

Outcomes of Social Care for Adults (OSCA) Project Second Report of Interim Findings: Executive Summary

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SUMMARY

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INTRODUCTION

The report summarised here sets out findings from the second stage of the Outcomes of Social Care for Adults (OSCA) project, set up to develop a gold standard preference-weighted measure of social care outcome. Two strands of the work were undertaken at this stage:

- testing the validity of the instrument
- estimating preference weights via a scoring system to reflect the relative importance of different components of outcome

The project built on previous work, particularly the Adult Social Care Outcome Toolkit (ASCOT) measure designed to capture information about an individual's social care-related quality of life (SCRQoL).

The tool addresses the views of service users both of their *current* quality of life and their *expected* quality of life in the absence of social care services. The latter is important for assessing service impact, where 'before and after' approaches rarely reflect the full effect of social care interventions. For example, many services aim to maintain (rather than improve) quality of life, so scores may not change as a result of an intervention. Indeed, because there is often unavoidable deterioration in a person's health, stable or even lower current quality of life scores may reflect positive social care outcomes.

The first report from this project described the basis for and development of the measure that was tested during this second stage of the OSCA project (Netten et al., 2009).

TESTING VALIDITY

Data were collected through personal interviews with 301 older people (65 and over) using publicly-funded home care services. In addition to the questions in the tool itself, they were asked about their socio-demographic status, service receipt and informal support, health and psychological well-being, control and autonomy, the nature of their locality and environment, social contact and participation, and general quality of life.

For the most part there was a good spread of responses across all response options in the domains for both current and expected SCRQoL. However, for two of the domains (*Food and drink* and *Accommodation*) there was a concern about the distribution across the response options. Results from the preference study (see below) also identified some potential problems with these domains. Revised wording was tested in another related study. Inclusion of the revised questions in a pilot of the Adult Social Care Survey confirmed there was an improved distribution of responses as a result.

Further information

First interim report:

Netten, A., Burge, P., Malley, J., Potoglou, D., Brazier, J., Flynn, T. and Forder, J. (2009) *Outcomes of Social Care for Adults (OSCA): Interim Findings*, PSSRU Discussion Paper 2648, www.pssru.ac.uk/pdf/dp2648.pdf

Second interim report

(summarised here):

Netten, A., Burge, P., Malley, J., Towers, A., Potoglou, D., Brazier, J., Wall, B., Flynn, T. and Forder, J.E. (2009) *Outcomes of Social Care for Adults (OSCA): Second Interim Report*, PSSRU Discussion Paper 2743, www.pssru.ac.uk/pdf/dp2743.pdf

ASCOT website

(www.pssru.ac.uk/ascot)

The research team

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Validity assesses the extent to which a tool measures what is intended. Three aspects were explored:

- the validity of the current SCRQoL scale as a measure of social care-related quality of life
- the validity of the expected SCRQoL scale as a measure of social care need
- the validity of the SCRQoL impact scale as a measure of the impact (SCRQoL gain or loss) of services

The analyses provided evidence for the practicality and feasibility of using the ASCOT measure with social care service users. Response rates were good, suggesting that both the current SCRQoL items and the hypothetical pre-test approach used here are feasible with this population.

There was also evidence of validity. In particular, there was good evidence for the validity of the descriptive system for ASCOT: each domain seemed to capture a different aspect of SCRQoL, and each domain had the anticipated relationship with other variables capturing similar and dissimilar concepts. There was also some evidence for the validity of the current and impact SCRQoL scales, which do appear to operate as intended.

Although there was some concern that the expected SCRQoL scale as a whole did not have a very strong relationship to traditional measures of problems in activities of daily living (ADLs), further analysis demonstrated that each of the individual items had the type of associations that would be expected. However, some domains, for example expected *Accommodation cleanliness and comfort* are more influenced by the individual's context – particularly household composition – and it appeared to be the differential impact of other factors that reduced the overall association.

Some limitations of this research should be noted. The sample included only older people receiving publicly-funded home care services, and also was not ethnically diverse. Further research would be needed to demonstrate the feasibility of using the measure and its validity to all social care client groups and to a more ethnically diverse sample. The reliability or sensitivity of the measure has not been examined, although the analysis comparing the ASCOT to the EQ-5D goes some way towards addressing this. Future work is planned to undertake such analyses.

ESTIMATING PREFERENCE WEIGHTS

Two different exercises were undertaken to test the proposed approaches to establishing preference weights and anchoring the scale.

First, in a *Best-Worst Scaling (BWS) exercise*, undertaken with a nationally representative sample of 1000 respondents in four areas, using face-to-face interviews, we aimed to establish preference weights by asking participants to indicate the best and worst aspects across a range of different social care-related quality of life scenarios. This was undertaken with two different instruments to test two approaches for defining the domain levels. This study was undertaken as part of a related project, the Measuring Outcomes for Public Service Users project (Burge et al., 2010; ONS, 2010) developing the ASCOT toolkit.

The exercise enabled us to assess the relative importance of domain levels according to participants. Variations in preferences by a wide range of characteristics (gender, age and many others) were noted. Some changes in wording were proposed as a result of this work, which reflected similar problems to those identified in the validity exercise described above. The models suggested that the preferences obtained through the two different ways of defining the domain levels were broadly similar in their results.

Second, a *Time Trade Off (TTO) exercise*, providing a method of anchoring the preference weights on a scale including 'dead', should enable the establishment of Quality Adjusted Life Year (QALY) equivalent weights for social care. This is important to allow comparisons with the health QALY measure.

The TTO approach was tested out iteratively over four waves, involving 19 participants in face-to-face interviews.

The exercise was very useful for methodological reasons, enabling us to correct problematic language and aspects of the TTO process, and to recognise the importance of good interviewer training. The sample size was too small for full statistical analysis, but we could examine the information for general patterns in scores.

THE NEXT STAGE

The next stage of work will entail identifying utility weights for the preferences of the general population, exploring any differences in preferences between service users and the general population and considering whether separate preference weights can be estimated. We will also investigate the test-retest reliability of the measure, to explore its usefulness for a wider range of service user groups.

The measure being developed is currently available on the ASCOT website (www.pssru.ac.uk/ascot) and is generating much interest. The inclusion of the measure in the new Adult Social Care Survey means that a considerable amount of data should become available, providing a valuable basis for comparison.

This project should provide additional support for a measure that could provide a valuable tool in a world increasingly focused on the outcomes of services and support.

The final report is due early in 2011, and the results will be fed into the ASCOT website shortly thereafter.

References

Burge, P., Potoglou, D., Kim, C. and Hess, S. (2010) How do the public value different outcomes of social care? Estimation of preference weights for ASCOT, RAND Europe, Working Paper prepared for PSSRU and Office for National Statistics, WR-744-ONS, Cambridge. (Available from the RAND website, http://www.rand.org/pubs/working_papers/WR744)

ONS (2010) *Measuring Outcomes for Public Service Users*, ONS, Newport. (Available with other MOPSU papers from the ONS website, <http://tinyurl.com/2a965lk>)

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The views and opinions expressed here are those of the authors and do not necessarily reflect those of the Department of Health.

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