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Acknowledgements

The results from the customer satisfaction survey 2012 were originally published in March 2013 as part of the wider report ‘Evaluation of the Impact of Skills for Care’s activities in 2011/12 and 2012/13’.
Executive summary

- The Customer Satisfaction Survey was the first of this scale undertaken by Skills for Care. It secured 522 responses from users of Skills for Care services, a response rate of 4% from the 13,000 contacts held by Skills for Care. Customer satisfaction is a key indicator of the effectiveness of Skills for Care’s service delivery and is an important part of the overall Skills for Care Evaluation Framework.

- Four in 10 respondents were employers or managers of social care staff and 27% were training providers. Few responding were direct service users (around 1%). The survey responses were representative by sector, with 44% from the private sector, a quarter from local authorities and just over one in five (22%) from the voluntary or third sector.

- The survey gathered a greater proportion of views from larger employers than is the case in the sector as a whole. Almost four in 10 (37%) employed more than 500 and just 4% employed less than 10. Three in 10 respondents employed less than 50 staff compared to 83% in the sector as a whole.

- Online and physical resources (40%) and events (24%) are the most used services, and just under one in five received direct support. More than seven in 10 rated all Skills for Care services either good or excellent, in particular downloadable resources from the website (96%) and events (92%). Modest dissatisfaction was expressed with contracts (8% rating this poor or very poor) and with the Information Line (9%).

- The vast majority, and across all groups, would recommend Skills for Care to other employers. Four out of five (80%) of those surveyed either strongly agreed or agreed that Skills for Care effectively represents and communicates the views of the adult social care sector, a positive endorsement of the organisation. Skills for Care also positively influences practice across the social care sector.

- Although downloadable resources are rated very highly, a greater proportion thought the website overall could be improved, particularly its navigability. Almost one in five think Skills for Care can increase engagement with care organisations and employers.

- More than eight in 10 (81%) consider that elements of Skills for Care’s service offer represents ‘best practice’, most commonly resources and events. Almost half relate to physical and online resources.
1. Introduction

This report summarises the findings of the 2012 Customer Satisfaction Survey, the first ever undertaken by Skills for Care on this scale. The survey assessed users of Skills for Care’s services satisfaction with the service offering between 2011 and the end of 2012. The survey was designed to fill a gap in Skills for Care’s existing evidence base. Satisfaction is one element of the Skills for Care Evaluation Framework.

The online survey was issued to Skills for Care’s Client Relationship Management database of over 13,000 contacts and secured 522 responses. This equates to a response rate of approximately 4%.

2. Respondent Profile

2.1 Introduction

The characteristics of respondents have been measured against data stored in the NMDS-SC (where comparable data is available), using Skills for Care’s ‘NMDS-SC Key Information and Statistics Report’, published in January 2013¹ to identify any areas of under- or over-representation. Charts detailing respondents’ profiles can be found in Appendix 1.

2.2 General profile

Surveys were most commonly completed by employers or managers of social care staff, equating to over a third (40%) of the total respondent base. The second largest group were training providers, 27% of the total (or 134 out of the 491 respondents). Approximately 12% of the remaining respondents identified themselves as stakeholders or representative bodies (7% of the total), social care workers (3%), service users (1%), and unpaid carers (1%). Just over one in five (21%) described themselves as ‘other’, which included local authority staff, those working in the third/charity sector, and those working in the private care sector.

The greatest proportion of respondents was from the ‘private sector’ (around 44%). Almost a quarter identified their employers as a local authority (specifically adult services within their local authority), and a further 22% answered ‘voluntary or third sector’. The remaining responses comprised local authority (children’s services), other local authority services, the health sector, and ‘other’. This is representative of the wider body of care providers listed in the NMDS-SC, where 46% are private sector

¹ NMDS-SC data has been used as a proxy of the overall sector’s characteristics. It is recognised that this source may not be 100% accurate but the dataset provides the most complete records for the sector.
organisations and where there are comparable proportions of local authority and third sector organisations. Variability in the breakdown of groups between the survey and the NMDS-SC does not exceed two to three percentage points.

2.3 Main service area

One in three of those who completed the survey identified their service area as being adult residential care, whilst just over a quarter (28%) replied with adult domiciliary care. Just under 20% identified their primary service area as being adult community care, with the remainder involved with children’s care, adult day care, healthcare, or other (5%, 4%, 2%, and 9% respectively). Those responding to the survey from adult domiciliary care and adult community care are slightly over-represented when compared to the overall the care sector (using the NMDS-SC) whereas adult residential care is slightly under-represented.

Of those ‘other’ responses, just under half cited a combination of service areas, with the remainder primarily identifying mental health, social work, or workforce development.

2.4 Geographical area of operation

Almost one in three operated in London and the South East (31%, split 11% London and 20% South East), with the South East over-represented in the survey responses when compared to 14% in NMDS-SC. The next most common geography was the North West, which 15% of respondents have as their sole area of operation. The remainder were split broadly evenly across Yorkshire and Humber, Eastern, the East Midlands, West Midlands, and the North East. One in 10 respondents said their operations extended across England.

2.5 Organisation size

Well over half of respondents (57%) work for organisations employing more than 100 and almost two in five (37%) employ more than 500 individuals. Just over a quarter of respondents’ organisations employ between 10 and 49 people, although few organisations (4%) employed less than 10.

Large employers are therefore over-represented in the survey, where NMDS-SC data suggests that less than 1% employ more than 250. In contrast, NMDS-SC data indicates that 83% of organisations employ fewer than 50 people. This should be borne in mind when considering the survey findings; larger employers may have had more regular contact with Skills for Care and may have sought to access different products and services than micro-employers.
3. Support received

3.1 Nature of support received

The nature of support received through Skills for Care since April 2011 was most commonly resources (both online and physical), cited by approximately 40% of respondents. Almost a quarter (24%) had attended an event run by Skills for Care, and a further 18% had received direct support from area staff at either local meetings or in-house visits. Training programmes or support relating to funding was accessed by 6% surveyed. In all, 7% said that they had not accessed Skills for Care support.

Figure 3.1 Support Accessed

![Support Accessed Diagram]

3.2 Satisfaction with resources accessed

Within the survey, respondents were asked to describe their experience, and their view of, individual elements of Skills for Care’s service offering; providing a rating in each case from excellent to very poor.

Respondents most commonly cited use of online resources and events (Figure 3.2). More than half had not used other Skills for Care services mentioned. In cases where respondents had experience of Skills for Care’s service offering, the vast majority were extremely positive. In every case, the proportion of respondents citing a positive opinion (either good or excellent) was 70% or above. In some cases, the feedback was very positive indeed, including:
• 96% of all those downloading resources from the website rating these as good or excellent;
• 92% of all those attending events hosted by Skills for Care rating these as good or excellent; and
• 81% of those receiving a visit from an Area Officer or other Skills for Care staff member rated this as good or excellent.

Overall, fewer than 5% rated any services poor or very poor. The two exceptions were holding a contract (8% rating this poor or very poor) and calling or emailing the Information Line (9%). Whilst some users of Skills for Care services are likely to encounter contract issues at one time or another, the 9% not satisfied with the Information Line is a service area where Skills for Care may wish to consider further.

Figure 3.2: Opinion of Skills for Care’s Service Offering

Respondents' Opinions of Skills for Care Services

When describing the nature of support accessed, respondents often cited examples of the support helping them to address a specific concern or subject area:
Examples of support to address specific issues

“The local area officer been excellent in supporting us with work on improving dementia training and with social work reforms”

“The Area officer has been very supportive and proactive in employer engagement and promoting specific programmes such as NMDS-SC”

There are also examples of adapting and using the resources made available by Skills for Care to help inform respondents’ own service offerings:

Examples of using support materials

“I regularly use the site to access support materials to develop and update training materials for health and care courses”

“I have used the Skills for Care website to update and improve training courses that the company use such as Dementia, End of Life, Common Induction Standards.”

3.3 Overall satisfaction and recommendation to others

Overall satisfaction is with Skills for Care is high (see Figure 3.3), with well over four fifths (83%) of respondents describing themselves as either satisfied or very satisfied with Skills for Care’s service offering. Satisfaction levels were similarly high across different sector and service areas, location of operation and organisation size. A significant proportion of those that expressed either no view, or were unsure, had not used any of Skills for Care’s services.

![Figure 3.3 Overall Satisfaction](image)
Asked if they would recommend Skills for Care to other employers in the social care sector, the significant majority (87%; or 443 respondents) answered: ‘yes’. Only 4% indicated that they would not, and the remaining 9% were unsure. Cross-tabulating these results with the respondent profiles (for example individual employers or social care workers) indicates no significant differences in overall satisfaction between said groups.

Figure 3.4 Future Recommendation

Would survey respondents recommend Skills for Care to other employers in the sector?

Source: ekosgen Customer Satisfaction Survey 2012 (N=511)

![Figure 3.4 Future Recommendation](image)

Of the 45 ‘unsure’ respondents, almost half had not used a single Skills for Care service during 2011 and 2012 (in this respect, ‘service’ constitutes the individual service offering elements set out in Figure 3.1).
4. Responsiveness and influence

Respondents were presented with a series of statements concerning the responsiveness of Skills for Care and the influence that the organisation has on the wider social care sector and asked to what extent they agreed with each statement. The results are summarised in Figure 4.1 below.

**Figure 4.1 Extent to which respondents agree**

To what extent do you agree with the following statements? Skills for Care...

<table>
<thead>
<tr>
<th>Statement</th>
<th>Proportion of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Represents and communicates the views of the adult social care sector (N=494)</td>
<td>Strongly agree: 30%, Agree: 50%, Neither disagree nor agree: 11%</td>
</tr>
<tr>
<td>Is responsive to employer needs (N=493)</td>
<td>Strongly agree: 24%, Agree: 45%, Neither disagree nor agree: 17%</td>
</tr>
<tr>
<td>Has raised the profile and improved perceptions of the adult social care sector (N=491)</td>
<td>Strongly agree: 27%, Agree: 46%, Neither disagree nor agree: 16%</td>
</tr>
<tr>
<td>Positively influences local or national policy on social care (N=493)</td>
<td>Strongly agree: 23%, Agree: 44%, Neither disagree nor agree: 19%</td>
</tr>
<tr>
<td>Positively influences practice in the social care sector (N=492)</td>
<td>Strongly agree: 25%, Agree: 51%, Neither disagree nor agree: 12%</td>
</tr>
<tr>
<td>Contributes towards the research evidence base in social care (N=488)</td>
<td>Strongly agree: 24%, Agree: 52%, Neither disagree nor agree: 12%</td>
</tr>
<tr>
<td>Demonstrates leadership on issues relating to the social care workforce (N=491)</td>
<td>Strongly agree: 24%, Agree: 47%, Neither disagree nor agree: 15%</td>
</tr>
<tr>
<td>Brings partners together to find solutions to problems (N=491)</td>
<td>Strongly agree: 26%, Agree: 45%, Neither disagree nor agree: 15%</td>
</tr>
</tbody>
</table>

Representing and communicating the views of the adult social care sector is a priority for Skills for Care, and this statement received the strongest agreement from respondents. Four out of five (80%) of those surveyed either strongly agreed or agreed (30%/50% split) that Skills for Care effectively represents and communicates the views of the adult social care sector. Further, only 5% disagreed and less than 1% strongly disagreed with this statement.

Almost as great a proportion felt that Skills for Care positively influences practice across the social care sector. In this case, over three quarters agreed (77%), with a third overall strongly agreeing this is the case (excluding those who don’t know).
Fewer than 10% of respondents disagreed or strongly disagreed with each statement presented. The highest levels of disagreement were registered when asked if Skills for Care was responsive to employer needs (6% disagree), and whether or not Skills for Care can demonstrate leadership on issues relating to the adult social care workforce (7%). A breakdown of ‘negative’ results suggests that the greatest proportion of these responses in each case (between 30%-50%) came from those who described themselves as either an ‘Employer or manager of social care staff’ or ‘training provider’.
5. Suggested improvements & best practice

5.1 Suggested improvements

Respondents were asked if there were any services they felt Skills for Care currently provide that could be improved. This was asked as an open-ended question which was subsequently grouped and coded according to the most prominent responses. Figure 5.1 shows that whilst just over one in three respondents (34%) felt that there were no changes required, a significant proportion identified specific areas of the current service offering that they felt could be improved, and in some cases suggested specific ways in which this should be achieved.

Figure 5.1 Suggested areas for improvement

Almost one fifth (18%) suggested that there could be improvements to the resources made available for those using Skills for Care’s services, particularly with regards to the organisation’s website. This mirrors views expressed through stakeholder consultations.

Example website feedback

“The Skills for Care web-site for ASYE information can be a little confusing and ‘messy’, and it can be difficult to try and navigate.”

“Website overall good – however can’t always locate what I want and then sometimes get overwhelmed with the amount of detail.”

“Website is complex and hard to navigate, and I consider myself to be quite competent.”
Others noted that they had experienced issues primarily with the NMDS-SC, and suggested that greater support in that respect might be appropriate, as guidance could at times feel misleading and inaccurate.

**Example NMDS-SC support needs**

“NMDS-SC is too complex, unlike the SSDS001 that it was designed to replace”

“NMDS-SC could be more user-friendly”

“NMDS in terms of letting Local Government (LG) know if its providers are ‘compliance or not’. There is a mismatch between this information and what Skills for Care want from LG in terms of encouraging Private Employers to complete NMDS - how can we do that if we don’t know ‘who’ to target.”

A further 18% of respondents indicated a need for ‘greater accessibility’. Accessibility in this context was largely described in the sense of increasing engagement and ease of engagement with a wider variety of care organisations and employers. One respondent noted that engagement at a ‘grass-root level’ should be seen as crucial, as:

**Example feedback on the need to increase awareness**

“…the small establishments and workforce have no idea who you are!”

Others felt there should be greater acknowledgement of and engagement with either children’s services or other specialist care areas:

**Example feedback on service focus**

“I wish we had an equivalent for children's services”

“I find that often the resources available and research undertaken is aimed primarily at the older population. Please remember that those of us supporting individuals with learning disabilities would like to see some research etc into society’s impact on their lives.”

A little over one in 10 (11%) respondents felt that other aspects of the service offering could be improved, from providing more sector specific career and mentoring advice, to asserting and promoting a positive image of adult social care and social work. A further 9% felt that the tendering and claiming process could be improved, primarily through addressing the perceived “unrealistic” timeframes to apply for and submit tenders.
The final 4% suggested that communication could be improved. Suggestions ranged from increasing the range of mediums through which to contact Skills for Care, to calling for greater clarity (and reducing the amount of jargon) in produced resources. There was recognition that whilst specific terminology is widespread and is often required, resources are often used by a wide audience:

**Examples of the need for clear, jargon free communications**

“Too many Skills for Care documents (from workshop agendas to presentations to documents for non-professional people) are not clear or direct in their use of language.”

“They use too much jargon and should improve the clarity of their written materials...”

### 4.1 Best Practice

Overall, more than eight in 10 (81%) considered that elements of Skills for Care’s service offer represented ‘best practice’. Amongst these responses, ‘best practice’ was most commonly associated with resources and events. Almost half of all positive responses cited examples of good or ‘best’ practice relating to either the physical or online resources made available. Examples of feedback provided are included below.

**Examples of identified best practice**

“Very reliable resource used by all our tutors - guidance always relates to best practice.”

“Common Induction Standards give new staff an excellent grounding for best practice within Healthcare”.

“Networking events are excellent for developing best practice”

“NQSW / ASYE events I have attended have been well-organised, comprehensive and there is always something to learn from the presentations”
6. Appendices

6.1 Appendix 1: Survey respondent profile

Profile of Survey Respondents

Source: ekosgen Customer Satisfaction Survey 2012 (N=491)

Profile of 'Other' Responses

Source: ekosgen Customer Satisfaction Survey 2012 (N=92)