Measuring the outcomes of social care

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The ASCOT team

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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

<table>
<thead>
<tr>
<th>English</th>
<th>Finnish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal cleanliness and comfort</td>
<td>Henkilökohtainen puhtaus ja miellyttävyys</td>
</tr>
<tr>
<td>Food and Drink</td>
<td>Ruoka ja juoma</td>
</tr>
<tr>
<td>Safety</td>
<td>Turvallisuus</td>
</tr>
<tr>
<td>Clean and comfortable accommodation</td>
<td>Asumisen siisteys ja miellyttävyys</td>
</tr>
<tr>
<td>Social participation and involvement</td>
<td>Sosiaalinen osallistuminen ja osallisuus</td>
</tr>
<tr>
<td>Control over daily living</td>
<td>Arjen hallinta</td>
</tr>
<tr>
<td>Occupation</td>
<td>Mielekäs tekeminen</td>
</tr>
<tr>
<td>Dignity</td>
<td>Arvokkuus</td>
</tr>
</tbody>
</table>
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-Carer (measures the outcomes of carers)
- NEW easy-read measure being validated now
- NEW proxy measure being tested in 2015
## Comparing the ASCOT instruments

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

- SCT4 and INT4
  - SCRDQoL = \((0.203 \times \text{weighted score}) - 0.466\)

- CH3
  - SCRDQoL = \((0.228 \times \text{weighted score}) - 0.586\)
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

<table>
<thead>
<tr>
<th></th>
<th>General Population (n=500)</th>
<th>Service users (n=458)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
<td>.86</td>
<td>.73</td>
</tr>
<tr>
<td><strong>SD</strong></td>
<td>.13</td>
<td>.19</td>
</tr>
<tr>
<td><strong>Max</strong></td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Min</strong></td>
<td>.26</td>
<td>.12</td>
</tr>
</tbody>
</table>

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)
Thank you for listening!

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