



# Measuring the outcomes of social care

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# What is ASCOT?

- **Adult Social Care Outcomes Toolkit**
  - A collection of tools for measuring service user outcomes across the whole of social care including a version for use in care homes.
  - See website [www.pssru.ac.uk/ascot](http://www.pssru.ac.uk/ascot)
  - Also in Finnish [www.pssru.ac.uk/ascot/finnish/](http://www.pssru.ac.uk/ascot/finnish/)

# Why use ASCOT?

- Sensitive to social care interventions
- Measures outcomes for individuals
- Development involved rigorous testing
- Can be used to measure the impact of services
- Reflects preferences (can be used in economic evaluation)

# One tool does not fit all

- Across settings and client groups
  - Community settings
  - Care homes
  - Carers
- Using different methodologies:
  - Self-completion
  - Interview
  - Observation

# **HOW ASCOT MEASURES OUTCOMES**

# Social care-related quality of life

- ASCOT-mittari on suunniteltu mittaamaan aikuisten hoivaan liittyvää elämänlaatua
- Domains we can reasonably expect to be affected by social care
- Broad enough to apply to everyone
- Compare to the general population

# ASCOT domains

English	Finnish
Personal cleanliness and comfort	Henkilökohtainen puhtaus ja miellyttävyys
Food and Drink	Ruoka ja juoma
Safety	Turvallisuus
Clean and comfortable accommodation	Asumisen siisteys ja miellyttävyys
Social participation and involvement	Sosiaalinen osallistuminen ja osallisuus
Control over daily living	Arjen hallinta
Occupation	Mielekäs tekeminen
Dignity	Arvokkuus



# Level of outcome

- **No needs:** The individual has no or the type of temporary trivial needs that would be expected in this area of life of someone with no impairments.
  - **This can be split into two**
- **Some needs:** Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life
  - **Some needs do not have a health implication**
- **High needs:** High needs are distinguished from some needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.
  - **High needs have a health implication.**

# The levels...

- No needs
  - **Ideal state:** The individual's preferences and wishes in that area are met.
  - **No needs:** The individual's needs are met, but not to the desired level (mustn't grumble)

# An example

- I'm able to spend my time as I want, doing things I value or enjoy (ideal)
- I'm able to do enough of the things I value or enjoy with my time (no needs)
- I do some of the things I value or enjoy with my time but not enough (some needs)
- I don't do anything I value or enjoy with my time (high needs)

**WHAT CAN ASCOT MEASURE?**

# Current SCRQoL

- All versions
- Measures SCRQoL as it currently stands.
- In most uses of ASCOT, this would usually mean the SCRQoL the person has as a result of receiving services and support – not a functioning measure like e.g. EQ5D
- The only exception may be when you use ASCOT to measure baseline SCRQoL before somebody starts to use a service.

# Expected SCRQoL

- Only in some versions of ASCOT (not self-completion)
- Expected SCRQoL = what we would expect somebody's SCRQoL to be *in the absence of services and support & assuming no other help steps in.*
- The definition of services and support depends upon the context in which you are using ASCOT

# Why measure expected SCRQoL?

- To identify impact of social care interventions
- Need a counterfactual, but RCTs difficult (unethical, expensive)
- Expected SCRQoL = the counterfactual
- Enables us to calculate *gain...*

# SCRQoL gain

- **SCRQoL gain** = current - expected SCRQoL
- Tells us how the service is affecting the person's SCRQoL (for better or worse)
- The bigger the gain, the bigger the impact of the service(s)
- Negative gain scores mean that services are having a negative impact on SCRQoL



# Summary

- ASCOT measures SCRQoL
- 8 domains
- Current and expected SCRQoL
- Calculating impact

# Different versions available

- Interview (INT4)
- Care homes (CH3 – mixed methods)
- Self-completion (SCT4)
- INT4-Carerer (measures the outcomes of carers)
- NEW easy-read measure being validated now
- NEW proxy measure being tested in 2015

# Comparing the ASCOT instruments

	SCT4	INT4	INT4-Carer	CH3
Format	Self-completion questionnaire	Face to face interview	Face to face interview	Mixed methods
Number of levels	4	4	4	3
Current SCRQoL	Yes	Yes	Yes	Yes
Expected SCRQoL	No**	Yes	Yes	Yes
Number of questions	9	23	21	n/a
Intended use	All services where service users able to self-complete a questionnaire	All services where service users able to participate in a face to face interview	Measuring the outcomes of informal (unpaid) carers	Residential setting such as care or nursing homes
Training	No	Yes, limited	Yes, limited	Yes, extensive

# SCORING

# An overview of scoring

- Score can be calculated from both current and expected questions
- Score combines ratings / response options across all eight domains
- Each rating is given a different value – known as a weight
- Weights are added together to give a weighted score
- Weighted score entered into a formula to give overall SCRQoL score

# The SCRQoL score formula

- SCT4 and INT4
  - $\text{SCRQoL} = (0.203 \times \text{weighted score}) - 0.466$
- CH3
  - $\text{SCRQoL} = (0.228 \times \text{weighted score}) - 0.586$

# Why use weights?

- To reflect **value** of social care outcomes
- The different SCRQoL states described by the ASCOT measure are not of equal value
  - e.g. having complete control over your daily life is seen as being more important than being as socially involved as you want to be
- Weights for each rating derive from a study of people's preferences
  - Compared service user and general population preferences and found no significant differences

# The meaning of SCRQoL scores

- Gives you a number between 1.00 and -0.17 (INT4/SCT4)
- 1.00 = optimum or 'ideal' SCRQoL
- 0.00 = being dead
- Negative scores mean a state worse than death



# Current SCRQoL Scores

	General Population (n=500)	Service users (n=458)
Mean	.86	.73
SD	.13	.19
Max	1.00	1.00
Min	.26	.12

Source: Table 29, p89, of Netten et al (2012): [www.hta.ac.uk/fullmono/mon1616.pdf](http://www.hta.ac.uk/fullmono/mon1616.pdf)

# ASCOT data entry tools

- Each version of ASCOT has a data entry tool (MS Excel)
- If you enter data collected for an individual case it gives you the ASCOT scores for that case
- It also gives you summary or aggregate scores for all cases entered as well as breakdowns of each domain
- Produces cobweb plots of data
- Available on the ASCOT website ([www.pssru.ac.uk/ascot](http://www.pssru.ac.uk/ascot))

# Thank you for listening!

ASCOT website: [www.pssru.ac.uk/ascot](http://www.pssru.ac.uk/ascot)

Twitter: @ascot\_pssru

ASCOT mailbox: [ascot@kent.ac.uk](mailto:ascot@kent.ac.uk)

Publications and references:

<http://www.pssru.ac.uk/ascot/references.php>