

Version 1, published 24 July 2015

Announcement of methodological changes to the Personal Social Services Adult Social Care Survey, England, 2014-15

There have been a number of changes to the national data collections for adult social care for the 2014-15 reporting year. The changes that have an impact on the ASCS are the replacement of the Referrals, Assessments and Packages of Care (RAP) return with the Short and Long Term services (SALT) collection¹, which has resulted in a change to the target population for the survey, and the introduction of the Equalities and Classifications Framework (EQ-CL), which has resulted in changes to some of the auxiliary data collected as part of the ASCS process.

In addition, there have been changes to the sample substitution criteria for the survey, and a change to the way in which sample weights are calculated when analysing the data. This notice provides further detail about each of the changes to the ASCS for 2014-15.

The HSCIC will seek to understand the impact of these changes on the time-series for the ASCS and the ASCOF at a national level and will publish any findings as an appendix to the final Official Statistics report on the survey data for 2014-15.

Change to the population covered by the survey

Previously, the eligible population of adult social care users for the ASCS has been those in receipt of LA-funded services following a full assessment of need. This was the same group of individuals who would have been eligible for inclusion in a 'snapshot' of table P1 of the RAP return. Now that RAP has been replaced by SALT the eligible population for the ASCS will change, from a snapshot of table P1 to the most closely comparable SALT table, LTS001b, as at a chosen extract date. To be included in LTS001b a service user must, at the point that data are extracted from LA systems, be in receipt of long-term support services funded or managed by the LA following a full assessment of need.

The key changes to the population covered by the survey are:

- Service users whose only services are the provision of equipment, professional support or short-term residential care were included in P1 but are not included in LTS001b. The exception to this is that service users receiving professional support for their mental health needs are included in LTS001b even where this support is the only service they receive.

¹ More information about EQ-CL and SALT is available at: www.hscic.gov.uk/socialcarecollections2015.

- 'Full-cost clients' (those who pay for the full costs of their services, but whose care needs are assessed and supported through the LA) were not eligible for inclusion in RAP but are included in SALT.

In addition to the impact on the time-series, these changes may have an impact on the comparability of data between LAs. The removal of those service users in receipt of low-level and/or short-term support only may result in greater comparability between councils as there was inconsistency in whether or not LAs included these individuals in RAP, particularly for those in receipt of reablement services.

Changes to the auxiliary data sent to the HSCIC

A number of changes have been made to the requirements for data that are to be submitted to the HSCIC for the national analysis. These changes have been made in order to bring the survey into line with the EQ-CL. The changes are:

- Primary Client Type has been replaced by Primary Support Reason.
- The field 'Other Client Group' has been removed.
- The reporting of ethnicity has changed. The new classification is taken from the EQ-CL and matches that used in the most recent Census. The impact of this change is the loss of 'Chinese' as a discrete group – this becomes a subclass of the 'Asian / Asian British' group.
- An additional field has been added to collect information about whether a service user is a full-cost client. This field is voluntary for 2014-15.
- The service type fields (e.g. receipt of home care, receipt of meals, etc.) have been replaced with the Service Setting classifications from the EQ-CL, using those applicable to SALT only. Unlike in previous years, where service type data have been submitted on a whole-year basis, Service Setting data should be provided in relation to services received at the point at which the survey is administered.

These changes will mean that it will not be possible to make direct comparisons between 2014-15 and previous years in relation to client group/support reason, ethnicity or service type/setting.

Change to the sample substitution criteria used by LAs

In previous years, where a service user has been selected in the sample they have been sent a questionnaire even if it is known that their services have stopped since they were selected. These service users are now removed from the sample and replaced with a suitable alternative.



Changes to the weighting methodology used by the HSCIC

Stratified sampling was introduced into the ASCS in 2011-12, and each response assigned a weight so that the results are representative of the entire target population from which the sample was drawn. For the years 2011-12, 2012-13, and 2013-14, these weights were calculated by dividing the count of the target population by the count of respondents (the inverse probability of being a survey respondent) in each local authority for each stratum. The same weights were applied for all question responses. For 2014-15 onwards, a unique set of weights will be calculated for each question by dividing the count of the target population by the count of usable responses to that question (the inverse probability of responding to that question) in each local authority for each stratum. This method is more robust and will produce more accurate results. The impact of this change on the results is expected to be small, especially when considered against the impact of the change to the target population; this will be explored in the Official Statistics report.

These changes were agreed by the Social Services User Survey Group, which includes representatives from the HSCIC, the Department of Health, the Personal Social Services Research Unit, the Care Quality Commission, and local authorities in England. There have been no other changes to the methodology for the survey or to the design of the questionnaire.

Please send any queries about these changes to usersurvey@hscic.gov.uk.