

# Survey of Carers in Households, England Consultation

**Outcomes Paper**

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**26/09/2014**

## Background

Between 28 April and 23 June 2014, the Health and Social Care Information Centre consulted on the Survey of Carers in Households, England. The consultation was conducted in accordance with the Code of Practice for Official Statistics and is available via the following link:

<http://www.hscic.gov.uk/article/4723/Survey-of-Carers-In-Households-England-2009-2010>

This consultation was specifically aimed at engaging with the users of the Survey of Carers in Households, England publication to develop a more complete understanding of the use made of this data and to ensure any future survey continues to be relevant and meaningful to the needs of users in the future.

The consultation closed on 23 June 2014. We received twenty four responses to the consultation questionnaire (not all respondents answered all the questions).

We thank all respondents for their helpful comments.

Due to rounding percentages in some of the tables may not add up to 100%.

## Survey of Carers in Households, England Consultation Responses:

### Respondent Details

#### Type of organisation respondent works for:

Responses: 20/24

Organisation	Number	%
Public Sector – Local Authority	8	40%
Academic	3	15%
Charity	3	15%
Public Sector – Department of Health	2	10%
Public Sector – Other	2	10%
Public Sector – NHS organisation (excluding NHS England)	1	5%
Private Sector	1	5%
Public Sector – NHS England	0	0%

The majority of respondents (60%) were from public sector organisations with 40% of the overall respondents being from a Local Authority. A further 30% of respondents were from either from a charity (15%) or were an academic (15%). Only one response was received from a private sector organisation.

## Strategy

### For what purpose(s) do you currently use the Survey of Carers in Households, England outputs?

Responses: 23/24

Country	Number	%
Comparing local indicators with national figures	12	52%
Monitoring the impact on carers	11	48%
Informing policy making	11	48%
Monitoring prevalence of carers	10	43%
Planning services	9	39%
Policy monitoring and evaluation	7	30%
Monitoring the nature of care	6	26%
Personal interest	5	22%
Research and analysis – academic	5	22%
Research and analysis – other	5	22%
Monitoring prevalence of care	3	13%
Monitoring provision of care	3	13%

There is a wide range of purposes as to how the outputs of data are used. The main purpose the data are used for is to compare local indicators with national figures which 52% of respondents currently use is for. Over 40% of respondents use the data to *monitor the impact on carers* (48%), *for informing policy making* (48%) and *monitoring the prevalence of carers* (43%). 39% of respondents use the data to *plan services* and 30% to *monitor and evaluate*. The purposes the data was least used for was *monitoring the prevalence of care* and *monitoring the provision of care* with 13% of respondents using the data for those purposes.

### Other than national and regional, at what level of aggregation would you find estimates useful?

Responses: 13/24

Aggregation	Number	%
Local	5	38%
Regional at a minimum	3	23%
National and regional results are adequate	1	8%
Post Code	1	8%
Patient level	1	8%
LSOA	1	8%
CCG	1	8%

54% of respondents provided a suggestion on other levels of aggregation and of those 54% there were 38% who suggested aggregation at a local level however producing statistically robust figures at a local level would have significant cost and resource implications.

[Appendix A](#) provides a full list of the levels of aggregation respondents would find most useful.

### What do you consider to be the most important elements of the Survey of Carers in Households, England?

Responses: 16/24

Ranking	1st	2 <sup>nd</sup>	3rd	4th	5th	No response	Weighted Total
Weighting	5	4	3	2	1	0	
Providing a local level / regional breakdown	7	2	1	3	3	8	<b>55</b>
Consistency of questions over time	3	5	3	2	3	8	<b>51</b>
Consistency of methodology over time	2	5	3	4	2	8	<b>49</b>
Robustness of the data produced, i.e. narrow confidence intervals	2	2	7	0	5	8	<b>44</b>
Maintaining frequency of surveys	2	2	2	7	3	8	<b>41</b>

Respondents ranked in order what they felt were the most important elements of the Survey of Carers in Households, England. The rankings were scored and weighted as follows:

- 1<sup>st</sup> – score 5
- 2<sup>nd</sup> – score 4
- 3<sup>rd</sup> – score 3
- 4<sup>th</sup> – score 2
- 5<sup>th</sup> – score 1

*Providing a local level / regional breakdown* scored highest with 55 points as the most important element of the survey and also received the most 1<sup>st</sup> ranking selections.

*Consistency of questions over time* was the element that scored the second highest important element of the survey with 51 and along with *consistency of methodology over time* received the most 2<sup>nd</sup> ranking selections.

*Maintaining frequency of the surveys* scored the lowest with 41 but two people still selected this as the most important element of the survey.

### **What changes if any, would you like to see in the survey?**

The following comments were received from respondents:

- *Increase frequency and include LA estimates.*
- *Improvements are needed to the methodology. The survey over-represented carers providing long hours of care, probably because of its methods. It would be better if the survey was an extension of an existing, properly representative household survey.*
- *Keep the survey as short as possible but move to annual collection for more regular performance indicators.*
- *Add a breakdown of the demography of the person cared for - ie Learning Disability, dementia, older people etc.*

## Survey Design and Methodology

In the Survey of Carers in Households, England the method used was a short face to face screening questionnaire to establish whether anyone in the household looked after or provided special help for anyone (either living with them or living elsewhere) and determine whether they were eligible to take part in the full survey. Those who were eligible and willing to participate in the research were then asked to complete the full questionnaire face to face. Is this your preferred method?

Responses: 17/24

Preferred Method	Number	%
Yes	10	59%
No	3	18%
No Preference	4	24%

59% of respondents agreed that the current method of data collection is their preferred method with 24% not having a preference. 18% of respondents said that the current method of collection is not their preference with just one respondent commenting that:

- *“It would be better if the survey was part of a household survey that asked each individual in the household whether they provided unpaid care. The method used, involving a screening survey with whoever answered the door, resulted in too few carers at a low level of intensity being identified.”*

### What do you feel the frequency of the Survey of Carers in Households, England should be?

Responses: 17/24

Option	Number	%
Every year	4	24%
Every two years	4	24%
Every three years	1	6%
Every four years	1	6%
Every five years	7	41%
Every seven years	0	0%
Every ten years	0	0%

Most respondents (41%) felt the frequency of the survey should be every five years. 24% felt it should be annual and 24% felt every two years. Nobody felt the survey should be less frequent than every five years.

**If Survey of Carers in Households, England was not commissioned again please could you describe what impact this would have on your work?**

Responses: 12/24

	Number	%
Major / Detrimental	11	92%
Minor	1	8%

Of the 12 people who responded to this question 11 (92%) agreed that should the survey not be commissioned again the impact would have major and detrimental effect on their work. *If the survey was not commissioned again, then DH would be unable to measure the progress made in the Carers Strategy or monitor the implementation of new legal duties coming into force in the Care Act.*

*Without the prevalence information on caring, profile of carers and the types of tasks carers do that the survey provides it will not be possible to assess and commission plans and strategy documents or be to identify and fill gaps in service provision in order to support carers.*

[Appendix B](#) provides a full list of comments from respondents about how this would impact on their work.

**In order to achieve a final sample size of 2,401 completed surveys, 19,559 addresses were issued of which 18,267 were valid and 2,117 were eligible. The sample size of carers within these households was 3,169. Do you feel this sample size is suitable for future editions?**

Responses: 17/24

	Number	%
Yes	12	71%
No	1	6%
Don't Know	4	24%

71% of respondents agreed that the sample size is suitable for any future survey with 24% not sure. Only one respondent felt the sample size was unsuitable because *it is relatively small if you want to look at a particular condition, so a larger sample would provide more information on differences between types of carer.*

Four comments were received by respondents expressing that a larger sample would be more ideal to be able to provide robust estimates at lower levels and to be able to look into a particular condition. However this would have significant resource and cost implications.

**Do you have any suggestions for improving response rates?**

It was suggested by a couple of respondents that different modes are explored for responding such as online, face to face, paper and skype interviews. One respondent suggested looking into providing an incentive such as a voucher.

**Are you aware of the following demographics and which of these demographics do you use?**

<b>Demographic</b>	<b>Are you aware this is collected – Yes (number of people)</b>	<b>Do you use this – Yes (number of people)</b>
Age	9	11
General Health	7	9
Income	8	8
Ethnicity	8	8
Longstanding illness	8	8
Employment	7	8
Sex	7	7
Household	6	7
Index of multiple deprivation	4	7
Region	8	6
Household Ownership	6	6
Household Relationships	7	5
Qualifications	6	4
Marital status	8	3
Education	8	3

Some respondents answered yes to using a demographic but had not answered yes to being aware of the demographic so it can be assumed that the respondents using the demographic are aware of it also.

The demographic most widely used is *age* (11) and is also the demographic that most respondents were aware of. *General Health* (9) was the second most used demographic with *income, ethnicity, longstanding illness and employment* (8) being the next most used demographics.

Despite *marital status* and *education* being amongst some of the demographics respondents are most aware they are the least used by respondents (3).

## How useful do you rate the following demographics?

Demographic	How useful do you rate this demographic?					
	Very Useful		Useful		Not Useful	
	Number	%	Number	%	Number	%
Age <i>Responses: 13/24</i>	12	92%	1	8%	0	0%
Education <i>Responses: 10/24</i>	3	30%	5	50%	2	20%
Employment <i>Responses: 11/24</i>	11	100%	0	0%	0	0%
Ethnicity <i>Responses: 13/24</i>	9	69%	3	23%	1	8%
General Health <i>Responses: 13/24</i>	11	85%	2	15%	0	0%
Household <i>Responses: 11/24</i>	7	64%	4	36%	0	0%
Household Ownership <i>Responses: 10/24</i>	5	50%	3	30%	2	20%
Household Relationships <i>Responses: 10/24</i>	6	60%	3	30%	1	10%
Income <i>Responses: 12/24</i>	10	83%	2	17%	0	0%
Index of multiple deprivation <i>Responses: 12/24</i>	10	83%	1	8%	1	8%
Longstanding illness <i>Responses: 12/24</i>	12	100%	0	0%	0	0%
Marital status <i>Responses: 10/24</i>	4	40%	4	40%	2	20%
Qualifications <i>Responses: 9/24</i>	3	33%	4	44%	2	22%
Region <i>Responses: 11/24</i>	7	64%	4	36%	0	0%
Sex <i>Responses: 11/24</i>	7	64%	3	27%	1	9%

The percentages in the table above represent the views of just those respondents who answered about a particular demographic variable.

Respondents felt the most useful demographic variables were *employment* and *longstanding illness* with 100% of them rating them as very useful. *Age* (92%), *general health* (85%),

*income* (83%) and *index of deprivation* (83%) were all considered very useful. 100% of respondents rated *age*, *general health*, *household*, *income* and *region* as either very useful or useful.

*Qualifications* received the largest percentage of responses considering this demographic variable as not useful with 22%, and 20% of respondents considering *marital status*, *household ownership* and *education* as not useful.

## Survey Content

Are you aware the following topics were covered in Survey of Carers in Households, England and did you use them?

Topic	Are you aware this is collected – Yes (number of people)	Do you use this – Yes (number of people)
Overall prevalence of caring in England	9	10
Overall prevalence of caring amongst demographic groups	9	10
Profile of Carers	9	10
The nature of the care provided by carers	9	10
The nature of care provision	9	10
What tasks do carers carry out for the people they provide care for?	9	10
The impact of caring upon carers' employment	9	9
Support and services for carers	7	9
Carer's assessments	7	9
Reasons for undertaking caring responsibilities	9	8
The impact of caring upon carers	9	8
Do carers expect their caring responsibilities to increase or decrease?	9	8
The impact of caring upon carers' education	7	8
Breaks from caring	7	8
Profile of the people being cared	10	7
Services for the main cared for person	7	6
How many carers are in receipt of Carer's Allowance and Disability Living Allowance / Attendance Allowance?	8	5
Health of the main cared for person	8	5

Contact with health and social care professionals	8	5
The relationship between carers and their main cared for person	8	4

Some respondents answered yes to using a topic but had not answered yes to being aware of the topic so it can be assumed that the respondents using the demographic are aware of it also.

The following six topics are the most widely used (10):

- Overall prevalence of caring in England
- Overall prevalence of caring amongst demographic groups
- Profile of Carers
- The nature of the care provided by carers
- The nature of care provision
- What tasks do carers carry out for the people they provide care for?

The least used topic is *the relationship between carers and their main cared for person* which 4 respondents said they use.

### How important do you rate each of the topics included in Survey of Carers in Households, England

Topic	How important do you rate this topic?									
	Very Important		Important		Average Importance		Not So Important		Not At All Important	
	Number	%	Number	%	Number	%	Number	%	Number	%
Overall prevalence of caring in England <i>Responses: 12/24</i>	9	75%	2	17%	1	8%	0	0%	0	0%
Overall prevalence of caring amongst demographic groups <i>Responses: 11/24</i>	8	73%	2	18%	1	9%	0	0%	0	0%
Profile of carers <i>Responses: 12/24</i>	10	83%	2	17%	0	0%	0	0%	0	0%

The nature of the care provided by carers <i>Responses: 11/24</i>	10	91%	0	0%	1	9%	0	0%	0	0%
The nature of care provision <i>Responses: 11/24</i>	9	82%	2	18%	0	0%	0	0%	0	0%
What tasks do carers carry out for the people they provide care for? <i>Responses: 10/24</i>	7	70%	3	30%	0	0%	0	0%	0	0%
How many carers are in receipt of Carer's Allowance and Disability Living Allowance / Attendance Allowance? <i>Responses: 10/24</i>	3	30%	5	50%	2	20%	0	0%	0	0%
Reasons for undertaking caring responsibilities <i>Responses: 11/24</i>	5	45%	4	36%	2	18%	0	0%	0	0%
The impact of caring upon carers <i>Responses: 12/24</i>	10	83%	0	0%	2	17%	0	0%	0	0%
Do carers expect their caring responsibilities to increase or decrease? <i>Responses: 12/24</i>	8	67%	2	17%	2	17%	0	0%	0	0%
The impact of caring upon carers' employment <i>Responses: 12/24</i>	10	83%	1	8%	1	8%	0	0%	0	0%

The impact of caring upon carers' education <i>Responses: 12/24</i>	9	75%	2	17%	1	8%	0	0%	0	0%
Support and services for carers <i>Responses: 11/24</i>	8	73%	1	9%	2	18%	0	0%	0	0%
Carer's assessments <i>Responses: 11/24</i>	8	73%	0	0%	2	18%	1	9%	0	0%
Breaks from caring <i>Responses: 12/24</i>	8	67%	2	17%	2	17%	0	0%	0	0%
Profile of the people being cared <i>Responses: 11/24</i>	5	45%	3	27%	3	27%	0	0%	0	0%
The relationship between carers and their main cared for person <i>Responses: 11/24</i>	4	36%	3	27%	4	36%	0	0%	0	0%
Health of the main cared for person <i>Responses: 11/24</i>	6	55%	3	27%	2	18%	0	0%	0	0%
Contact with health and social care professionals <i>Responses: 11/24</i>	6	55%	3	27%	2	18%	0	0%	0	0%
Services for the main cared for person <i>Responses: 11/24</i>	5	45%	4	36%	2	18%	0	0%	0	0%

The percentages in the table above represent the views of just those respondents who answered the question.

*The nature of the care provided by carers* was the most highly regarded topic with 91% of respondents considering this topic as being very important. Other topics that were highly regarded as very important by 83% of respondents were *the profile of carers*, *impact of caring upon carers' employment* and *impact of caring upon carers*.

100% of respondents considered *profile of carers*, *nature of care provision* and *what tasks do carers carry out for the people they provide care for* as either very important or important.

The relationship between carers and their main cared for person was the least regarded topic with 36% considering it as very important and 36% as average importance; however nobody considered it as not important.

Of all the topics included only one person considered one topic not important; this was *carers assessment* which was still considered very important by 73%. The rest of the topics were considered as average importance, important or very important by 100% of respondents.

### Would you like to see any other topics added?

Respondents provided four suggestions, of which three are:

- *Demographic variables that enable data to be analysed to meet the protected characteristics under the Equality Act 2010.*
- *Topics to meet the data requirements of the Care Act 2014.*
- *Wellbeing of carers Experiences of how well integrated and person centred services for cared for and carer are*
- *The fourth suggestion was from the Fire Brigade who provided this response: London Fire Brigade data shows that a third of people who died in accidental fires between April 2013 and March 2014 were receiving domiciliary care services from a registered provider either within their own home or within a care home setting. Many of these deaths could have been avoided if simple fire safety measures had been in place. To address this, we have begun to work in partnership with health and social care agencies including the Care Quality Commission, UK Homecarers' Association and Skills for Care to raise awareness of the increased risk of fire for people in receipt of care and to offer advice on how to reduce the risk. Our fatal fire data also shows that a number of people who died in fires were being cared for by family members, friends and/or neighbours without being known to, or receiving support from, health or social care agencies. This has limited our ability to support these people. However, now that we know from the information in the survey that 43% of cared for people saw their doctor at least once a month (Table 6.7, Page 116 of the report) we can give consideration to extending our partnership working to include GPs. The London Fire Brigade does not currently receive the information from the Survey of Carers but as is evident, we would wish to receive it in future as the data provided in the report could inform our work to increase safety in the home for people giving and receiving care. The consultation asks whether there is other data that would be useful to users. We consider that in terms of housing and wellbeing, it would be useful to ask carers whether they had been given support to discuss safety risks in the home (theirs and the person they care for, if that is different) including fire safety. An example of the reason for wanting to know that is as follows: on page 113 of the survey it sets out that 58% of the people cared for have a physical disability. If a fire were to happen, how would the individual being cared for escape from the property? Could they? What would the carer's role be in helping them – would the carer be putting themselves at risk by helping? Again, this could help us target our messages and that of our partners mentioned above, who recognise and support the increasing focus on fire safety in care settings.*

**Are there any specific sub group respondents that you would wish to be covered / focussed on?**

The following suggestions were provided:

- It would be very useful to look at BME groups in more detail.
- There is policy interest in those with the most complex health needs as well as those over 75

## Reporting and Analysis

### Are you aware and do you use any of the following survey products?

Survey product	Are you aware of the following – Yes (number of people)	Do you use this for your work – Yes (number of people)
The Survey of Carers in Households, England: Main Report	8	7
The dataset is available in the UK Data Service catalogue	7	6
The Survey of Carers in Households, England: Provisional Results Report	7	2

Of the eight people who are aware of the *The Survey of Carers in Households, England: Main Report* seven of them also use it for their work. Seven people are aware *the dataset is available in the UK Data Services catalogue* of which six are use the data for their work. Two people use the *The Survey of Carers in Households, England: Provisional Results Report* for their work and seven are aware it is available.

How important do you rate the following survey products?

Product	How important do you rate this product?									
	Very Important		Important		Average Importance		Not So Important		Not At All Important	
	Number	%	Number	%	Number	%	Number	%	Number	%
The Survey of Carers in Households, England: Provisional Results Report <i>Responses: 9/24</i>	2	22%	2	22%	3	33%	1	11%	1	11%
The Survey of Carers in Households, England: Main Report <i>Responses: 12/24</i>	9	75%	1	8%	1	8%	1	8%	0	0%
The dataset is available in the UK Data Service catalogue <i>Responses: 13/24</i>	10	77%	1	8%	2	15%	0	0%	0	0%

The percentages in the table above represent the views of just those respondents who answered the question about a particular survey product.

*The dataset being available in the UK data services catalogue was considered as very important by 77% of respondents and important by 8%. The main report was considered very important by 75% of respondents and important by 8%. Respondents had mixed regards for the provisional results reports with 22% regarding it as not so important (11%) or not at all important (11%) however 42% still regarded it as important (22%) or very important (22%).*

**Please rate how useful the following report chapters are for your work?**

Report Chapter	Very Useful		Useful		Satisfactory		Not very useful		No at all useful	
	Number	%	Number	%	Number	%	Number	%	Number	%
Prevalence of caring <i>Reponses: 11/24</i>	11	100%	0	0%	0	0%	0	0%	0	0%
Profile of carers <i>Reponses: 11/24</i>	11	100%	0	0%	0	0%	0	0%	0	0%
The impact of caring upon carers <i>Reponses: 11/24</i>	10	91%	1	9%	0	0%	0	0%	0	0%
Support and services for carers <i>Reponses: 11/24</i>	9	82%	2	18%	0	0%	0	0%	0	0%
Profile of the people being cared for <i>Reponses: 11/24</i>	8	73%	3	27%	0	0%	0	0%	0	0%

The percentages in the table above represent the views of just those respondents who answered the question.

The chapters were very well received with 100% of respondents regarding the chapters as either very useful or useful. The most highly regarded chapters were *prevalence of caring* and *profile of carers* which 100% of respondents agreed were very useful and 91% of respondents regarded *the impact of caring upon carers* as very useful.

**A provisional results report was published. If we did not produce the provisional results report, what impact would it have on the work you do?**

*Responses 4/24*

Four responses were received:

- *Not publishing provisional results would mean that we would have to wait longer for the results of the survey to be available. If the final report were to be available earlier than in previous iterations if a provisional report wasn't produced then we would be content.*
- *The provisional report is useful to get an initial overview, particularly if the timescales of the main report's publication and my own work do not tally.*
- *It probably would not have much impact as I mainly use the dataset.*

- *Depends on the gap between provisional and final. Could possibly manage with the previous final report.*

**What did you find most useful in the provisional results report?**

Responses 11/24

	Number	%
The early results report in the current format	1	9%
A simplified version of the report published by incidence by country demonstrating headline figures in a bulletin rather than a report	3	27%
Don't publish any provisional results, but try to publish main report earlier	7	64%

There was a significant preference amongst respondents that they would prefer that the main report is published earlier instead of producing a provisional results report.

**How would you rate the navigation of the Survey of Carers in Households, England main report and ease of finding the information you needed to read?**

Responses 10/24

	Number	%
Very easy	3	30%
Easy	2	20%
Satisfactory	5	50%
Difficult	0	0%
Very difficult	0	0%

None of the respondents had any difficulty navigation the main report and 50% find it either very easy (30%) or easy to navigate (20%). There is room for improvement however as 50% of respondents find the ease of finding information they needed as only satisfactory.

**Do you think the if each individual chapter being available in pdf format and each individual chapter’s set of tables being available in excel format with an option to access the report in its entirety would be:**

Responses 10/24

	Number	%
Much better	4	40%
Better	4	40%
Makes little or no difference	1	10%
Worse	1	10%
Much worse	0	0%

80% of respondents felt the approach of having individual chapters and tables as well as the report in its entirety would be much better (40%) or better (40%). Only one respondent felt it would be worse.

**Would you like to be able to access interactive tools to get visual displays of the key survey data over the internet?**

Responses 11/24

100% of respondents agreed they would like to access interactive tools to get visual displays of the key data over the internet, however there would be significant cost implications to develop and produce this.

**If you have suggestions for the kinds of visuals and displays that you would like to see then please enter them here.**

Three respondents provided the following suggestions:

- *Tools such as the [Health Survey for England visualisation](#) or [National Adult Social Care Intelligence Service \(NASCIS\)](#)*
- *Interactive maps to select an area and generate charts would be useful*
- *Key data (prevalence, impact, tasks, employment / education, etc.) on map*

### Does the Survey of Carers in Households, England analysis meet your requirements?

Responses 10/24

	Number	%
Yes, fully	7	70%
Yes, some of them	3	30%
No, not any of them	0	0%

100% of respondents agreed that the Survey of Carers in Households, England analysis meets their requirements with 70% agreeing it fully meets them and 30% agreeing it meets some of them.

### What additional analysis would you like to see in the report?

There was not anything suggested that hasn't already been suggested under additional content.

## Future Developments

**Will your needs for Survey of Carers in Households, England change in the future?  
Please explain:**

*Responses 5/24*

Respondents provided the following feedback:

- *Yes, the data requirements for Carers legislation in the Care Act will need to be met.*
- *My need will remain the same. However, I would suggest that this survey will become ever more important as the number of people providing informal care grows and diversifies as is projected in other studies.*
- *Likely to increase - current policy priorities are increasingly focused on most vulnerable; new integrated care initiatives; role of carers as well as data on the experiences of patients and wider public.*
- *Successors in similar roles to mine will find the information provided very useful!*
- *I am an academic statistician for Health Services Research. I have used the data set for the Carers survey from the data archive as part of a wider project which looked at the health and patient experience of carers. I very much value the public availability of national survey data sets via the data archive as part of developing research questions and analysis of reliable, nationally representative sources of data for different projects.*

## Next Steps

The HSCIC thanks everyone who replied to the consultation. We appreciate the time you took to tell us about your views and future information needs

The HSCIC intends to:

1. Recommend your suggested changes to data collected within the survey are discussed as part of the questionnaire development for any future survey.
2. Feedback to sponsor organisations that there is support for the survey to be undertaken on a regular basis, at longest every five years.
3. Recommend the suggestions for increasing response rates in future surveys are considered as part of the data collection design and development.
4. Explore the option of utilising data visualisation to present the results of future surveys.
5. Feedback to sponsor organisations that there is a requirement for regional and local aggregation which will be explored and considered for future surveys.

The implementation of some of some of these requirements may be constrained by the level of funding available from sponsor organisations.

Further comments can be submitted at any time to HSCIC using the feedback form that accompanies the publication or alternatively via email to: [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk)

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## Appendix A

### Other than country, at what level of aggregation would you find estimates useful?

- Results at national and regional level are useful. Whilst it would also be useful to have figures at a local authority level for monitoring, it is appreciated that this comes with resource implications.
- Regional at a minimum.
- Local authority level.
- National and regional results are adequate.
- National, regional, and local - for comparison.
- CCG level
- National and comparison with nearest neighbours.
- National, regional and local.
- As previously and by postcode.
- Regional.
- As my use of the survey is in research the patient level data downloaded from the UK data archive is the level at which I engaged with the survey.
- Regional information.
- Local authority and LSOA, if the latter can be done without either (a) infringing confidentiality or (b) making the results meaningless.

## Appendix B

- If the survey were not commissioned again, then DH would be unable to measure the progress made against the commitments made in the Carers Strategy as well as monitor the implementation of the new legal duties coming into force in the Care Act.
- Without the survey we would have had little prevalence information on caring, profile of carers and the types of tasks carers do. We have included these figures in our Joint Strategic Needs Assessment, commissioning plans and strategy documents.
- If the survey was not commissioned again, it would have a very negative effect on research on unpaid care in England. The survey includes questions that are not asked elsewhere and so the survey, though flawed, is invaluable.
- We would have no up to date information on the profile of carers, prevalence of caring.
- Loss of valuable longitudinal data showing impact on carers of changes in service provision. Gaps in service provision / unfulfilled need which could be identified via this data, and filled via commissioning, would remain unfilled.
- This is an important component of the evidence base and would impact on our ability to inform and monitor policy.
- It would be a huge loss, to services as well as carers. The survey is extremely important in planning services and projects to support carers where need is identified. Without this survey, data would not be readily available or comparable between different areas in the country.
- It would signify a decrease in interest in and concern for carers which would be retrograde; would make it more difficult to plan for, justify and achieve funding for ongoing support work.
- One respondent would look to continue some kind of survey. The only impact would be - being unable to compare results between local authority areas.
- Would make monitoring the economic costs of care in England very difficult.
- We have just completed an analysis of the health and experience of carers. The Carers survey provides one section of evidence that contributes to our overall understanding of the health needs of carers.
- A heavy reliance on the Census which is often out of date even before it is published.