quality of life as bad⁵.

Chart 2 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?



- So good it could not be better or very good
- Good
- Alright
- Bad
- So bad it could not be worse or very bad

Base: all respondents (unweighted 369)

4.2.1 Having choice over care and support

Respondents were then asked which of three statements best described how much choice they have over the care and support services they receive. A little over two-thirds of respondents (70%) said that they have enough choice, a quarter of respondents (25%) said that they don't have enough choice and one-in-twenty respondents (5%) said they don't want or need choice about the care and support services they receive.

Chart 3 Which of the following statements best describes how much choice you have over the care and support services you receive?



- I do have enough choice over care and support services
- I don't have enough choice over care and support services
- I don't want or need choice over care and support services

Base: all respondents (unweighted 211)

⁴ Either 'so good it could not be better', very good' or 'good'.

⁵ Either 'so bad it could not be worse', 'very bad' or 'bad'.

4.3 1A Social care-related quality of life score

The ASCOF measure '1A Social care-related quality of life score' is constructed from eight domains. This indicator aims to give an overarching view of the quality of life of social care users. The eight domains are control, personal care, food and nutrition, accommodation, safety, social participation, occupation and dignity.

For each domain, respondents were presented a question and asked to choose which description from four different options best matched their situation. For example, for the safety domain, respondents were asked which of the following statements best described how safe they feel, 'I feel as safe as I want', 'Generally I feel adequately safe, but not as safe as I would like', 'I feel less than adequately safe' and 'I don't feel at all safe'.

The following table shows the full response to all eight questions.

Table 4 Responses in full for the questions that make up the ASCOF measure 1A Social care-related quality of life score

Domain – question	Response	(%)
Control - Which of the following statements best describes how much control you have over your daily life? I have...	...as much control over my daily life as I want	33%
	...adequate control over my daily life	47%
	...some control over my daily life but not enough	17%
	...no control over my daily life	4%
Personal care - Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?	I feel clean and am able to present myself the way I like	52%
	I feel adequately clean and presentable	42%
	I feel less than adequately clean or presentable	5%
	I don't feel at all clean or presentable	1%
Food and nutrition - Thinking about the food and drink you get, which of the following statements best describes your situation?	I get all the food and drink I like when I want	67%
	I get adequate food and drink at OK times	30%
	I don't always get adequate or timely food and drink	2%
	I don't always get adequate or timely food and drink, and I think there is a risk to my health	1%
Accommodation - Which of the following statements best describes how clean and comfortable your home is? My home is...	... as clean and comfortable as I want	71%
	... is adequately clean and comfortable	26%
	...not quite clean or comfortable enough	2%
	...not at all clean or comfortable	1%
Safety - Which of the following statements best describes how safe you feel?	I feel as safe as I want	71%
	Generally I feel adequately safe, but not as safe as I would like	24%
	I feel less than adequately safe	4%
	I don't feel at all safe	1%
Social participation - Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? I have...	...as much social contact as I want with people I like	47%
	...adequate social contact with people	32%
	... some social contact with people, but not enough	15%
	...little social contact with people and feel socially isolated	6%



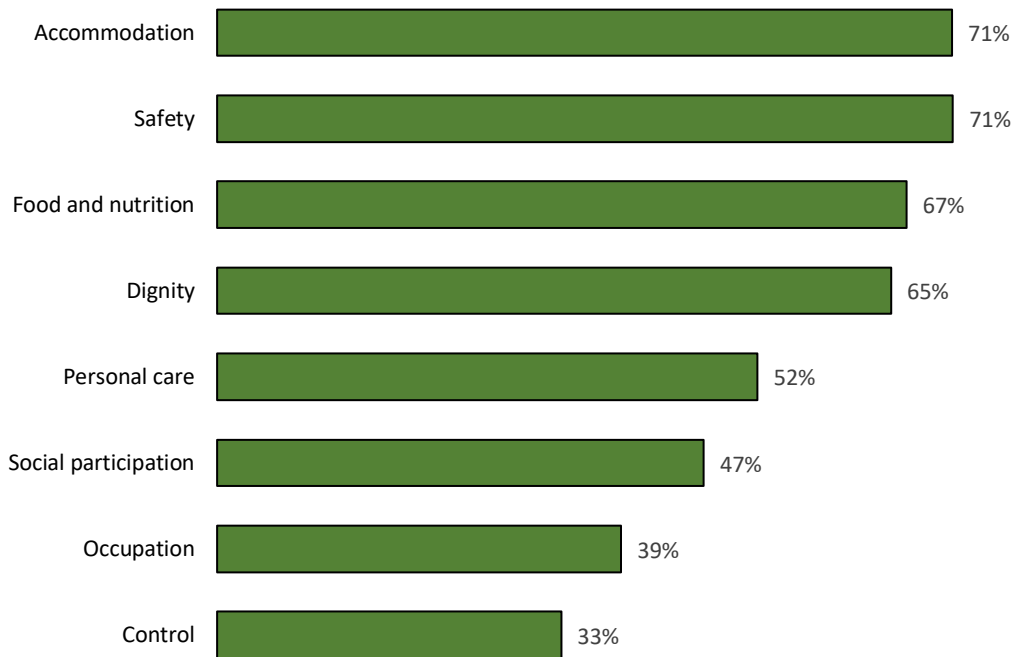
Occupation - Which of the following statements best describes how you spend your time?	I'm able to spend my time as I want, doing things I value or enjoy	39%
	I'm able to do enough of the things I value or enjoy with my time	31%
	I do some of the things I value or enjoy with my time but not enough	24%
	I don't do anything I value or enjoy with my time	5%
Dignity - Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself? The way I'm helped and treated...	...makes me think and feel better about myself	65%
	...does not affect the way I think or feel about myself	26%
	...sometimes undermines the way I think and feel about myself	8%
	...completely undermines the way I think and feel about myself	1%



For each domain, the four possible responses can be equated with having 'no unmet needs in a specific life area or domain (the ideal state)', 'needs adequately met', 'some needs met', or 'no needs met'. Shown in the chart below is the proportion of respondents in each of the eight domains with 'no unmet needs'.

Of the eight domains, respondents were most likely to have 'no unmet needs' for accommodation (71%) and safety (71%). Respondents were least likely to have 'no unmet needs' for occupation (39%) and control (33%).

Chart 4 1A Social care-related quality of life score – 'no unmet needs'



Base: all respondents (unweighted 358-371)

Table 5 shows the eight domains over time, from 2017/18 to 2023/24. Between the 2022/23 and 2023/24 surveys there were no statistically significant improvements or declines in the domains.

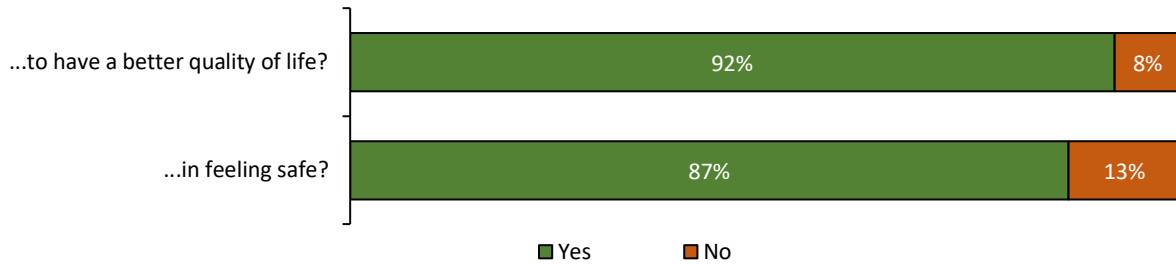
Table 5 ASCOF measure 1A Social care-related quality of life score domains over time (2017/18 to 2023/24)

Domain - question	17/18	18/19	19/20	21/22	22/23	23/24
Control - Which of the following statements best describes how much control you have over your daily life? <i>I have as much control over my daily life as I want</i>	34%	34%	35%	36%	34%	33%
Personal care - Thinking about your personal care, by which we mean being clean and presentable in appearance, which of the following statements best describes your situation? <i>I feel clean and am able to present myself the way I like</i>	58%	58%	57%	58%	54%	52%
Food and nutrition - Thinking about the food and drink you get, which of the following statements best describes your situation? <i>I get all the food and drink I like when I want</i>	68%	61%	61%	68%	66%	67%
Accommodation - Which of the following statements best describes how clean and comfortable your home is? <i>My home is as clean and comfortable as I want</i>	75%	64%	70%	71%	66%	71%
Safety - Which of the following statements best describes how safe you feel? <i>I feel as safe as I want</i>	76%	70%	68%	70%	65%	71%
Social participation - Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? <i>I have as much social contact as I want with people I like</i>	49%	44%	40%	45%	44%	47%
Occupation - Which of the following statements best describes how you spend your time? <i>I'm able to spend my time as I want, doing things I value or enjoy</i>	42%	37%	29%	39%	34%	39%
Dignity - Thinking about the way you are helped and treated and how that makes you think and feel about yourself, which of these statements best describes your situation? <i>The way I'm helped and treated makes me think and feel better about myself</i>	63%	59%	60%	63%	62%	65%

For the question on quality of life and for some of the eight domains, a follow up question was asked about whether the care and support services they receive help them in that area. For example, in the control domain, respondents were asked if care and support services helped them in having control over their daily life.

For the quality of life question and safety domain, respondents could answer 'yes' or 'no'. Respondents were most likely to say 'yes' that care and support services helped them to have a better quality of life (92%).

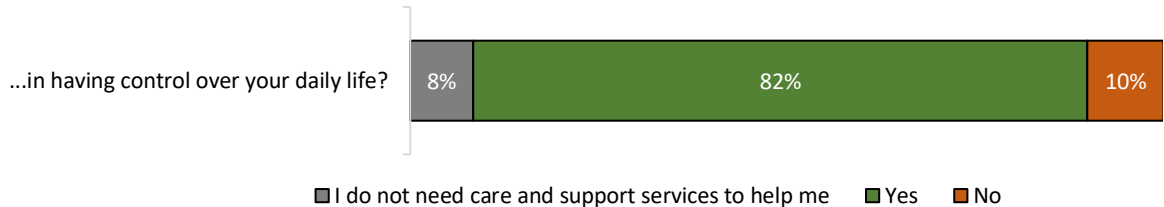
Chart 5 Do care and support services help you...



Base: all respondents (unweighted 365)

For the remaining domain (control), respondents could answer 'yes', 'no' or that 'I do not need care and support services to help me have control over my daily life'. For this domain, respondents were most likely to say 'yes' that care and support services helped them in having control over their daily life (82%).

Chart 6 Do care and support services help you...



Base: all respondents (unweighted 347)

4.4 Information

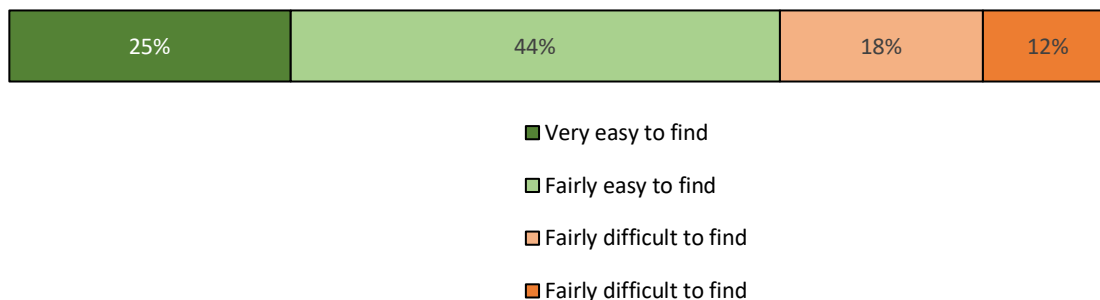
Respondents were asked if, in the past year, they had generally found it easy or difficult to find information and advice about support, services or benefits. Around two-fifths of respondents (41%) said that they hadn't tried to find any information or advice.

Of those respondents who have tried to find information or advice, more than two thirds (70%) said it was easy⁶ to find and just under a third (30%) said it was difficult to find⁷.

⁶ Either very easy to find or fairly easy to find

⁷ Either very difficult to find or fairly difficult to find

Chart 7 In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?



Base: respondents who have tried to find information or advice (unweighted 212)

4.5 Health

Over two-fifths of respondents (41%) said that in general their health was very good or good, almost two-fifths of respondents (41%) said that their health in general was fair and just under a fifth (19%) said it was bad or very bad.

Table 6 How is your health in general?

Very good	14%
Good	27%
Fair	41%
Bad	15%
Very bad	4%

A third of respondents (33%) said that they had no pain or discomfort on the day they responded to the questionnaire, half of respondents (52%) said that they had moderate pain or discomfort, and about a seventh of respondents (15%) said that they had extreme pain or discomfort.

Table 7 Which statements best describe your own health state today

I have no pain or discomfort	33%
I have moderate pain or discomfort	52%
I have extreme pain or discomfort	15%

Half of respondents (51%) said that they were not anxious or depressed on the day they responded to the questionnaire, two-fifths of respondents (39%) said that they were moderately anxious or depressed and a tenth (10%) said that they were extremely anxious or depressed.

Table 8 Which statements best describe your own health state today

I am not anxious or depressed	51%
I am moderately anxious or depressed	39%
I am extremely anxious or depressed	10%

4.5.1 Doing things for myself

Respondents were presented with eight statements such as, do you usually manage to feed yourself, and asked if it is something they can do it easily by themselves, if they have difficulty doing it by themselves or if they can't do it by themselves.

Of the eight statements, the things that respondents were most likely to say they can't do by themselves were deal with finances and paperwork (63%), manage to wash all over (39%) and manage to get dressed and undressed (31%).

Table 9 Do you usually...?

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
...manage to get around indoors (except steps) by yourself	51%	29%	20%
...manage to get in and out of a bed (or a chair) by yourself	54%	24%	22%
...manage to feed yourself	75%	17%	7%
...deal with finances and paperwork - for example, paying bills, writing letters - by yourself	20%	18%	63%
...manage to wash all over by yourself, using either a bath or shower	30%	31%	39%
...manage to get dressed and undressed by yourself	40%	29%	31%
...manage to use the WC/toilet by yourself	58%	19%	23%
...manage to wash your face and hands by yourself	70%	17%	13%

4.5.2 Getting around in my local area

Respondents were asked about getting around in their local area. Over a quarter of respondents (27%) said that they can get to all the places in their local area that they want. About a fifth (21%) said that, at times, they find it difficult to get to all the places in their local area that they want. Half of respondents (51%) said that they are unable to get to all the places in their local area that they want or that they do not leave their home.

Table 10 Thinking about getting around outside of your home, which of the following statements best describes your present situation?

I can get to all the places in my local area that I want	27%
At times I find it difficult to get to all the places in my local area that I want	21%
I am unable to get to all the places in my local area that I want	21%
I do not leave my home	30%

4.6 Type of help and support received

Three-quarters of respondents (76%) were in a community support setting, one fifth (19%) were in residential care and less than one-in-twenty respondents (5%) were in nursing care.

Table 11 Support setting

Community	76%
Residential care	19%
Nursing care	5%

About a third of respondents (32%) had a local authority (LA) managed personal budget, a fifth of respondents had direct payment only (21%), a fifth had LA commissioned support only (20%) and about one-in-fifty (3%) had part direct payment.

Table 12 Mechanism of delivery

Direct payment only	21%
Part direct payment	3%
LA managed personal budget	32%
LA commissioned support only	20%
Missing	24%

Just under a fifth of respondents (17%) didn't receive any practical help on a regular basis from their husband/wife, partner, friends, neighbours, or family members. Almost half of respondents (47%) received help from someone living in their household and half (50%) received help from someone living in another household.

Table 13 Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

Yes, from someone living in my household	47%
Yes, from someone living in another household	50%
No	17%

About two-thirds of respondents (64%) didn't buy any additional care or support privately or pay more to 'top-up' their care and support. Just over a quarter of respondents (27%) bought some more care and support with their own money and one-tenth of respondents (11%) had family that paid for some more care and support for them.

Table 14 Do you buy any additional care or support privately or pay more to 'top up' your care and support?

Yes, I buy some more care and support with my own money	27%
Yes, my family pays for some more care and support for me	11%
No	64%

4.7 Suitability of home

More than half of respondents (54%) said that their home met their needs very well. Almost a third of respondents (32%) said that their home met most or some of their needs. However, about one-in-fifty respondents (3%) said that their home was totally inappropriate for their needs.

Table 15 How well do you think your home is designed to meet your needs?

My home meets my needs very well	54%
My home meets most of my needs	32%
My home meets some of my needs	11%
My home is totally inappropriate for my needs	3%

4.8 Demographics

About three-fifths of respondents (58%) were female and about two-fifths of respondents (42%) were male.

Table 16 Gender

Male	42%
Female	58%
Other	0%

A little over eight-tenths of respondents (83%) were white and almost one-tenth of respondents (9%) were from an ethnic minority community.

Table 17 Ethnicity

White	83%
Ethnic minority	9%
Refused/not stated	8%

Three-fifths of respondents (61%) were aged 65 and over and two-fifths of respondents (39%) were aged 18-64.

Table 18 Age group

18-64	39%
65 and over	61%

5 Appendix

ASCOF measures definitions

Measure	1A Social care-related quality of life score
Objective	Objective 1: quality of life - <i>people's quality of life is maximised by the support and services which they access, given their needs and aspirations, while ensuring that public resources are allocated efficiently.</i>
Rationale	This metric gives an overarching view of the quality of life of people who draw on social care. It is based on the outcome domains of social care-related quality of life identified in the adult social care outcomes toolkit developed by the Personal Social Services Research Unit.
Definition	This is a composite measure using responses to questions from the Adult Social Care Survey covering eight domains (control, personal care, food and nutrition, accommodation, safety, social participation, occupation and dignity). Responses indicate whether the individual has unmet needs in any of the eight areas. The domains are given equal weight, with the measure calculated using a simple cumulative score based on responses to each question. A score out of 24 is produced by dividing the cumulative scores by the number of individuals who responded to the eight domains. <i>Data source: Adult Social Care Survey</i>

Measure	1B Adjusted Social care-related quality of life – impact of Adult Social Care services
Objective	Objective 1: quality of life - <i>people's quality of life is maximised by the support and services which they access, given their needs and aspirations, while ensuring that public resources are allocated efficiently.</i>
Rationale	This metric gives a view into the impact of social care on the quality of life of people who draw on social care, which is a composite metric using responses to the 8 domains identified in the adult social care outcomes toolkit. It is adjusted to account only for the additional impact of local-authority funded social care on quality of life, removing non-service-related factors
Definition	This is a composite measure using responses to questions from the Adult Social Care Survey covering eight domains (control, personal care, food and nutrition, accommodation, safety, social participation, occupation and dignity). Responses indicate whether the individual has unmet needs in any of the eight areas. The formula for calculating this indicator is set out in the Quality and Outcomes of Person-centred Care Policy Research Unit's report titled, 'Interpreting outcomes data for use in the Adult Social Care Outcomes Framework'. <i>Data source: Adult Social Care Survey</i>

Measure	1D Overall satisfaction of people who use services with their care and support
Objective	Objective 1: quality of life - <i>people's quality of life is maximised by the support and services which they access, given their needs and aspirations, while ensuring that public resources are allocated efficiently.</i>
Rationale	This measures the satisfaction with services of people using adult social care, which is directly linked to a positive experience of care and support. Analysis of surveys suggests that reported satisfaction with services is a good predictor of people's overall experience of services.
Definition	<p>Numerator: In response to Question 1, those individuals who selected the response 'I am extremely satisfied' or 'I am very satisfied', and those who select the response 'I am very happy with the way staff help me, it's really good', in response to Question 1 of the Easy Read questionnaire.</p> <p>Denominator: All those that responded to question 1.</p> <p><i>Data source: Adult Social Care Survey</i></p>

Measure	3A The proportion of people who use services who have control over their daily life
Objective	Objective 3: empowerment - information and advice - <i>individuals, their families and carers are empowered by access to good quality information and advice to have choice and control over the care they access, ensuring that people have a positive experience of care and support.</i>
Rationale	A key objective of the drive to make care and support more personalised is that support more closely matches the needs and wishes of the individual, putting users of services in control of their care and support. Therefore, asking users of care and support about the extent to which they feel in control of their daily lives is one means of measuring whether this outcome is being achieved.
Definition	<p>Numerator: In response to question 3a, those individuals who selected the response 'I have as much control over my daily life as I want' and 'I have adequate control over my daily life'.</p> <p>Denominator: All those that answered question 3a.</p> <p><i>Data source: Adult Social Care Survey</i></p>

Measure	3C1 The proportion of people who use services who find it easy to find information about support
Objective	Objective 3: empowerment - information and advice - <i>individuals, their families and carers are empowered by access to good quality information and advice to have choice and control over the care they access, ensuring that people have a positive experience of care and support.</i>
Rationale	This metric reflects social services users' and carers' experience of access to information and advice about social care in the past year. Information is a core universal service and a key factor in early intervention and reducing dependency.
Definition	<p>Numerator: In response to question 13, those individuals who selected the response 'very easy to find' and 'fairly easy to find'.</p> <p>Denominator: All those that answered question 13.</p> <p><i>Data source: Adult Social Care Survey (for 3C1)</i></p>

Measure	4A The proportion of people who use services who feel safe
Objective	Objective 4: safety - <i>people have access to care and support that is safe, and which is appropriate to their needs (especially in the use of custody or other secure settings).</i>
Rationale	This measures one component of the overarching 'social care-related quality of life' metric, focused on the outcome to safeguard people whose circumstances make them vulnerable and to protect them from avoidable harm.
Definition	<p>Numerator: In response to question 7a, those individuals who selected the response 'I feel as safe as I want'.</p> <p>Denominator: All those that respond to question 7a.</p> <p><i>Data source: Adult Social Care Survey</i></p>

Measure	5A1 The proportion of people who use services, who reported that they had as much social contact as they would like
Objective	Objective 5: social connections - <i>people are enabled by adult social care to maintain and where appropriate regain their connections to their own home, family, and community.</i>
Rationale	There is a clear link between loneliness and poor mental and physical health. A key element of the government’s vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This metric will draw on self-reported levels of social contact as an indicator of social isolation for both users of social care and carers.
Definition	<p>Numerator: In response to the question 8a, those individuals who selected the response ‘I have as much social contact as I want with people I like’.</p> <p>Denominator: All those that respond to question 8a.</p> <p><i>Data source: Adult Social Care Survey (for 5A1)</i></p>