

Assessment of compliance with the Code of Practice for Official Statistics

Statistics from the Survey of Carers in Households in England

*(produced by the NHS Information Centre for Health
and Social Care)*

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About the UK Statistics Authority

The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*. Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

Designation as National Statistics means that the statistics comply with the *Code of Practice*. The *Code* is wide-ranging. Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

Designation as National Statistics should not be interpreted to mean that the statistics are always correct. For example, whilst the *Code* requires statistics to be produced to a level of accuracy that meets users' needs, it also recognises that errors can occur – in which case it requires them to be corrected and publicised.

Assessment Reports will not normally comment further on a set of statistics, for example on their validity as social or economic measures. However, Reports may point to such questions if the Authority believes that further research would be desirable.

Assessment Reports typically provide an overview of any noteworthy features of the methods used to produce the statistics, and will highlight substantial concerns about quality. Assessment Reports also describe aspects of the ways in which the producer addresses the 'sound methods and assured quality' principle of the *Code*, but do not themselves constitute a review of the methods used to produce the statistics. However the *Code* requires producers to "seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews".

The Authority may grant designation on condition that the producer body takes steps, within a stated timeframe, to fully meet the *Code's* requirements. This is to avoid public confusion and does not reduce the obligation to comply with the *Code*.

The Authority grants designation on the basis of three main sources of information:

- i. factual evidence and assurances by senior statisticians in the producer body;
- ii. the views of users who we contact, or who contact us, and;
- iii. our own review activity.

Should further information come to light subsequently which changes the Authority's analysis, it may withdraw the Assessment Report and revise it as necessary.

It is a statutory requirement on the producer body to ensure that it continues to produce the set of statistics designated as National Statistics in compliance with the *Code of Practice*.

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1 Summary of findings

1.1 Introduction

- 1.1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*³. The Act also allows Ministers to request an assessment of other official statistics in order for them to gain National Statistics status. This report is in response to such a request. The report covers the set of statistics reported in *Survey of Carers in Households - England*⁴ (Carers statistics), produced by the NHS Information Centre for Health and Social Care (NHS IC).
- 1.1.2 This report is shorter than normal. In particular, section 3 adopts an ‘exception reporting’ approach – it includes text only to support the Requirements made to strengthen compliance with the *Code* and Suggestions made to improve confidence in the production, management and dissemination of these statistics. This abbreviated style of report reflects the Head of Assessment’s consideration of aspects of risk and materiality⁵. The Assessment team nonetheless assessed compliance with all parts of the *Code of Practice* and has commented on all those in respect of which some remedial action is recommended.
- 1.1.3 This report was prepared by the Authority’s Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

1.2 Decision concerning designation as National Statistics

- 1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority has determined that the statistics published in *Survey of Carers in Households - England* can be designated as new National Statistics, subject to NHS IC implementing the enhancements listed in section 1.5 and reporting them to the Authority by May 2011.

1.3 Summary of strengths and weaknesses

- 1.3.1 In 2008 NHS IC conducted a review of its survey programme; this elicited users’ views about the need for information about the experiences of carers. It has established a network for users of its surveys, as well as an online service for users of social care information.

¹ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

² http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf

³ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

⁴ <http://www.ic.nhs.uk/pubs/carersurvey0910>

⁵ <http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

- 1.3.2 NHS IC presents the statistics on carers in a clear and impartial way, with commentary supported by summary charts and explanatory information.
- 1.3.3 The Carers survey uses robust methods that are well documented, including making clear how it differs from other surveys of carers.

1.4 Detailed recommendations

- 1.4.1 The Assessment team identified some areas where it felt that the NHS IC could strengthen its compliance with the *Code*. The one which the Assessment team considers essential to enable designation as National Statistics is shown in section 1.5. Other suggestions, which would improve the statistics and the service provided to users but which are not formally required for their designation, are listed at annex 1.

1.5 Requirements for designation as National Statistics

Requirement 1	Engage proactively with users and potential users of the Carers statistics, and document the types of uses and the users' experience of using the Carers statistics (para 3.4).
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2 Subject of the assessment

- 2.1 NHS IC commissioned the Carers survey to gather information to support the previous Government's Carers Strategy⁶, published in 2008. A provisional set of headline results from the survey carried out in 2009/10 was published in June 2010. This assessment covers the detailed survey report – *Survey of Carers in Households - England*⁷ (Carers statistics).
- 2.2 The survey report provides statistics on the provision of unpaid, informal care of the elderly, sick and disabled. It covers the nature, extent and impact of informal care-giving for people who need help because of age, illness, disability, mental health problems or drug or alcohol misuse, as well as the uptake of Carers' Allowance and support services. It also examines key characteristics of those who provide care including: perceived quality of life, health, employment, education, leisure, relationships and social class characteristics.
- 2.3 The statistics from the Carers survey are of broad interest to central and local government, third sector organisations, the media and the general public, for monitoring policy about carers and the availability, take-up and use of services. The Government published an updated policy, *Recognised, valued and supported: The Next Steps for the Carers Strategy*⁸ in November 2010.
- 2.4 NHS IC commissioned GfK NOP to conduct the Carers survey on its behalf. The contactor ran the survey, produced the results and wrote the survey report. NHS IC oversaw the survey, carried out additional quality checks and edited the survey report. NHS IC published the headline results in June 2010 to coincide with its publication of *Personal Social Services Survey of Adult Carers in England*⁹ (PSSS), which reported the results from a separate survey about the experience of carers specifically known to local authorities (LAs). That survey was conducted voluntarily by LAs, to help monitor local performance on supporting carers. It is not covered by this assessment. NHS IC released both these publications as Official Statistics.
- 2.5 Statistics on carers have been published every five years from 1985 to 2000 by the Office for National Statistics (ONS) based on its General Household Survey (GHS). The NHS IC Carers survey design is similar to the GHS carers module, with the aim of enabling comparisons of data over time. However, an important difference is the way that the surveys identified carers in the households. The GHS asked every individual in a household about their caring responsibilities. The NHS IC Carers survey carried out an initial screening interview with one householder, who was asked to identify whether anyone in the household had caring responsibilities. This approach reduced the cost of the survey, but meant that a carer's involvement in the survey was dependent on the householder

⁶http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

⁷ <http://www.ic.nhs.uk/pubs/carersurvey0910>

⁸ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077

⁹ <http://www.ic.nhs.uk/pubs/psscscarerssurvey0910>

taking part in the initial interview reporting correctly the carer status of each member of the household. NHS IC told us that they thought that this approach might undercount those caring for a short period each week – ‘low intensity carers’.

- 2.6 The Carers survey was conducted between May 2009 and April 2010. Respondents who were eligible and willing to take part in the survey completed a half-hour personal interview. The cost of managing and delivering the Carers survey and producing the publication was around £475,000, funded by the Department of Health (DH) and the Department for Work and Pensions (DWP).
- 2.7 Other sources of information on carers include the 2001 Census and the Family Resources Survey (FRS). The 2001 Census was the first Census to ask whether people provided unpaid care for a family member or friend, and for how many hours. Similar questions will also be included in the 2011 Census. The FRS is an annual survey run by DWP. It collects information on those giving and receiving help on an informal basis, which DWP uses to model the uptake of benefits. NHS IC is investigating including a short set of questions on caring in the Health Survey for England, starting in 2011. These sources provide information on the level of informal caring, but do not provide the additional detail about the carers which has been collected through the Carers survey.
- 2.8 The Assessment team conducted this assessment mainly during the period that NHS IC was preparing the survey report, and we were shown a draft version of the report. The Assessment team provided feedback to the producers on issues relating to compliance with the *Code*, so that the producers were able to address them in the published report. This approach was taken due to the particular timing of this publication and the infrequent nature of the survey.

3 Assessment findings

- 3.1 NHS IC commissioned a review of its programme of surveys in 2008, to ensure that the information it collects is fit for purpose, meets users' needs and is in line with the organisation's strategic objectives. In the course of the review, NHS IC consulted key users and used their feedback to inform its statistics and survey planning. Users identified caring and the experience of carers as an area where up-to-date information was needed, particularly since the last GHS carers module was included in 2000.
- 3.2 In response to the user feedback received in the review, NHS IC set up a virtual forum, called the IC Health Surveys Programme Network¹⁰. The Network has an open membership. Users who register with the Network receive updates on NHS IC's surveys and can ask questions or provide comments to the survey team. NHS IC also engages with users via the National Adult Social Care Intelligence Service¹¹. This is an online service that provides access to reports and an analytical processing tool that enables users to carry out their own analysis of NHS IC social care data. Users can register with the service, which has members from central and local government, NHS, lobby groups, researchers, commercial organisations and the general public.
- 3.3 NHS IC established a steering group to provide advice on the Carers survey. The group met regularly through the development and course of the survey. It included representatives from the central government departments who helped to fund the survey, councils with adult social services responsibilities, academia and the voluntary sector.
- 3.4 The user networks provide good opportunities for users to engage with NHS IC, but the Assessment team considers that NHS IC have insufficient information about the users of the carers survey, specifically, and the potential uses of the statistics. The Carers survey is likely to become an important part of the evidence base on carers and will be widely used, but NHS IC has limited its engagement to the members of its steering group. We spoke to some potential users who were unaware of the survey. As part of the designation as National Statistics, NHS IC should engage proactively with users and potential users of the Carers statistics, and document the types of uses and the users' experience of using the Carers statistics¹² (Requirement 1). As part of documenting the use of these statistics, we suggest NHS IC refer to the types of use put forward in the Monitoring Brief: *The Use Made of Official Statistics*¹³.
- 3.5 NHS IC told us that it believes the sample design had a greater impact than originally envisaged. It has demonstrated good practice in its presentation of this issue in the survey report. It makes clear the limitations of the statistics and the degree of comparability with other sources, including the previous GHS carers' module, the PSSS and the FRS. However, the users we spoke to in the course of this assessment highlighted time series comparisons as one of the main ways they would like to use the data. We suggest that NHS IC further

¹⁰ <http://www.ic.nhs.uk/services/the-health-surveys-service>

¹¹ <http://www.ic.nhs.uk/nascis>

¹² In relation to Principle 1, Practice 2 of the Code of Practice

¹³ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

investigate the comparability of the data with other sources, and discuss the issue with users, to inform their use of the data.

- 3.6 NHS IC published the provisional statistics in June 2010 before it fully realised the limitations of the data, in terms of comparability with data from GHS 2000. The release and the accompanying press release focussed on the change over time, which it is now apparent is misleading. NHS IC drew attention to this in a subsequent note on the relevant web pages. NHS IC's revisions policy states that it will contact known users to alert them to any significant corrections but, as set out in paragraph 3.4, NHS IC has insufficient information on the users of these statistics. As a result, it was not able to take active steps to raise awareness of the issue in the wider user community. During the course of this Assessment, we found evidence of users who were citing the time series comparisons given in the release, apparently unaware of the concerns. The issue may indicate that the quality assurance procedures used prior to the June release (which was not a National Statistics publication) needed to be enhanced. We suggest NHS IC review the steps leading up to the release of the provisional data in June 2010, to see whether enhancements can be made to quality assurance procedures.
- 3.7 NHS IC has little awareness of other relevant data collections in Wales, Scotland and Northern Ireland. However, in response to feedback from the Assessment team during the course of the assessment, NHS IC included in the survey report comparisons with carer data for the other parts of the UK. We suggest that NHS IC build links with the devolved administrations to support the consistent collection of Carers information and to improve user access to Carers statistics.

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to NHS IC's Carers statistics, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

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| Suggestion 1 | As part of documenting the use of these statistics (see Requirement 1), refer to the types of use put forward in the Monitoring Brief: <i>The Use Made of Official Statistics</i> ¹⁴ (para 3.4). |
| Suggestion 2 | Further investigate the comparability of the data with other sources, and discuss the issue with users, to inform their use of the data (para 3.5). |
| Suggestion 3 | Review the steps leading up to the release of the provisional data in June 2010, to see whether enhancements can be made to quality assurance procedures (para 3.6). |
| Suggestion 4 | Build links with the devolved administrations, to support the consistent collection of Carers information and to improve user access to Carers statistics (para 3.7). |

¹⁴ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

Annex 2: Summary of assessment process and users' views

A2.1 This assessment was conducted from May to January 2010.

A2.2 The Assessment team – Penny Babb and Jacob Wilcock – agreed the scope of and timetable for this assessment with representatives of NHS IC in May. The Written Evidence for Assessment was provided on 21 June. The Assessment team subsequently met NHS IC during November to review compliance with the *Code of Practice*, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

A2.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare assessment reports.

A2.4 Most of this assessment exercise took place before the publication of the Carers survey report, so it was not possible to collect user views on the statistics in the usual way. However, the Assessment team contacted some potential users to discuss their potential use of the data and level of engagement with NHS IC. The Assessment team also monitored reaction to the publication of the survey report.

A2.5 Potential users of the statistics welcomed the availability of new data on carers. Most users wanted to focus on time series comparisons. Those users who had been in contact with NHS IC reported positively about their engagement.

Key documents/links provided

Written Evidence for Assessment document
Draft Survey of Carers in Households – England Report

