

# Adult Social Care Survey 2024/25

Lancashire County Council Summary Report



<b>Title</b>	Adult Social Care Survey 2024/25 Lancashire County Council summary report
<b>Version number</b>	1
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<b>Date of creation</b>	02/03/2026	<b>Review cycle</b>	
<b>Last review</b>		<b>Next review date</b>	

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 2024/25 ASCS, 1540 self-completion postal questionnaires were sent to a stratified random sample of adult social care service users during January 2025. Reminder letters were sent during February 2025. In total, 445 questionnaires were returned, giving an overall response rate of 29%.

## 1.1 Key findings

### 1.1.1 Overall satisfaction

- Overall, about nine-tenths of respondents (92%) were satisfied with the care and support services they receive. However, three-in-a-hundred respondents (3%) were dissatisfied.
- Over half of respondents (53%) rated their quality of life as good and about one-in-six respondents (15%) rated their quality of life as bad.

### 1.1.2 Having choice over care and support

- More than three-quarters (77%) said that they have enough choice about the care and support services they received. However, over one-fifth of respondents (18%) said that they don't have enough choice.

### 1.1.3 Social care related quality of life

- A third of respondents (34%) said that they have as much control over their daily life as they want. Three-in-a-hundred respondents (3%) said that they have no control over their lives.
- Four-fifths of respondents (81%) agreed that care and support services help them in having control over their daily lives.
- Over two-fifths of respondents (44%) said that they felt clean, and they were able to present themselves the way they liked. More than one-in-twenty respondents (7%) said that they didn't feel clean or presentable.
- Two-thirds of respondents (64%) 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.
- Two-thirds of respondents (64%) said that their home was as clean and comfortable as they wanted. Fewer than one-in-a-hundred respondents (0.2%) said that their home was not at all clean or comfortable.

- Two-thirds of respondents (64%) said that they felt as safe as they wanted. One-in-a-hundred respondents (1%) said that they didn't feel at all safe.
- More than nine-in-ten respondents (92%) agreed that care and support services help them in feeling safe.
- About two-fifths of respondents (41%) 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.
- Over one-third of respondents (36%) said that they were able to spend their time as they wanted, doing things they valued or enjoyed. However, about one-in-twenty respondents (6%) said that they didn't do anything they valued with their time.
- Two-thirds of respondents (66%) 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.
- Almost nine-tenths of respondents (89%) 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, less than two-fifths (38%) said it was easy to find and about one-fifth (21%) said it was difficult to find.

#### **1.1.5 Health**

- About one-third of respondents (35%) said that in general their health was very good or good, two-fifths of respondents (40%) said that their health was fair in general and one quarter (25%) said it was bad or very bad.
- Almost one third of respondents (31%) said that they had no pain or discomfort on the day they responded to the questionnaire, half of respondents (50%) said that they had moderate pain or discomfort, and about one-in-five respondents (19%) said that they had extreme pain or discomfort.
- About two-fifths of respondents (44%) said that they were not anxious or depressed on the day they responded to the questionnaire, two-fifths of respondents (45%) said that they were moderately anxious or depressed and about one tenth (11%) said that they were extremely anxious or depressed.

#### ***Doing things for myself***

- Almost one quarter of respondents (23%) said that they couldn't deal with finances and paperwork – for example, paying bills, writing letters – by themselves.
- Almost two-fifths of respondents (37%) said that they couldn't manage to wash all over by themselves, using either a bath or a shower.
- More than one quarter of respondents (26%) said that they couldn't manage to get dressed and undressed by themselves.

#### **1.1.6 Getting around in my local area**

- About a quarter of respondents (26%) said that they can get to all the places in their local area that they want. A quarter (25%) said that, at times, they find

it difficult to get to all the places in their local area that they want. Almost half of respondents (48%) 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.

### **1.1.7 Type of help and support received**

- Almost four-fifths of respondents (78%) were in a community support setting, a fifth (18%) were in residential care and less than one-in-twenty respondents (4%) were in nursing care.
- Over one-third of respondents (38%) had a local authority (LA) managed personal budget, a quarter of respondents had direct payment only (25%), more than one-in-ten had LA-commissioned support only (13%) and about one-in-fifty (2%) had part direct payment.
- One-quarter of respondents (25%) didn't receive any practical help on a regular basis from their husband/wife, partner, friends, neighbours, or family members. Over one-third of respondents (36%) received help from someone living in their household and almost half of respondents (47%) 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. Over a quarter of respondents (28%) bought some more care and support with their own money and about one-tenth of respondents (9%) had family that paid for some more care and support for them.

### **1.1.8 Suitability of home**

- More than half of respondents (55%) said that their home met their needs very well. Over two-fifths of respondents (41%) said that their home met most or some of their needs. However, just over one-in-fifty respondents (4%) said that their home was totally inappropriate for their needs.

### **1.1.9 Demographics**

- Over half of respondents (59%) were female and less than half of respondents (41%) were male.
- Just over four-fifths of respondents (83%) were white and about one-in-ten respondents (9%) were from an ethnic minority community.
- Under two-third of respondents (64%) were aged 65 and over and just over a third of respondents (36%) 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 2024<sup>1</sup>. 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 111)

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<sup>1</sup> <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 1540 people was selected from the eligible population produced in November 2024. The eligible population for the Adult Social Care Survey (ASCS) 2024/25 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 stratum.

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.

1540 self-completion postal questionnaires were sent to the service users in the sample during January 2025. Reminder letters were sent during February 2025. In total, 445 questionnaires were returned, giving an overall response rate of 29%. 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 2024/25 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 2024/25 scores for these indicators are presented in the table below.

None of the seven of Lancashire's ASCS 2024/25 ASCOF scores have a statistically significant difference compared to the previous year (2023/24) at 95% confidence interval.

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

	2022/23	2023/24	2024/25
1A Social care-related quality of life score	18.9	19.4	18.9
1B Adjusted Social care-related quality of life – impact of Adult Social Care services	0.385	0.464	0.426
1D Overall satisfaction of people who use services with their care and support	66%	67%	70%
3A The proportion of people who use services who have control over their daily life	77%	80%	79%
3C1 The proportion of people who use services who find it easy to find information about support	69%	69%	65%
4A The proportion of people who use services who feel safe	66%	71%	64%
5A1 The proportion of people who use services, who reported that they had as much social contact as they would like	46%	46%	41%

#### 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 2024/25 ASCOF scores compared to other North West councils**

	1A	1B	1D	3A	3C1	4A	5A1
Higher score than LCC	1	0	0	1	2	12	7
Same score as LCC	22	23	14	21	21	11	16
Lower score than LCC	0	0	9	1	0	0	0

There are some statistical differences between Lancashire's ASCS 2024/25 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', Cheshire West and Chester score was statistically significantly higher than Lancashire's score.

For the indicator '1B Adjusted Social care-related quality of life – impact of Adult Social Care services', no North West councils had scores that were significantly lower or higher than Lancashire's.

For the indicator '1D Overall satisfaction of people who use services with their care and support', nine North West councils had scores that were significantly lower than Lancashire's, they were Blackburn with Darwen, Manchester, Oldham, Rochdale, Stockport, Tameside, Trafford, Warrington and Wirral.

For the indicator '3A The proportion of people who use services who have control over their daily life', Oldham's score was significantly lower than Lancashire's score.

In contrast, Cumberland and Westmorland score was 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', Cheshire East and St Helens had scores that were statistically significantly higher than Lancashire's score.

For the indicator '4A The proportion of people who use services who feel safe', twelve North West councils had scores statistically significantly higher than Lancashire's score. They were Blackpool, Cheshire East, Cheshire West and Chester, Cumberland, Knowsley, Liverpool, Manchester, Sefton, St. Helens, Tameside, Warrington and Westmorland and Furness.

For the indicator '5A1 The proportion of people who use services', who reported that they had as much social contact as they would like, seven North West councils had scores that were statistically significantly higher than Lancashire's score. They were Cheshire East, Cheshire West and Chester, Knowsley, Liverpool, Manchester, Sefton and Westmorland and Furness.

#### 4.1.3 Peer group councils

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

- Derbyshire
- Devon
- East Sussex
- Essex
- Gloucestershire
- Hampshire
- Kent
- Lincolnshire
- Norfolk
- Nottinghamshire
- Staffordshire
- Suffolk
- Warwickshire
- West Sussex
- Worcestershire

**Table 3 Lancashire's ASCS 2024/25 ASCOF scores compared to its peer group councils**

	1A	1B	1D	3A	3C1	4A	5A1
Higher score than LCC	0	0	0	0	1	7	5
Same score as LCC	15	15	12	14	14	8	10
Lower score than LCC	0	0	3	1	0	0	0

There are some statistical differences between the ASCS 2024/25 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 1D, 3A, 3C1, 4A and 5A1.

For the indicator '1A Social care-related quality of life score', no peer group council had a score significantly different to Lancashire's score.

For the indicator '1B Adjusted Social care-related quality of life – impact of Adult Social Care services', no peer group council had a score significantly different to Lancashire's score.

For the indicator '1D Overall satisfaction of people who use services with their care and support', Essex, Lincolnshire and West Sussex had scores that were 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', Gloucestershire had a score that was statistically significantly lower than Lancashire's score.

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

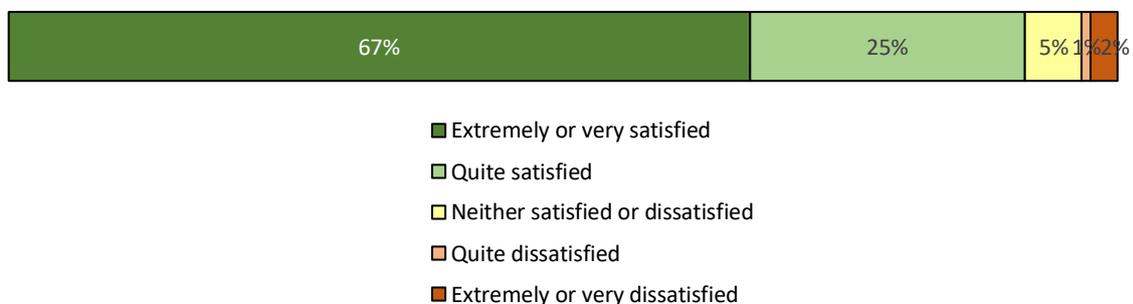
For the indicator '4A The proportion of people who use services who feel safe', seven peer group councils Derbyshire, Devon, East Sussex, Hampshire, Staffordshire, Warwickshire and Worcestershire had scores that were statistically significantly higher than Lancashire's score.

For the indicator '5A1 The proportion of people who use services, who reported that they had as much social contact as they would like', five peer group councils Derbyshire, Devon, East Sussex, Kent and Warwickshire had scores that were statistically significantly higher 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. Over nine-tenths of respondents (92%) were satisfied<sup>2</sup> with the care and support services they receive. Less than one-in-twenty respondents (3%) were dissatisfied<sup>3</sup>.

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



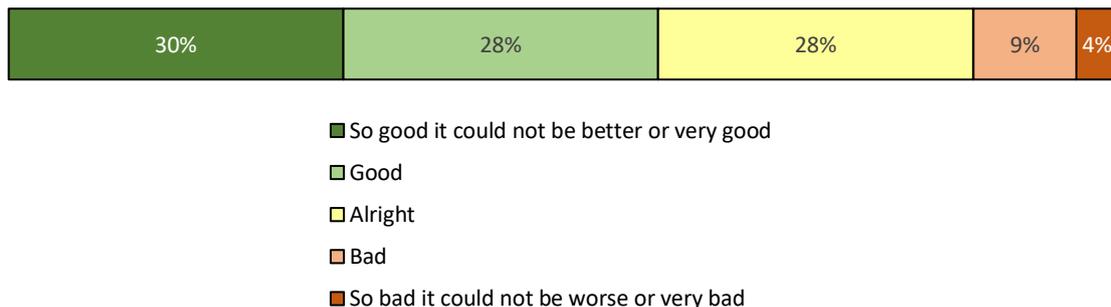
Base: all respondents (unweighted 350)

<sup>2</sup> Either 'extremely satisfied', 'very satisfied' or 'quite satisfied'.

<sup>3</sup> Either 'extremely dissatisfied', 'very dissatisfied' or 'quite dissatisfied'.

Respondents were then asked how they rated their quality of life as a whole. Just under three-fifth of respondents (58%) rated their quality of life as good<sup>4</sup> and about one-in-eight respondents (13%) rated their quality of life as bad<sup>5</sup>.

### 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?

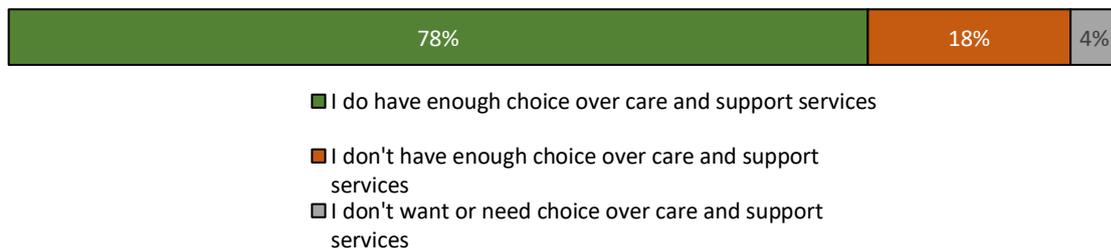


Base: all respondents (unweighted 440)

#### 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. Over three-quarter of respondents (78%) said that they have enough choice, under a fifth of respondents (18%) said that they don't have enough choice and under one-in-twenty respondents (4%) 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?



Base: all respondents (unweighted 255)

<sup>4</sup> Either 'so good it could not be better', very good' or 'good'.

<sup>5</sup> 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	(%)
<b>Control</b> - 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	34%
	...adequate control over my daily life	45%
	...some control over my daily life but not enough	19%
	...no control over my daily life	3%
<b>Personal care</b> - 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	49%
	I feel adequately clean and presentable	44%
	I feel less than adequately clean or presentable	6%
	I don't feel at all clean or presentable	1%
<b>Food and nutrition</b> - 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	64%
	I get adequate food and drink at OK times	31%
	I don't always get adequate or timely food and drink	4%
	I don't always get adequate or timely food and drink, and I think there is a risk to my health	1%
<b>Accommodation</b> - Which of the following statements best describes how clean and comfortable your home is? My home is...	... as clean and comfortable as I want	64%
	... is adequately clean and comfortable	31%
	...not quite clean or comfortable enough	5%
	...not at all clean or comfortable	0%
<b>Safety</b> - Which of the following statements best describes how safe you feel?	I feel as safe as I want	64%
	Generally I feel adequately safe, but not as safe as I would like	29%
	I feel less than adequately safe	6%
	I don't feel at all safe	1%
<b>Social participation</b> - 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	41%
	...adequate social contact with people	35%
	... some social contact with people, but not enough	17%
	...little social contact with people and feel socially isolated	6%



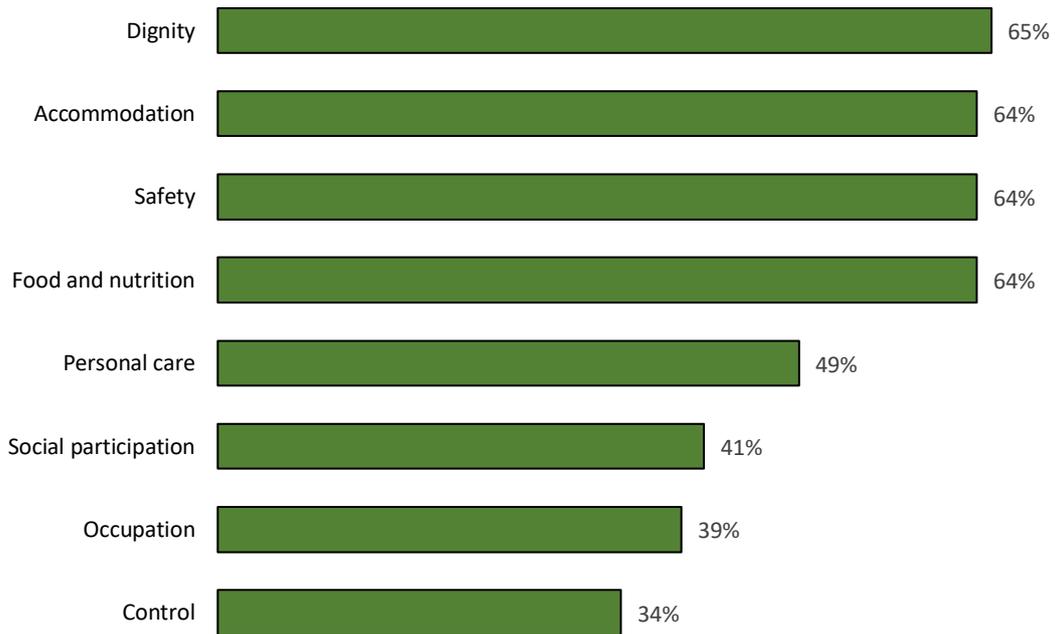
<b>Occupation</b> - Which of the following statements best describes how you spend your time?	I'm able to spend my time as I want, doing things I value or enjoy	36%
	I'm able to do enough of the things I value or enjoy with my time	30%
	I do some of the things I value or enjoy with my time but not enough	28%
	I don't do anything I value or enjoy with my time	6%
<b>Dignity</b> - 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	68%
	...does not affect the way I think or feel about myself	22%
	...sometimes undermines the way I think and feel about myself	9%
	...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, two out of three respondents have 'no unmet needs' for dignity (65%) accommodation, safety and food and nutrition (all 64%). Respondents were least likely to have 'no unmet needs' for occupation (39%) and control (34%).

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



Base: all respondents (unweighted 425-440)

Table 5 shows the eight domains over time, from 2018/19 to 2024/25. Between the 2023/24 and 2024/25 surveys there were no statistically significant improvements or declines in the domains.

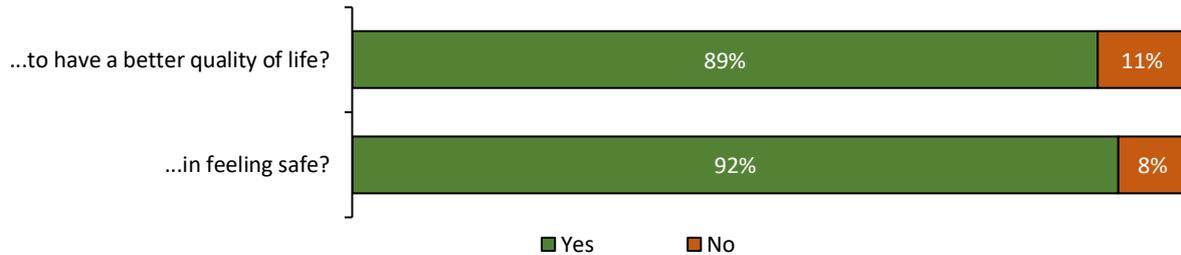
**Table 5 ASCOF measure 1A Social care-related quality of life score domains over time (2018/19 to 2024/25)**

Domain - question	18/19	19/20	21/22	22/23	23/24	24/25
<b>Control</b> - 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%	35%	36%	34%	33%	34%
<b>Personal care</b> - 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%	57%	58%	54%	52%	49%
<b>Food and nutrition</b> - 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>	61%	61%	68%	66%	67%	64%
<b>Accommodation</b> - 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>	64%	70%	71%	66%	71%	64%
<b>Safety</b> - Which of the following statements best describes how safe you feel? <i>I feel as safe as I want</i>	70%	68%	70%	65%	71%	64%
<b>Social participation</b> - 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>	44%	40%	45%	44%	47%	41%
<b>Occupation</b> - 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>	37%	29%	39%	34%	39%	36%
<b>Dignity</b> - 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>	59%	60%	63%	62%	65%	66%

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 (89%) and helped them in feeling safe (92%).

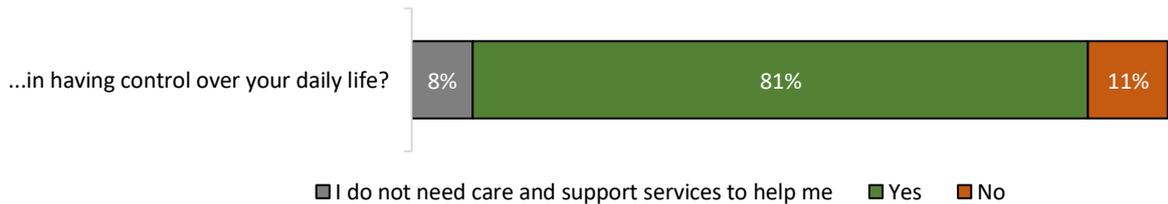
### Chart 5 Do care and support services help you...



Base: all respondents (unweighted 425-430)

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 425)

## 4.4 Information

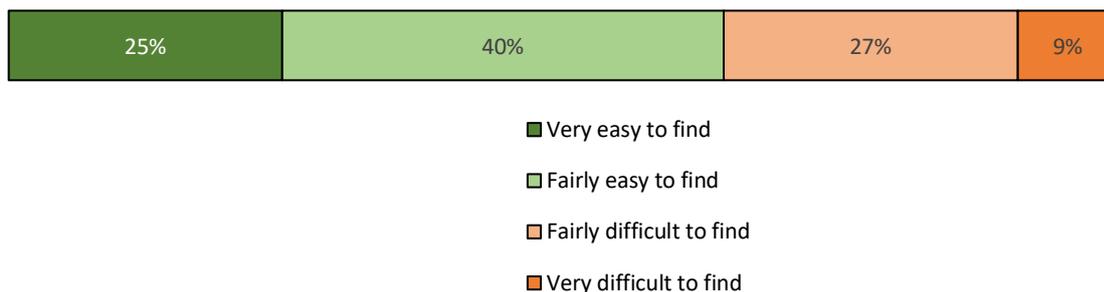
Respondents were asked if, in the past year, they had generally found it easy or difficult to find information and advice about support, services or benefits. Around two-fifths of respondents (41%) said that they hadn't tried to find any information or advice.

Of those respondents who have tried to find information or advice, just under two thirds (65%) said it was easy<sup>6</sup> to find and just over a third (36%) said it was difficult to find<sup>7</sup>.

<sup>6</sup> Either very easy to find or fairly easy to find

<sup>7</sup> 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 255)

## 4.5 Health

Over a third of respondents (35%) said that in general their health was very good or good, two-fifths of respondents (40%) said that their health in general was fair and a quarter (25%) said it was bad or very bad.

**Table 6 How is your health in general?**

Very good	11%
Good	24%
Fair	40%
Bad	20%
Very bad	5%

Under a third of respondents (31%) said that they had no pain or discomfort on the day they responded to the questionnaire, half of respondents (50%) said that they had moderate pain or discomfort, and about a fifth of respondents (19%) 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	31%
I have moderate pain or discomfort	50%
I have extreme pain or discomfort	19%

Over two fifth of respondents (44%) said that they were not anxious or depressed on the day they responded to the questionnaire, and over two-fifths of respondents (45%) 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	44%
I am moderately anxious or depressed	45%
I am extremely anxious or depressed	11%

**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 (57%), manage to wash all over (37%) and manage to get dressed and undressed (26%).

**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	52%	33%	15%
...manage to get in and out of a bed (or a chair) by yourself	57%	25%	18%
...manage to feed yourself	77%	16%	8%
...deal with finances and paperwork - for example, paying bills, writing letters - by yourself	22%	21%	57%
...manage to wash all over by yourself, using either a bath or shower	33%	31%	37%
...manage to get dressed and undressed by yourself	44%	30%	26%
...manage to use the WC/toilet by yourself	64%	18%	18%
...manage to wash your face and hands by yourself	74%	14%	12%

**4.5.2 Getting around in my local area**

Respondents were asked about getting around in their local area. A quarter of respondents (24%) said that they can get to all the places in their local area that they want. A quarter (25%) said that, at times, they find it difficult to get to all the places in their local area that they want. Nearly a half of respondents (48%) 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	24%
At times I find it difficult to get to all the places in my local area that I want	25%
I am unable to get to all the places in my local area that I want	26%
I do not leave my home	22%

### 4.6 Type of help and support received

Over three-quarters of respondents (78%) were in a community support setting, and just under one fifth (18%) were in residential care and just less than one-in-twenty respondents (4%) were in nursing care.

#### Table 11 Support setting

Community	78%
Residential care	18%
Nursing care	4%

Over a third of respondents (38%) had a local authority (LA) managed personal budget, a quarter of respondents had direct payment only (25%), over a tenth had LA commissioned support only (13%) and one-in-fifty (2%) had part direct payment.

#### Table 12 Mechanism of delivery

Direct payment only	25%
Part direct payment	2%
LA managed personal budget	38%
LA commissioned support only	13%
Missing	22%

A quarter of respondents (25%) didn't receive any practical help on a regular basis from their husband/wife, partner, friends, neighbours, or family members. Over a third of respondents (36%) received help from someone living in their household and nearly 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	36%
Yes, from someone living in another household	47%
No	25%

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 (28%) bought some more care and support with their own money and one-tenth of respondents (9%) 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	28%
Yes, my family pays for some more care and support for me	9%
No	64%

#### 4.7 Suitability of home

More than half of respondents (55%) said that their home met their needs very well. Two-fifth of respondents (41%) said that their home met most or some of their needs. However, about one-in-twenty-five respondents (4%) 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	55%
My home meets most of my needs	31%
My home meets some of my needs	10%
My home is totally inappropriate for my needs	4%

#### 4.8 Demographics

About three-fifths of respondents (59%) were female and about two-fifths of respondents (41%) were male.

**Table 16 Gender**

Male	41%
Female	59%
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%

Just under two-third of respondents (64%) were aged 65 and over and just over a third of respondents (36%) were aged 18-64.

**Table 18 Age group**

18-64	36%
65 and over	64%

## 5 Appendix

### ASCOF measures definitions

Measure	<b>1A Social care-related quality of life score</b>
<b>Objective</b>	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>
<b>Rationale</b>	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.
<b>Definition</b>	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	<b>1B Adjusted Social care-related quality of life – impact of Adult Social Care services</b>
<b>Objective</b>	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>
<b>Rationale</b>	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
<b>Definition</b>	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>

<b>Measure</b>	<b>1D Overall satisfaction of people who use services with their care and support</b>
<b>Objective</b>	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>
<b>Rationale</b>	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.
<b>Definition</b>	<p><b>Numerator:</b> 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><b>Denominator:</b> All those that responded to question 1.</p> <p><i>Data source: Adult Social Care Survey</i></p>

<b>Measure</b>	<b>3A The proportion of people who use services who have control over their daily life</b>
<b>Objective</b>	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>
<b>Rationale</b>	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.
<b>Definition</b>	<p><b>Numerator:</b> 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><b>Denominator:</b> All those that answered question 3a.</p> <p><i>Data source: Adult Social Care Survey</i></p>

<b>Measure</b>	<b>3C1 The proportion of people who use services who find it easy to find information about support</b>
<b>Objective</b>	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>
<b>Rationale</b>	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.
<b>Definition</b>	<p><b>Numerator:</b> In response to question 13, those individuals who selected the response 'very easy to find' and 'fairly easy to find'.</p> <p><b>Denominator:</b> All those that answered question 13.</p> <p><i>Data source: Adult Social Care Survey (for 3C1)</i></p>

<b>Measure</b>	<b>4A The proportion of people who use services who feel safe</b>
<b>Objective</b>	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>
<b>Rationale</b>	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.
<b>Definition</b>	<p><b>Numerator:</b> In response to question 7a, those individuals who selected the response 'I feel as safe as I want'.</p> <p><b>Denominator:</b> All those that respond to question 7a.</p> <p><i>Data source: Adult Social Care Survey</i></p>

<b>Measure</b>	<b>5A1 The proportion of people who use services, who reported that they had as much social contact as they would like</b>
<b>Objective</b>	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>
<b>Rationale</b>	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.
<b>Definition</b>	<p><b>Numerator:</b> 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><b>Denominator:</b> All those that respond to question 8a.</p> <p><i>Data source: Adult Social Care Survey (for 5A1)</i></p>