Measuring Social Care Outcomes
Identifying the Impact of Adult Social Care (IIASC)

Juliette Malley, Stacey Rand, Julien Forder, Ann Netten and Karen Jones

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Overview

• Why measure outcomes?
• Describing social care outcomes
• Using outcomes data in social care
• The IIASC study
  – What is IIASC trying to do?
  – The value of the study ...and what makes IIASC unique
  – Logistics
• Over to you: Any questions?
Why measure outcomes anyway?

Resource inputs
e.g. human resources, buildings, transport, consumables

Outputs
e.g. home care hours, day care sessions

Outcomes
e.g. improved quality of life, improved confidence

QUALITY

EQUITY

EFFICIENCY / PRODUCTIVITY
What is social care?

• Usually for people with long-term conditions
  ....often deteriorating over time
  ....often multiple
  ....which result in impairment in activities of daily living

• A collection of services and forms of support that aim to
  – Maximise ability to live independently
  – Maintain quality of life
  – Prevent / slow decline in health
How does social care meet these aims?

• Substitute for what individuals would have done
  – Home care/personal assistants/care homes etc.

• Improve people’s abilities to do things on own
  – Reablement, equipment and adaptations

• Prevent avoidable health problems
  – Through meeting needs (e.g. reducing isolation, regularly moving bedbound)
Outcome measure needs to fit objectives

- Objectives may be broad...
  - e.g. to maintain and improve quality of life of all service users
- ...or narrow
  - e.g. to reduce the prevalence of pressure sores in home care clients, reduce hospital admissions
- ...or personal
  - e.g. to improve Mrs Begg’s confidence walking outdoors
Social Care Outcomes

Intermediate
Admissions to hospital
Maintaining people in own homes

Personal abilities and resources
ADL, cognitive & communication abilities
Confidence
Depression
Substance abuse
Informal care
Economic well being

Environment
Design of home
Accessibility of local area
Community attitudes
Family relationships

Quality of care
Satisfaction
Reliability etc.
Active support
Relationship with carers
Clinical safety and outcomes

Social care related quality of life
Personal cleanliness and comfort
Food and drink
Safety
Clean and comfortable accommodation
Social participation and involvement
Control over daily living
Occupation
Dignity

Overall well-being

Adapted from SSCR methods review (Netten 2011)
Different measures for different purposes

• Broad outcomes
  – Comparing across services, strategic overview

• Narrow outcomes
  – Judging a specific service or element of the service

• Personal outcomes
  – Judging how well a service meets needs of the client e.g. at review
A word on self-report measures

• Pros
  – Well-being / quality of life is subjective
  – What people say matters to them

• Cons
  – People adapt to difficult circumstances
  – Expectations / values differ
  – Cognitive and communication challenges
  – Resource intensive and burdensome
USING OUTCOMES DATA
How can outcomes information be used?

• Monitor and assess performance
  – e.g. for contract monitoring, service improvement, staff development

• Strategy and policy development

• Review individual progress and set goals

• Accountability

• Quality assurance
Problems using outcomes measures

ATTRIBUTION

(or demonstrating that the outcome measure reflects the impact of services rather than anything else)
Outline of the problem

- Characteristics of the person
- Environment
- Formal care and support services
- (Informal) care and support network

OUTCOME
Dealing with the attribution problem

Measure
- Difficult to identify
- Problem not resolved or quantified

Method
- Randomised control trial
- Not always appropriate
- Ethical, practical and financial challenges

Analysis
- Complex and relies on good data
- Quantifies problem, but some uncertainty remains
ABOUT THE IIASC STUDY
Why IIASC?

• Commissioned by DH as part of Adult Social Care Outcomes Framework (ASCOF) development

• ASCOF indicators should reflect impact of social care

• IIASC aims to:
  – Improve ASCOF
  – Develop a value-added measure reflecting impact of social care
And now in (a bit) more detail

• Value-added measure will be
  – Generated from ASCS with a simple algorithm
  – Based on ASCOT measure in ASCS

• IIASC study
  – Developing the algorithm
  – Testing different ways of doing this
  – Exploring potential for carers survey
What will IIASC deliver for councils?

- impact measure – *value-added measure*
  
  ASCS/ASCOF will be more useful for policy and practice development

- effectiveness of services for PSI, MH, LD groups and carers
  
  Study will help inform policy and practice

- services – carers – service user relationship
  
  Study will help inform policy and practice in this neglected area

- Working with **MAX & SCEiP** to ensure impact from study
A bit on logistics

• Total sample from across country
  – PSI, MH, LD (500 each)
  – Carers (linked to service users, 500)

• Face-to-face interview by Accent
  – ASCOT, needs, environment, etc

• What do LA sites do?
  – Draw sample, send out invites & reminders,
    provide data from records for respondent sample

• Timescales
Participation from LAs

• Lots in IIASC for LAs
• Many LAs taking part already
• Need more LAs to improve recruitment
• Help IIASC by
  – Keeping up the good work!
  – Offering to be a site
  – Explaining the value of the study to others
For more info about IIASC...

Stacey Rand: s.e.rand@kent.ac.uk
01227 823877

Juliette Malley: j.n.malley@lse.ac.uk
020 7955 6134

Thank you for listening

Any questions?
Useful links

- http://www.pssru.ac.uk/ascot/
- http://blogs.lse.ac.uk/socialcareevidenceinpractice/about/
- http://www.maxproject.org.uk/
The ASCOT approach

Outline of method

• ‘Current’ outcome state
  i.e. in absence of services/support

• ‘Expected’ outcome state

• Outcome / gain
  i.e. current - expected

• Pragmatic solution

• Applicable across contexts

• Quantifies problem

• Algorithm for use