

ASCOT
adult social care outcomes toolkit

ASCOT Scores

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DATA



KNOWLEDGE



ACTION

ASCOT scoring

Three scores can be derived from ASCOT:

- Current social care-related quality of life (current).
 - What their life is like now
 - Short and long interviews both do this
- Expected social care-related quality of life (expected).
 - Estimates what life would be like without services
 - Long interview only
- Social care-related quality of life gain (gain).
 - $\text{Gain} = \text{Current SCRQoL} - \text{expected SCRQoL}$
 - Long interview only

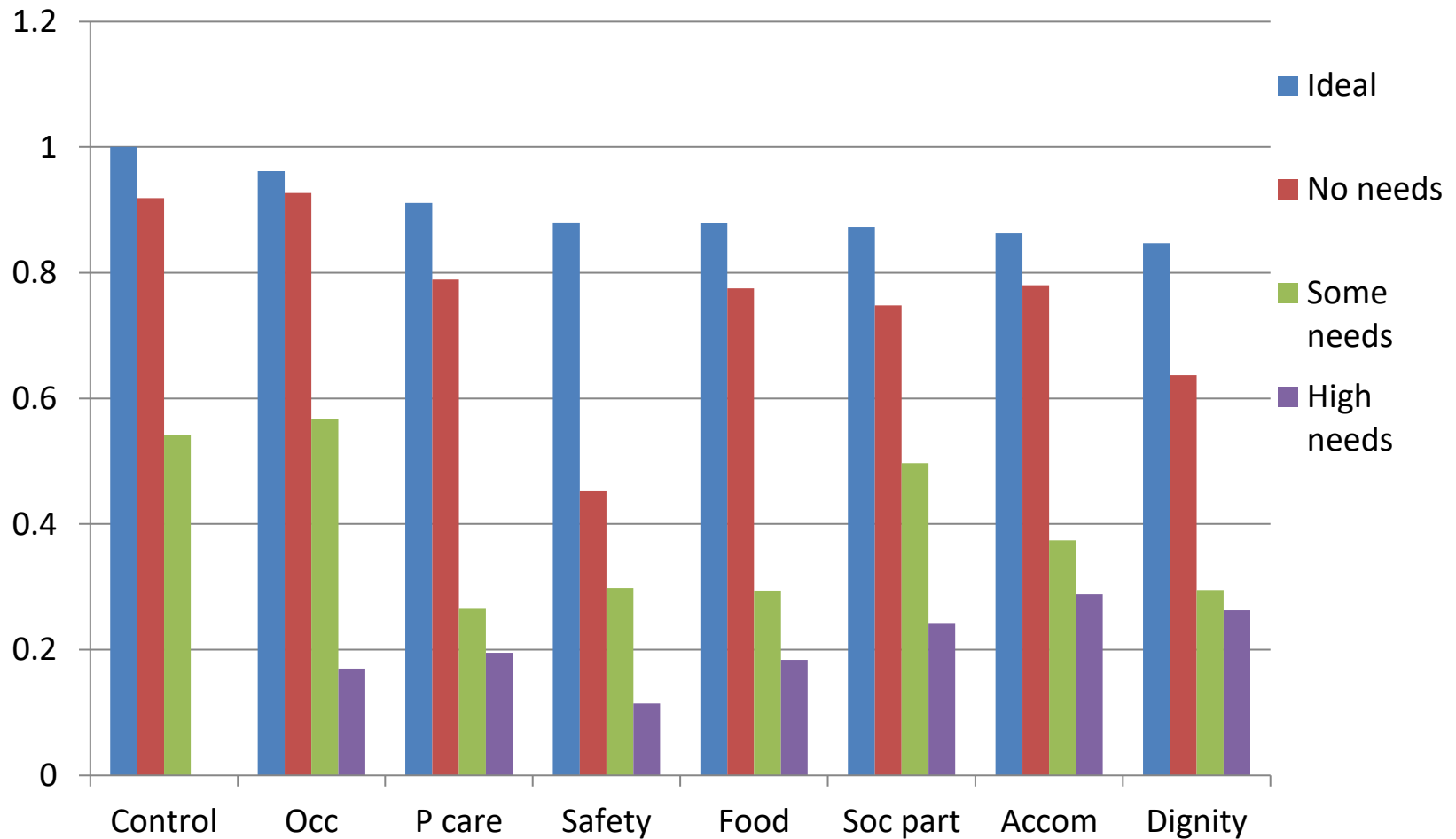
From interviews to scores

- When a person completes the ASCOT interviews, they choose a response option for each question.
- These responses map across to four outcome states which are represented by a number in a spreadsheet:
 - 1=ideal, 2= no unmet needs, 3=some unmet needs and 4=high unmet needs.

Reflecting preferences

- These 'raw scores' do not reflect the relative value of the social care outcomes measured by ASCOT.
- Research with service users and the general population tells us that not all outcome states are equally valued.
- Of all the ASCOT domains, control over daily life was considered critical.
- Having as much control as you want over your daily life (ideal) was the most highly valued outcome state.
- Having no control of your daily life (high unmet needs) was considered the worst outcome state.

Relative importance of response options



Calculating ASCOT scores

- Each rating/response is assigned a new value.
- These values reflect people's preferences for the outcome states in each domain.
- They are added up and entered into a mathematical formula.
- Scores range from -0.17 to a maximum of +1.
- Let's take a look at a basic example....

Example – current SCRQoL

Imagine you interview someone and they choose the second option (no unmet needs) to all of the ASCOT questions in the short interview. These would be entered into the spreadsheet as a 2 and then recoded to reflect their relative value:

$$\begin{aligned} &0.919 \text{ (control)} + 0.789 \text{ (cleanliness)} + 0.775 \text{ (food)} \\ &+ 0.452 \text{ (safety)} + 0.748 \text{ (social)} + 0.927 \text{ (occ)} \\ &+ 0.780 \text{ (accommodation)} + 0.637 \text{ (dignity)} \end{aligned}$$

Example – current SCRQoL

Step 1: add to generate a *weighted score*

0.919 (control) + 0.789 (cleanliness) + 0.775 (food) +
0.452 (safety) + 0.748 (social) + 0.927 (occupation) +
0.780 (accommodation) + 0.637 (dignity) = 6.027

Step 2: enter into the formula

SCRQoL = (0.203 x weighted score) – 0.466

- $0.203 \times 6.027 = 1.223481$
- $1.223481 - 0.466 = 0.757481$
- **Current SCRQoL = 0.76**

A score cannot
be calculated if
any domains
are missing!

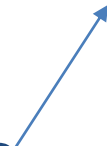
Expected SCRQoL

- Same principle as current.
- Responses are weighted as before, summed and entered into the formula.
- Only difference is dignity:
 - Remember we do not ask the expected Q here
 - The calculation for expected SCRQoL uses a 'dummy code' for dignity.
 - Only need to know about this if you are calculating scores yourself.

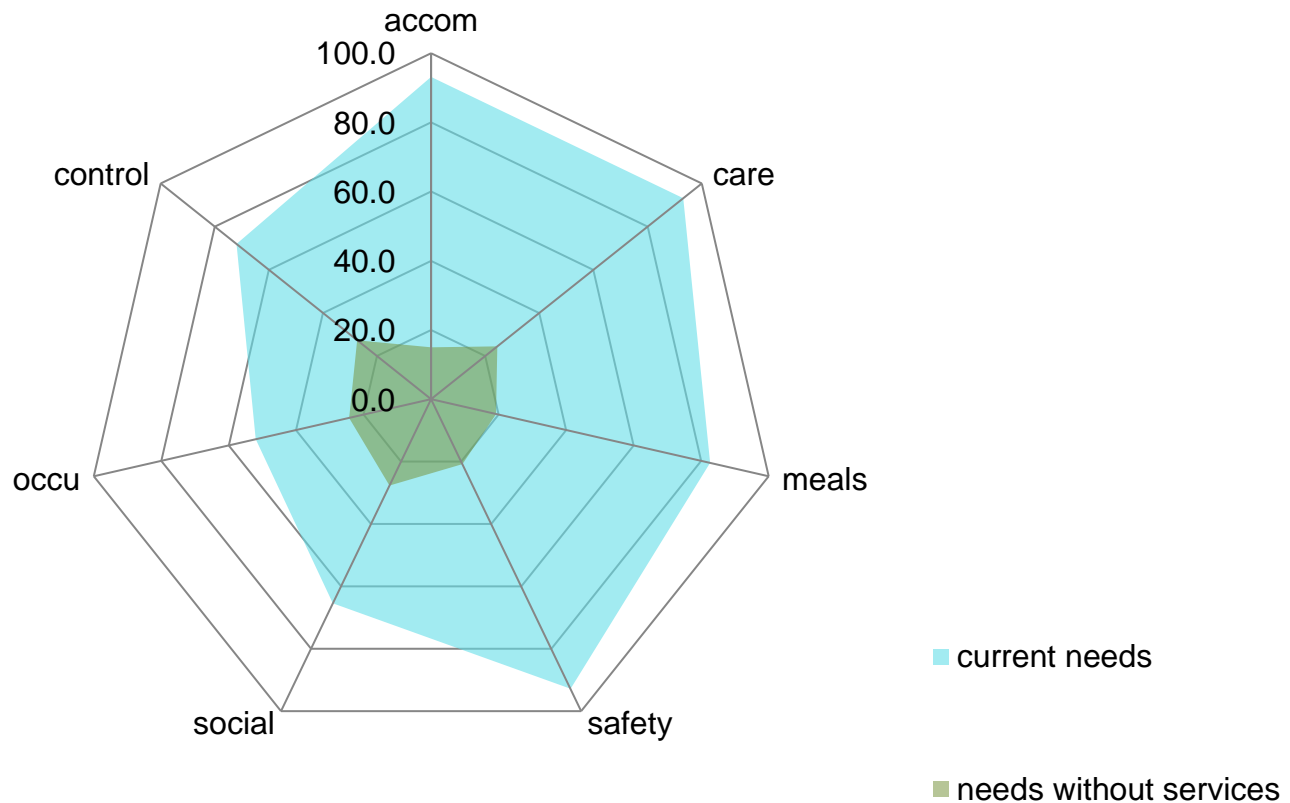
Example

- Current SCRQoL = 0.70
- Expected SCRQoL = 0.40
- SCRQoL gain (impact) = 0.30
- Clients who need more help and support will have lower expected scores.
- Current scores will vary according to needs of service users and the quality of the service.
- Recap a cobweb plot from module two...

Current-expected



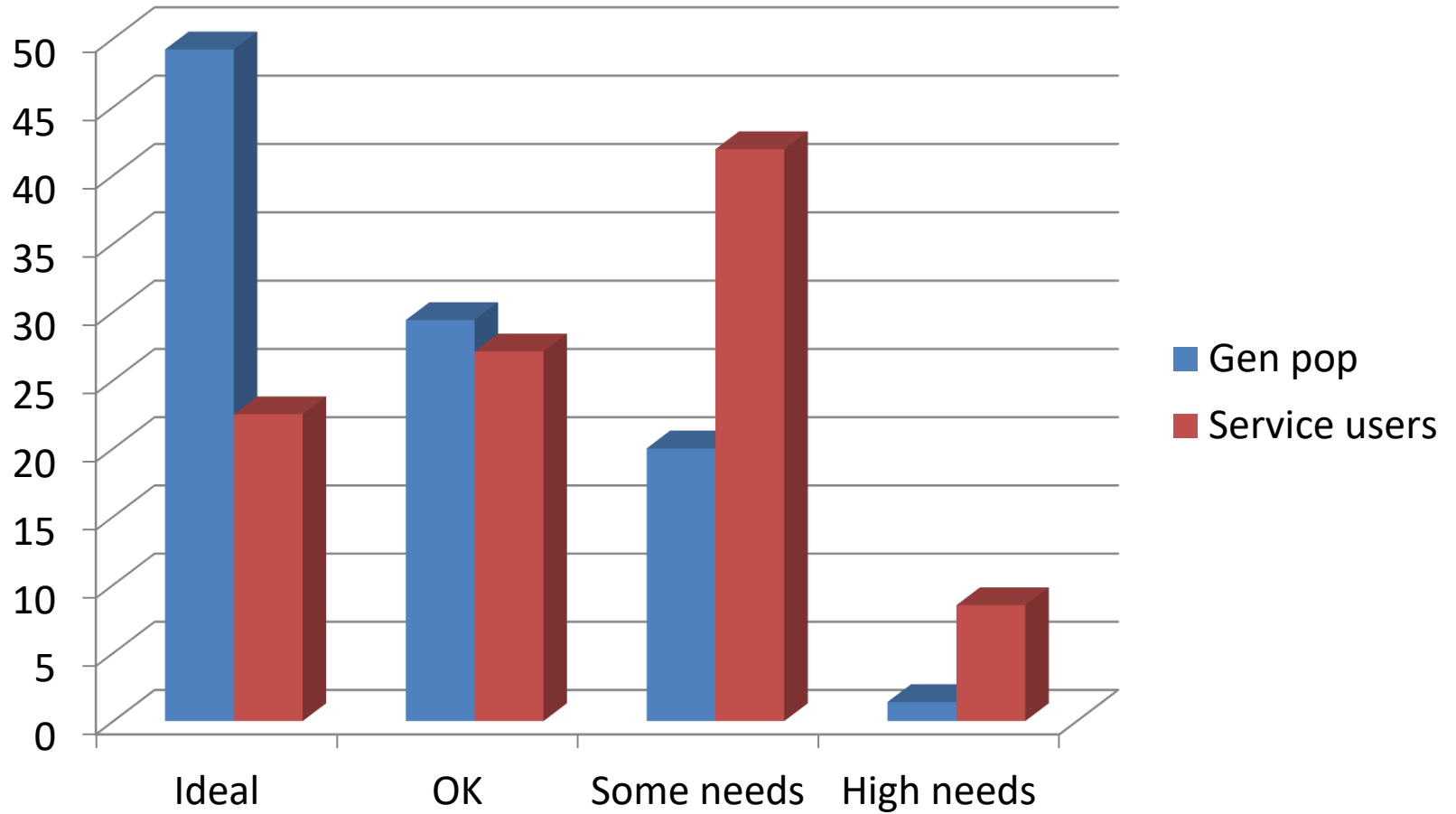
Older care home residents' needs and outcomes in England



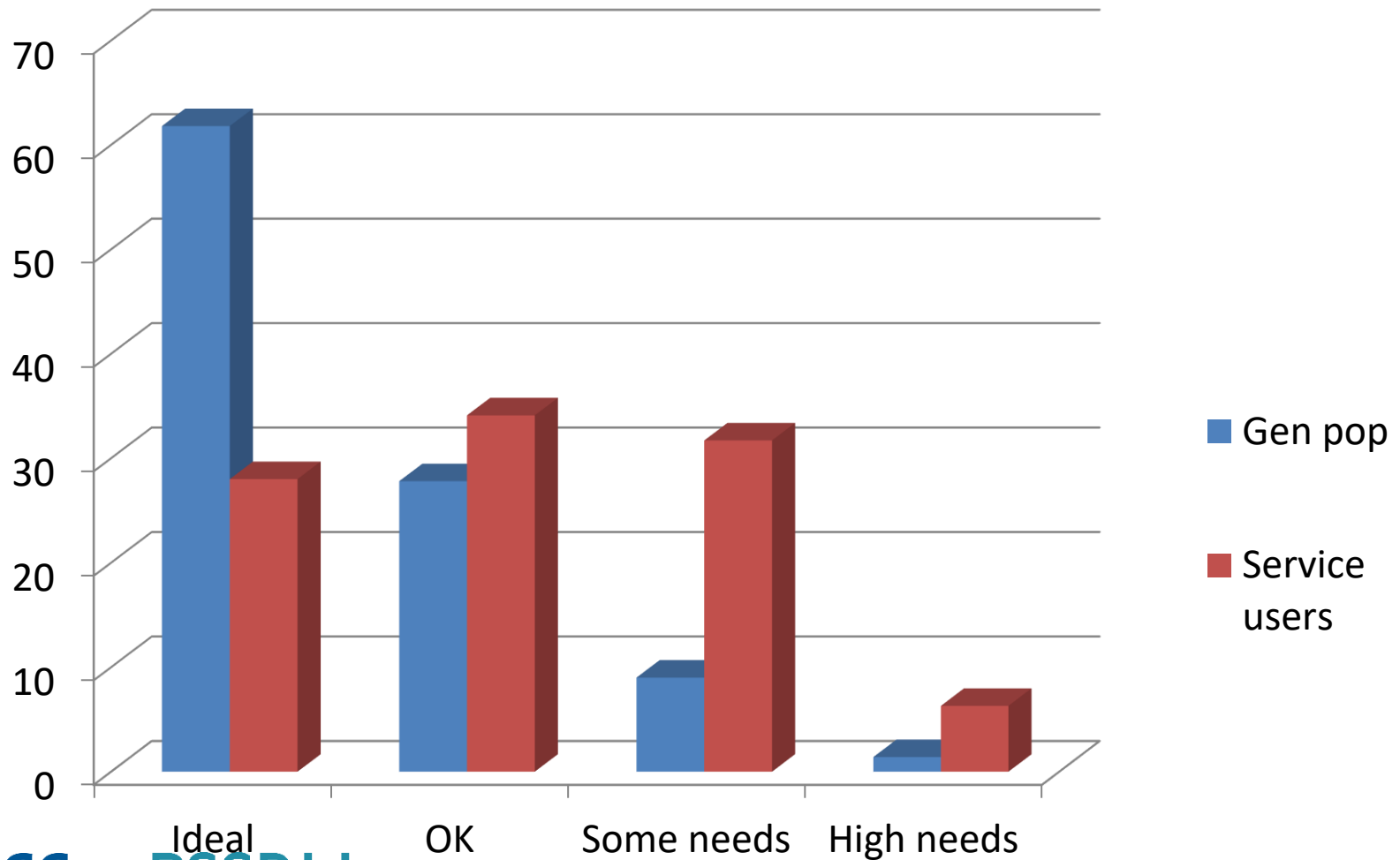
What do scores mean?

- ASCOT is not a diagnostic tool. Higher scores indicate better SCRQoL.
- Negative scores mean quality of life is so bad, people said they would rather be dead than live like that.
- For current SCRQoL:
 - 1.00 = the ideal state across all domains.
 - 0.76 = no unmet needs across all domains.
 - 0.24 = some unmet needs across all domains.
 - -0.17 = high unmet needs across all domains.
- In 2012 the average score for general population was **0.86**.
- We can also compare at the domain level....

Occupation



Control over daily life



ASCOT-carer tools

- These have their own domains and preference weights.
- These are simply summed to produce the ASCOT-carer score, there is no formula.
- Scores range from 1 (ideal state) through to 0 (high unmet needs in all domains).
- There are no negative scores (state worse than death).

How ASCOT data can be used

(1) Assessment and review

- Identify unmet needs
- How can services help with this?

(2) Demonstrate impact of your service.

- Before and after scores.
- Movement up through the outcome states at domain level.

(3) Evidence best practice/improve quality.

- Find out what's working well.

(1) Assessment and Review

- Identify unmet needs across the domains.
- Understand why there is unmet need and think about how services might address this.
- Personal goals/outcomes are important.
- We would expect responses in ASCOT to reflect these.

Identifying personal goals

ASCOT domain	Example of a personal outcome
Food and drink	I'd like to eat out occasionally , like I used to.
Accommodation	I want my house to be clean so that I can invite people over without feeling embarrassed.
Personal cleanliness	I've always coloured my hair . I'd like to be supported to do this again.
Safety	I'd like to have a bath but I don't feel safe on my own.
Occupation	I'd like to paint again but I need some special equipment.
Social	I'd like to continue to meet up with my friends every Friday at a café they go to for lunch.
Control	I want to decide when I go to bed and services to come at times that suit me.
Dignity	I'd like two or three regular carers so that we can get to know each other.

Demonstrate service impact

- Use the long interview to demonstrate SCRQoL gain – how much you are improving people's quality of life.
- Ask ASCOT before and after an intervention is put in place and use it to measure the difference that intervention has made.
- Break this down by domains, service users, postcodes, providers etc.

Evidence best practice

- We need social care data like this to be able to work out what's working and for whom.
- Social care/work practitioners often feel they know this through conversations with users and their family carers.
- How do you prove it/evidence it?
- Need data about: users needs, characteristics and outcomes, as well service use and costs.

Spreadsheets

- ASCOT spreadsheets available to purchase for £50.
- Enter your data and it will preference weight it for you and calculate the scores.
- Also presents the data in tables and charts.
- Sent a link to purchase after you have completed the registration form and got a licence: <https://www.pssru.ac.uk/ascot/ascot-license-forms/>

Summary

- How the tools become SCRQoL scores.
- What the scores mean at the aggregate and individual level.
- How ASCOT data can be used by practitioners, service managers, trusts and the local authorities.