

Quality Measurement Framework Project

Autumn 2008

In previous newsletters we've talked about the research study on Adult Social Care and the toolkit it aims to produce, known as ASCOT. This issue focuses on a 'plain English' description of the key elements of the study.

Measuring outcomes in adult social care

Our aim is to measure what changes or benefits are provided by certain adult social care services and more specifically what differences these services make to the end user. If we can measure the change or benefit for individual people, we can then add those together to measure the benefit to all those receiving the service.

In-depth study measures 'vs' routine, low-burden measures

In this research study we have the time and resource to collect more detailed and in-depth measures than are normally collected routinely. We want to compare in-depth measures with more routine, low-burden measures, in particular those collected as part of annual inspections by the Commission for Social Care Inspection. This will allow us at the end of the study to recommend practical measures that give a

reasonable approximation to the study's fuller measures while being less burdensome for, and thus suitable for regular use by, commissioners and providers.

Benefits of service assessed by service users

There are a number of different ways to measure the benefits provided by a service. This study focuses on identifying the benefits enjoyed by the individual people receiving the service, rather than by those providing or inspecting the service. In this study, people receiving social care are asked a series of questions about different aspects ('domains') of their well-being:

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

Measuring Quality and Value in the Public Services

For Further Information:

Visit our website:

www.statistics.gov.uk/qmf

or contact:

Marianthi Gongou at

gmf@ons.gov.uk.

or telephone 01633 456390



In the study of care homes, most individuals are not able to complete a questionnaire themselves or be interviewed so instead the main approach is for researchers to observe residents and the services they receive and make an assessment on their behalf.

The approach to measuring outcome

In looking at the difference a service makes to an individual, we might expect to compare people before and after they receive the service. This, however, will only measure change. People are often receiving help before using a service and deteriorate during the period, say, due to health reasons, so we cannot get a precise measure of the difference the service has made to them. We use an indirect approach that measures:

What the service provides, which depends on:

1. The number of people receiving the service.
2. How dependent these people are on the service.

For each domain, each individual's own assessment of:

1. How they are and what they are able to do now, given that they are receiving the service.
2. How they would expect to be and what they would be able to do **without the current service**.

We then identify how much the service does through a quality measure. This is based on what people report about their actual level of need when receiving the service.

Individuals assess their level of need on a scale ranging from the best outcome to the worst outcome:

- having no needs and their situation being as good as they would like (top score)
- having a high level of needs, with implications for their health, and not being able to function at a basic level (bottom score)

Benefit of service measures based on combination of functioning and capability

This method of measuring the benefit of the service is based on both **functioning** (what people can actually do) and **capability** (what people want to do). Other research has been based on either the functioning approach or the capability approach (or other conceptual approaches such as 'extra-welfarist' and 'utility'); we think that the combination of the two approaches gives a better measure. For further information see, *Measuring Outcomes in Social Care: Conceptual Development and Empirical Design*, PSSRU Discussion paper 2422, October 2007.

Combining the benefits of the different domains of service

Individuals will have different levels of benefit on different domains (for example, they may give a higher score on personal cleanliness, than on dignity). If we simply added the scores together we would be assuming that all the aspects or domains were of equal importance. We know from previous research that this is not the case. So we want to weight the scores by the relative importance of the different domains.

To decide on the relative importance of the different domains, we are using a 'preference survey'. A sample of adults from the whole population, rather than only from people in care homes, will be asked to rate the importance of the different domains and the average levels of importance will be calculated. These will then form the weights – so if, on average, 'control over daily living' is rated the most important, that domain will have the highest weight.