

Developing a Measure of Outcomes of Social Care for Adults

PSSRU

RESEARCH
SUMMARY

51

JULY 2009

The importance of measuring social care outcomes is now recognised at all levels of government and across organisations. By social care outcomes, we mean the effect of social care on people's lives. If we can measure the impact of social care on people's lives we can make strong arguments about the benefits that receiving social care brings to people.

The Outcomes of Social Care for Adults (OSCA) study aims to develop a way of measuring social care outcomes. The project has two phases: a design phase and a main phase. In the design phase we are developing and testing the methods for collecting information about social care outcomes. In the main phase we will collect 'real' information using the tried and tested methods from the design phase. The information from the main phase will be used to put together a measure that researchers and others can use to reflect social care outcomes.

As part of the development work, Juliette Malley, James Caiels and Diane Fox talked to about 30 people across England. They tested the wording of questions that asked people to rate their quality of life. They also tested how important people thought different aspects of quality of life were. This is a summary of what they found.

KEY POINTS FROM THE STUDY

- We asked people to rate their quality of life in eight different areas and people agreed that these areas were important to their quality of life (see box 1 for the eight areas).
- Talking to people helped us to make sure we phrased the questions and answers using everyday language.
- Some people thought some of the questions were not clear. For example, for the question about safety, some people asked us whether they should think about their safety indoors and outdoors.
- Talking to people also helped us make sure the questions asked people what we wanted to ask them. For example, for the question asking about whether you do things you value and enjoy, we hoped people would think about all kinds of activities. People told us they thought about their jobs, voluntary work, caring for others, going out shopping, reading and many other things, which was as we'd hoped.
- We also noticed that sometimes the questions didn't work quite how we wanted them to. For example, the original answers to the question about whether you do things you value and enjoy did not allow for people to say that they had too many things to do and not enough time or energy to do them. People were not quite sure how to answer this question.

Box 1

The eight areas of quality of life

- Having control over your daily life
- Being clean and presentable
- Food and drink
- Having a clean and comfortable home
- Feeling safe
- Having social contact with people you like
- Doing things you value and enjoy
- How the way you're helped and treated makes you feel about yourself

- We asked people to say what their life would be like if they didn't have help from services to do the things in box 1. This is so we can see what effect services have on people's lives. We found that 'services' meant different things to people.
- On the whole, people were able to imagine what their life would be like if they didn't have services. However, some people found it difficult to imagine a different life to the one they have now. A few refused to imagine what it would be like if their life was different.
- To reflect the importance of different aspects of quality of life, we tried out a couple of approaches to valuing aspects of quality of life. These involve making choices between situations or aspects of situations. The process can be quite complicated as people need to hold a lot of information in their heads. The tasks are also very different to the types of questions normally asked in questionnaires, so they can seem strange at first. We wanted to find out how best to present the tasks to people, whether they could do them and whether they made sense.
- Mostly people were able to make choices. We found the testing particularly helpful for coming up with introductory wording that made it clear what people were being asked to do. We developed short and simple introductions that helped people to understand what was being asked of them and clearer ways of laying the questions out.

WHAT CHANGES DID WE MAKE TO THE QUESTIONS?

- When we found the questions didn't make sense to people we changed some of the words. Everyone understood what was meant by the words in box 1.
- We have worked out some instructions to use to make some questions clearer. For example, we have instructions to explain that by feeling safe we mean for people to think about their safety indoors and outdoors.
- To make sure people think about the word 'services' in the way we hoped they would, we ask people what services they receive and put together some instructions that are specific to the person's situation.

FINAL THOUGHTS

- Going through a set of questions with people before doing a survey can help make sure the questions make sense. In this study we found people's views and comments really valuable and we are very grateful to everyone who took part in this study for their help.

OSCA is a three-year study ending in 2011. It is funded under the Health Technology Assessment (HTA) programme by the National Institute for Health Research.

The people involved in this project are:

Ann Netten, Juliette Malley, Julien Forder, James Caiels and Diane Fox from PSSRU, University of Kent; Peter Burge and Dimitris Potoglou from RAND; John Brazier from the Department of Health Economics and Decision Science, School of Health and Related Research, University of Sheffield; Terry Flynn, Centre for the Study of Choice, University of Technology Sydney; and Beryl Wall and Rob Sheldon from Accent.

We are grateful to the members of the advisory group for their ideas, the local authorities who helped us to find people to talk to and to Jane Dennett for her support.

The **PERSONAL SOCIAL SERVICES RESEARCH UNIT** undertakes social and health care research, supported mainly by the Department of Health, and focusing particularly on policy research and analysis of equity and efficiency in community care, long-term care and related areas — including services for elderly people, people with mental health problems and children in care. Views expressed in PSSRU publications do not necessarily reflect those of funding organisations. The PSSRU was established at the University of Kent at Canterbury in 1974, and from 1996 it has operated from three branches:

Cornwallis Building, University of Kent, Canterbury, Kent, CT2 7NF
 London School of Economics and Political Science, Houghton Street, London, WC2A 2AE
 University of Manchester, Dover Street Building, Oxford Road, Manchester, M13 9PL

Further details of PSSRU research and publications (many of which are available for free download) are available from the PSSRU website or the unit librarian in Canterbury (01227 827773; e-mail pssru_library@kent.ac.uk).