

Measuring effectiveness in social care: the present and future for researchers and policy-makers

One of the central goals of the current health and social care reform in Finland is to ensure cost-effective health and social care services. Any work to follow up or study the effects of this reform must be based on valid and reliable outcome measures that are sensitive enough to measure any changes in people's wellbeing caused by the service use. Several measures have been developed to measure health-related quality of life such as the five dimension EuroQol (EQ-5D) [Brooks, 1996] and the 15D [Sintonen, 2001]. However, fewer instruments are available to measure social care outcomes; the ICEpop CAPability measure for older people (ICECAP-O) [Coast et al., 2008] and the Adult Social Care Outcomes Toolkit (ASCOT) [Netten et al., 2012]. Both ICECAP-O and ASCOT are preference-based outcome measures that have been developed with the purpose of evaluating social care services from a broader perspective. The current work concentrates on ASCOT because the development of the instrument has been rooted in the idea of measuring the effectiveness of adult social care outcomes.

ASCOT quality of life instrument

The ASCOT instruments have been developed by the Personal Social Services Research Unit (PSSRU) to measure the social care-related quality of life of service users, and their (unpaid) caregivers (www.pssru.ac.uk/ascot).

The ASCOT service user instrument (ASCOT-S) has eight domains measuring service user's control over daily life, personal cleanliness and comfort, availability of food and drink, personal safety, social participation and involvement, occupation, accommodation cleanliness and comfort, and dignity. The instrument developed for caregivers (ASCOT-C) measures caregiver's occupation, control over daily life, the extent to which the caregiver looks after oneself, personal safety, social participation and involvement, space and time the caregiver has for oneself, and the extent to which the caregiver is feeling supported and encouraged. Each domain in both the ASCOT-S or ASCOT-C has four levels; Level 1 represents a positive situation such as "I have as much control over my daily life as I want" whereas Level 4 represents a negative situation such as "I have no control over my daily life" Levels 2 and 3 represent states in between these positive and negative levels. ASCOT-S and ASCOT-C can be used in self-completion or interview formats.

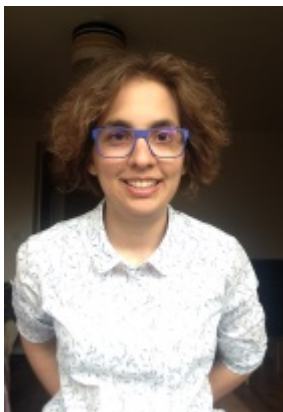
An important element of the ASCOT measure is its scoring system, which incorporates weights to reflect the value people place on different social care outcome states thereby enabling it to be used to measure the effectiveness of adult social care services. Effectiveness of different types of services together with the costs of such services can be combined to produce estimates of incremental cost-effectiveness. However, it is always challenging to establish a counterfactual (i.e. quality of life of the person had he/she not received social care services) with different approaches being taken to overcome this issue. Netten et al. (2012) use, what they call, the “expected method” where social care service users are asked about their current quality of life and their expected quality of life in a hypothetical situation with no social care use. The effectiveness of social care is then computed as the difference between the current and expected quality of life. Alternatively, Forder et al. (2014) used the production function method based on instrumental variables estimation techniques and survey data on current quality of life of social care service users to estimate the incremental contribution of social care to quality of life.

Preferences for social care-related quality of life

Preference weights are important not only from a research point of view but also for policymakers in order to make better informed decisions about how to spend taxpayers’ money. It is not surprising therefore that there is an increasing interest from many countries in using ASCOT. English preference weights have already been developed for the ASCOT-S measure as part of the OSCA study (Netten et al., 2012) but preference weights have yet to be generated for ASCOT-C. The EXCELC study (<https://www.excelc.eu>) aims to generate preference weights for the ASCOT-C measure. Furthermore, the study uses, for the first time, ASCOT in three European countries (England, Finland and Austria) to understand if there are cross-national differences in preferences. Finally, the study will assess the stability of the English preferences for the ASCOT-S outcome states and explore the effect of mode (and method of recruitment) on preferences.



Ismo Linnosmaa
tutkimusprofessori
Terveys- ja sosiaalitalous –yksikkö, CHESS
etunimi.sukunimi@thl.fi
(Kuvaaja: Harriet Bruce)



Eirini Saloniki
Personal Social Services Research Unit, University of Kent, Canterbury, United Kingdom
E.Saloniki(at)kent.ac.uk

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