



## **ASCOT – the measure, its use and interpretation**

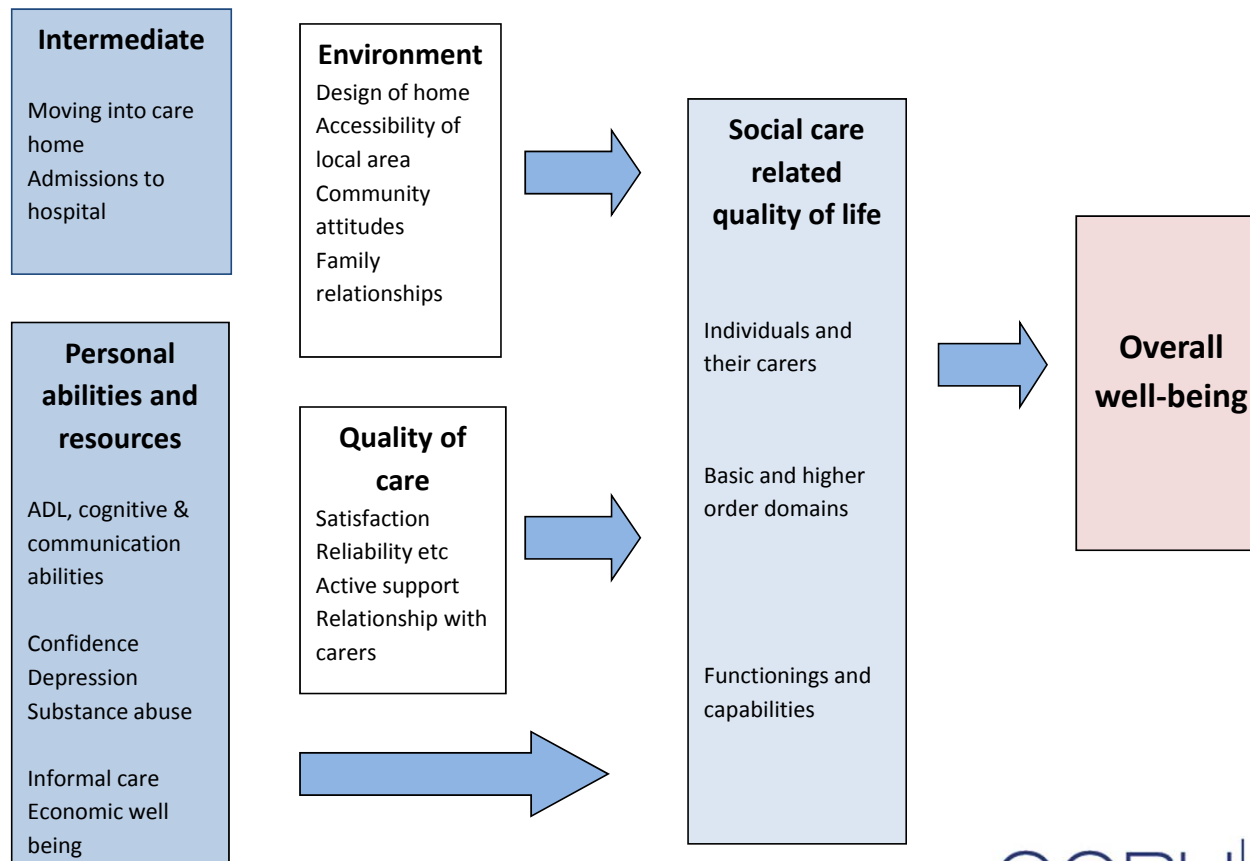
ASCOT Workshop 2012

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## ASCOT, its use and interpretation

- Basis for & development of the measure
- Evidence from previous work
- Implications for use and interpretation
- Next steps and way forward

## 'Types' of social care outcome



29/04/2013

## Desirable attributes of a measure

- Sensitive to social care effects
- Applicable across all social care
- Reflect relative importance of domains
- Anchored
  - Meaningfulness
  - Comparability/ range of uses
- Valid and reliable

## ASCOT history

- Older People's Utility Scale (OPUS) (2002)
- PSS productivity in National Accounts
  - Extending to other service user groups
- Preference study
  - Discrete choice experiment with financial attribute
- Testing in practice
  - Individual Budgets Pilot Evaluation (IBSEN)
- User experience/Adult social care surveys (ASCS)
- Measuring Outcomes of Public Service Users (MOPSU)
  - Care homes
  - Low level services
  - Preference study
- Outcomes of Social Care of Adults (OSCA)

## OSCA study

- Domains and item wording
  - Literature, theoretical and conceptual development
  - Analyses of previous datasets
  - Cognitive interviews all service user groups (30)
  - Validity testing with older home care users (300)
  - Minor revisions tested in ASCS development & pilot
- Preference elicitation
  - 2009 - instrument tested for validity gen pop (500)
  - 2010 equipment service users (458) & gen pop (500)
  - TTO follow up gen pop (126)

## **Social care related quality of life (SCRQoL)**

- Personal cleanliness and comfort
- Food and drink
- Safety
- Clean and comfortable accommodation
- Social participation and involvement
- Control over daily living
- Occupation
- Dignity

## What does social care do?

- Ensuring needs are met
- Latterly policy emphasis on..
  - Personalisation
  - Giving people control
- Functionings
  - States of being e.g. clean, well-fed, safe
- Capabilities
  - The *freedom to be able* to do something that is valued



## Response options

- Needs as functioning i.e. don't do (enough) X
  - Some/Low level needs (no health implications)
  - High level needs (health implications)
    - For some domains ultimately 'being dead'
- Absence of need as capabilities i.e. able to do X
  - No needs (musn't grumble, not as much as want)
  - Preferred situation (aspirations, as much as want)

## Occupation

**Which of the following statements best describes how you spend your time?**

- I'm able to spend my time as I want, doing things I value or enjoy
- I'm able to do enough of the things I value or enjoy with my time
- I do some of the things I value or enjoy with my time but not enough
- I don't do anything I value or enjoy with my time

## Construct validity

- 300 older home care users interviewed
- Hypothesised relationships with:
  - General QoL question
  - EQ-5D: health related QoL
  - GHQ-12: psychological well-being
  - CASP-12: control and autonomy subscales
  - UCLA-loneliness scale
- Also specific associations between individual domains and other indicators

## Associations

- Overall quality of life
  - Associated with better SCRQoL ( $p < .01$ )
- Expected associations with domains:
  - Positive: GHQ-12, EQ-5D, CASP (control)
  - Negative: loneliness
- All domains
  - Mean loneliness & CASP sig better in ideal state
- Social participation
  - Sig better loneliness scores for each higher level
- Control over daily life
  - Sig better CASP scores for each higher level

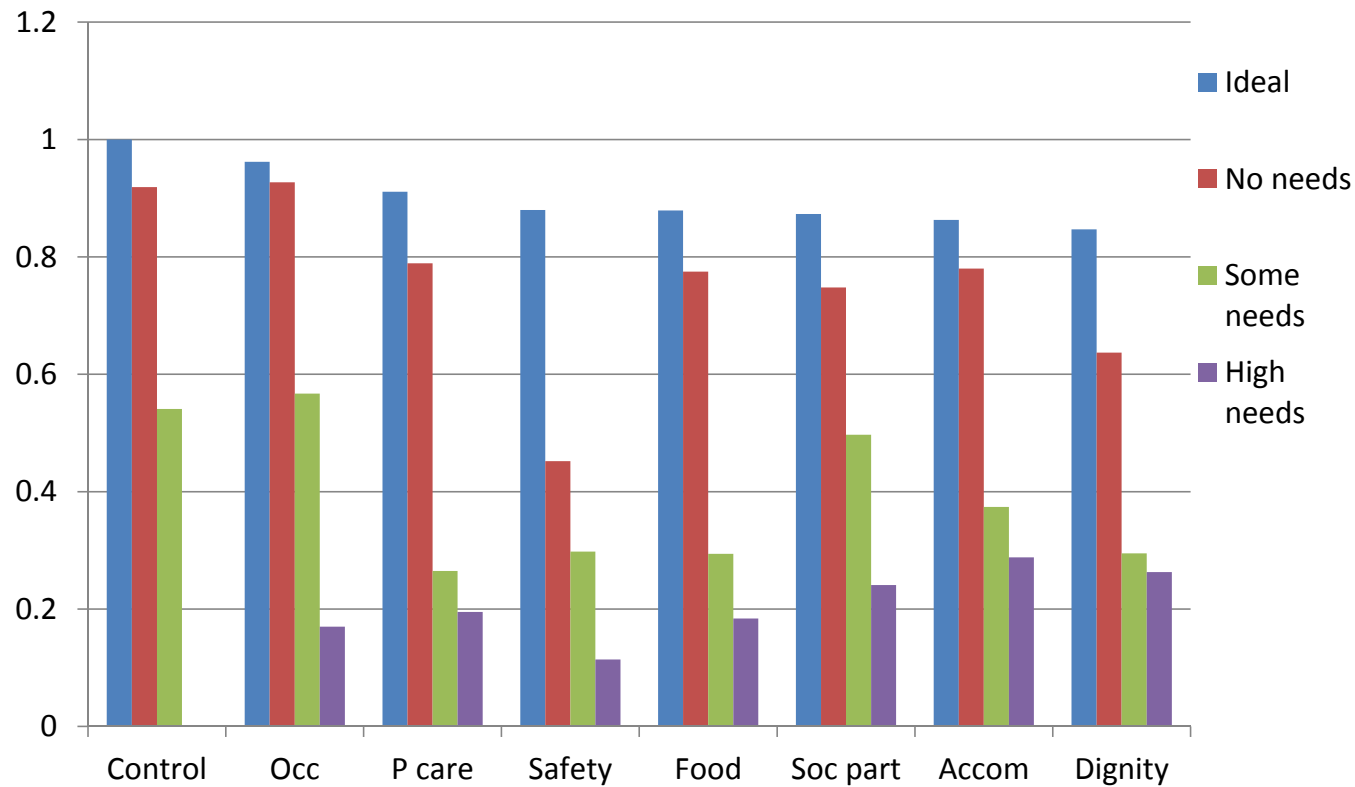
## Creating a measure of SCRQoL

- Cannot assume all aspects of outcome and response levels equally important
- Preference studies to:
  - Test if we should weight the scale
  - Do service user preferences differ from the gen pop?
- Anchoring the scale:
  - What do scores mean?
  - Linking with health outcome measures (QALYs)
- Methods
  - Best Worst Scaling (BWS)
  - Time trade-off (TTO)

## Results

- Variations in domain/level importance confirmed
- Gen pop estimates:
  - Stable across 2 separate samples 9 months apart
  - Highly correlated TTO and BWS estimates ( $R^2=.86$ )
- Service user preferences no different to gen pop
  - But factors associated with preferences *were* different
- Anchored scale to 'being dead' as in health

## Relative importance of response options



## Gen pop preference variation

- Socio-economics
  - *Accommodation cleanliness and comfort*
    - Valued higher by those who received state benefits
  - *Food and drink*
    - Valued higher by those not receiving state benefits
  - *Control*
    - Valued higher if have disabled person's/council tax benefit
    - Valued higher by home owners
- Gender
  - *Safety*
    - Valued higher by women
  - *Occupation*
    - Valued higher by men
- *Control* also valued more highly if
  - Married
  - No children
- Also geographical/type of area/quality of life/ethnicity..



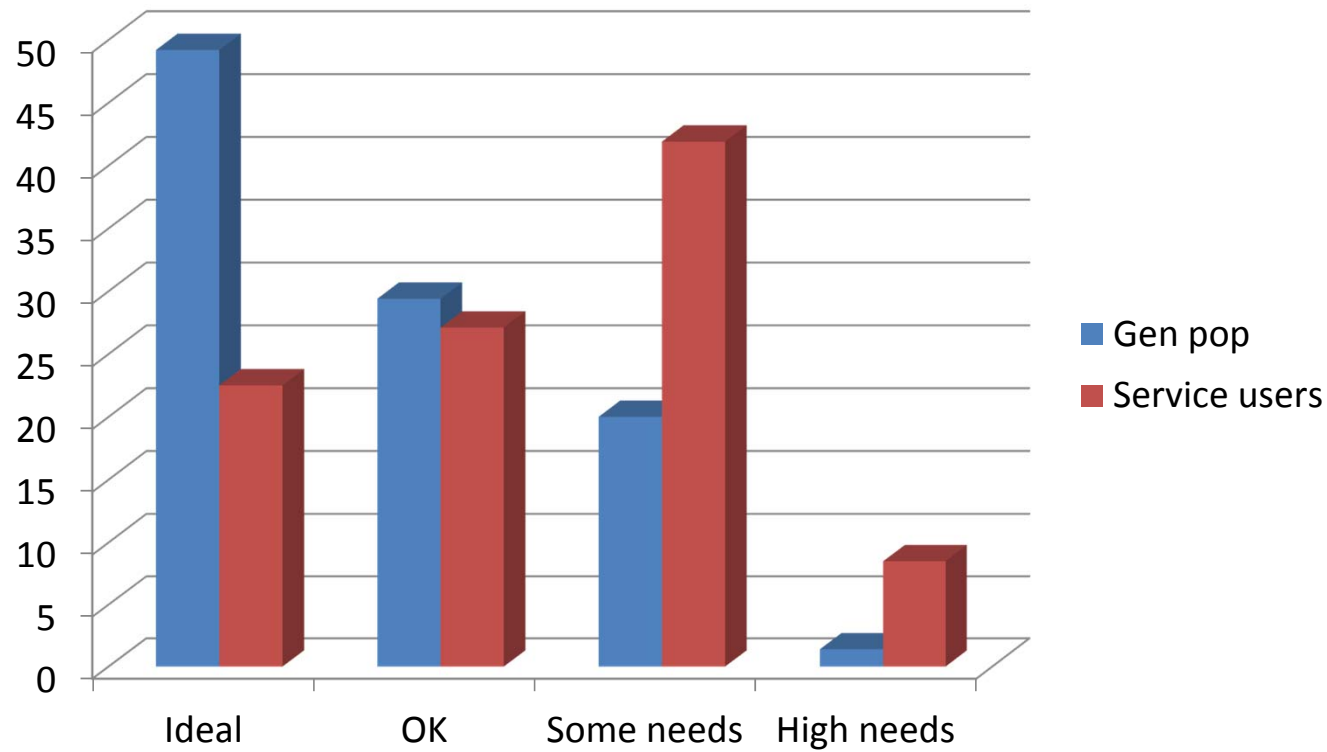
## Service user preference variation

- Associated with current SCRQoL
  - *Social participation and involvement*
    - Valued higher by those who had needs in this domain
  - *Safety*
    - Valued higher by those with lower levels of social participation
  - *Control*
    - Valued higher by those who had control
  - *Dignity*
    - Valued higher by those experiencing loss of dignity
- Ethnicity
  - *Food and drink*
    - Valued lower by White-British than non-white service users
  - *Control*
    - Valued higher by White-British than non-white service users
- Also service use, geographical area, marital status, home ownership

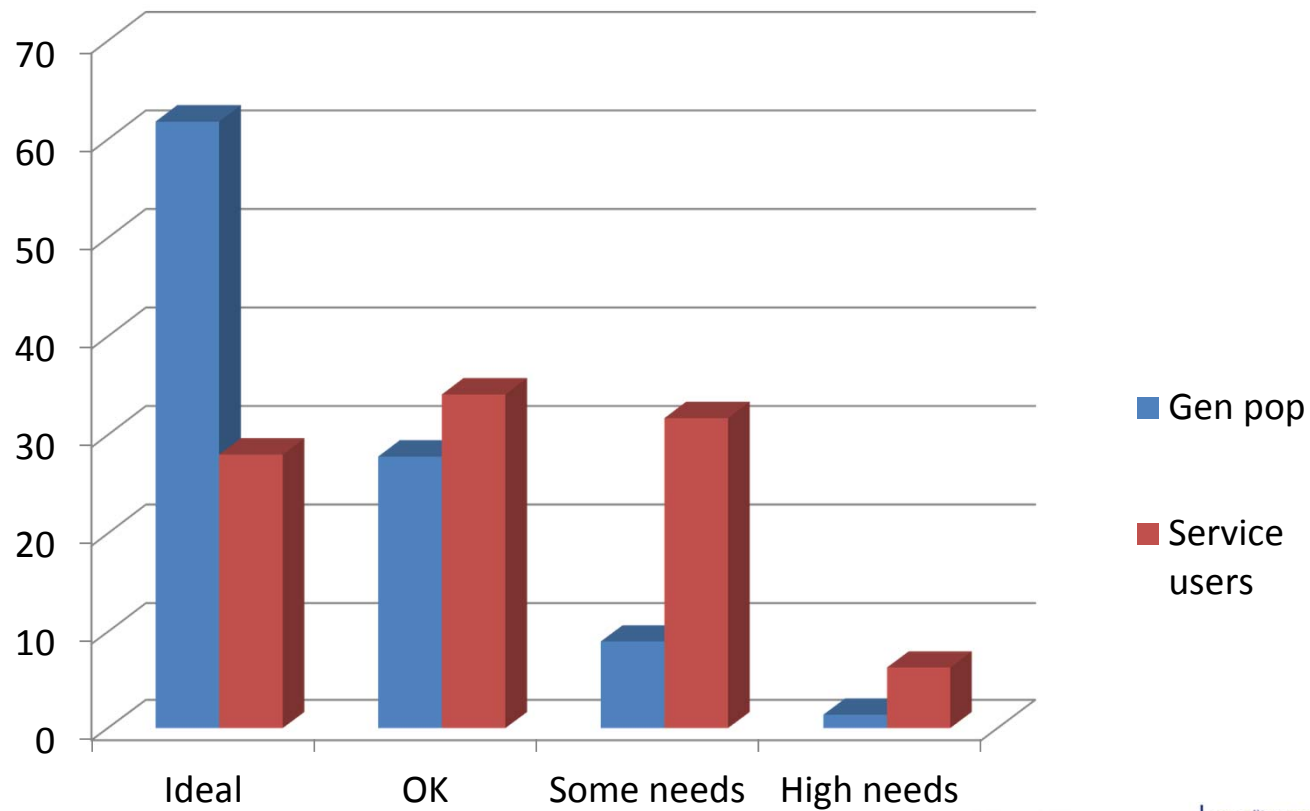
## ASCOT index

- 0 = 'being dead'; 1 = 'ideal' SCRQoL
- Range = -0.17-1.00
- General population
  - Mean=0.86
- Equipment service users
  - Mean=0.73

## Occupation



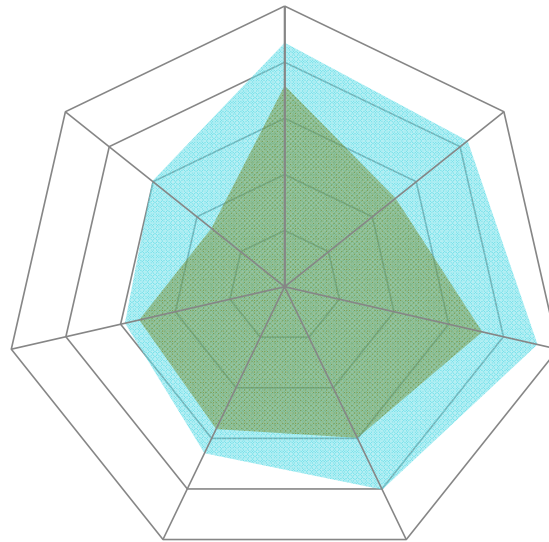
## Control over daily life



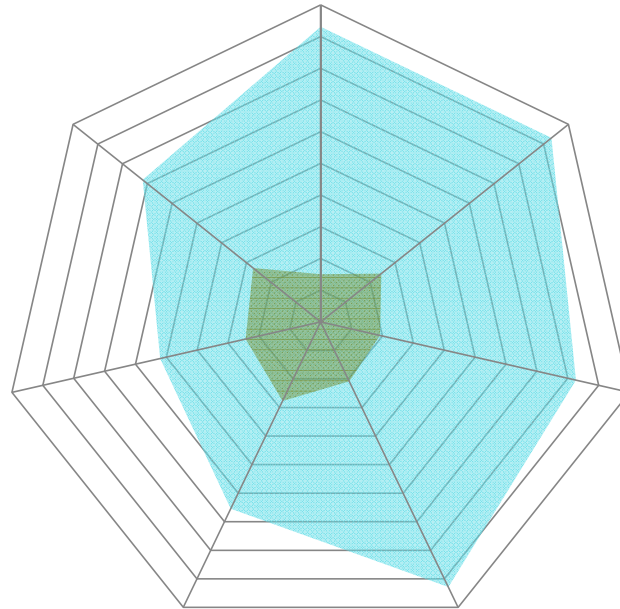
## The toolkit - measuring outcome

- Challenges to establishing counterfactual
- Pragmatic approach in ASCOT
- 'Current' SCRQoL
  - Before and after
- 'Expected' SCRQoL
  - In absence of services/support
- SCRQoL gain
  - Current-expected
- Interview or observation based methods

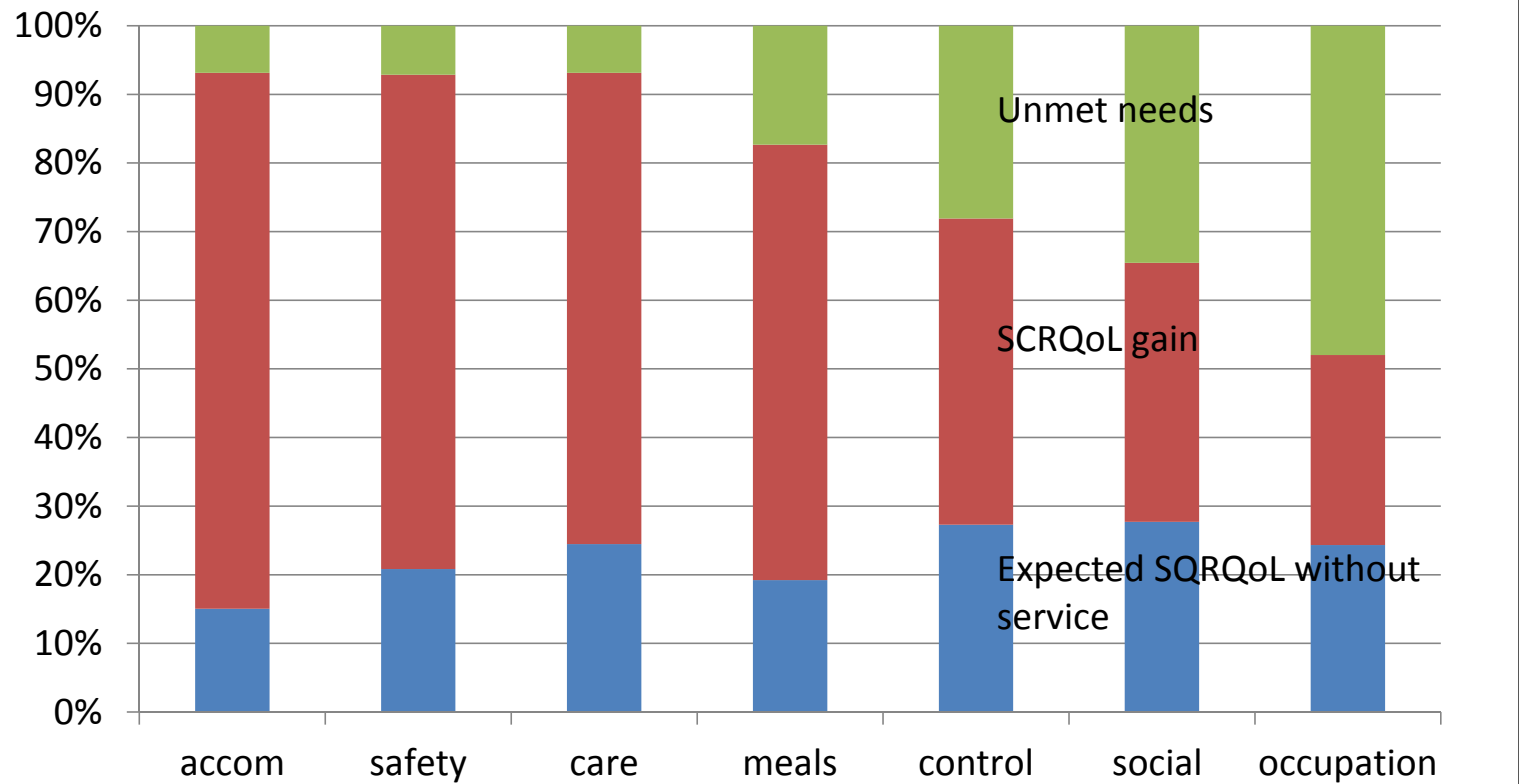
# Older home care users' needs and outcomes



## Older care home residents' needs and outcomes



## Older care home residents' needs and outcomes





## Interpretation of measures

- Current SCRQoL
  - Experienced quality of life
- Current SCRQoL before and after
  - Change in experienced quality of life
- Expected SCRQoL
  - Need for intervention
  - Associated with ADLs & informal care
- SCRQoL gain
  - Impact of intervention at that point in time
- Expected SCRQoL before and after
  - Change in need for intervention

## Other associated indicators

- Dignity
  - Attitude to receiving help at all
  - Included in instrument as 'filter'
- Abilities in activities of daily living
- Presence & extent of support from others
- Design of home
- Accessibility of external environment

## Desirable attributes of a measure

- Sensitive to social care effects
- Applicable across all social care
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## Validity and reliability

- Associations with other measures of QoL etc
- Makes sense to respondents
  - High item response rates
- Differences where expected
  - General population vs service users
  - Home care users vs care home residents
- Robustness of preference weight estimates
- More to be done:
  - Test-retest reliability
  - Inter-rater reliability
  - Validity with wider range of service users

## What can we learn from the research?

- Relative importance of outcomes
  - Control and occupation particularly important
  - *No* age association – but what do people get...
  - Poor Occupation scores across variety of user groups
- User preference variation
  - Linked to poorer SCRQoL in some domains
  - Targetting/ prioritising commissioning?
  - Further analysis for implications?
- General population experiences
  - A basis for comparison with service users

## ASCOT in the ASCS

- Policy emphasis on outcomes
  - Welcome but challenging
- Current SCRQoL in the Adult Social Care Survey
- Adult Social Care Outcomes Framework (ASCOF)
  - Equally weighted overall measure
  - Control and safety items
- But are these measures of 'outcome'?
- How can councils use the results?
- Attribution challenging

## IIASC

- Identifying the Impact of Adult Social Care
- Aims
  - Develop a measure of 'added value' reflecting councils support
  - Explore the links between this and other ASCOF indicators
  - Investigate relationship between service user & carer outcomes
  - Explore potential for 'value added' measure for carers
- Methods
  - Develop methods for identifying carer outcomes
  - Follow-on survey of 2013 ASCS
  - Take opportunity to explore test-retest reliability and wider validity
- Should:
  - Inform development of ASCOF
  - Assist councils in using ASCS data
  - Provide basis for identifying cost-effective interventions
  - Improve understanding of link between user and carer outcomes

## Looking forward

- Methods for cognitively impaired people living at home
- Drawing on information we have
  - Providing population norms?
  - 'Meaning' of scores/profiles?
  - Implications of preference findings for policy and practice?
- Developing a social care 'QALY'
  - Cost per SC QALY
  - Relationship with health QALY
- Including carer outcomes?
- Practical guide for councils using ASCS (session A)
- Quality assurance and 'Outcome focused practice' in care homes?