Making Sense of the Adult Social Care Survey Data

Social Services Research Group Conference

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QORU quality and outcomes of person-centred care policy research unit

Structure

- Analyses
  - Unacceptable outcomes
  - Benchmarking
  - Exploring differences & variations
  - Examining inequalities
- Future directions

Social Care 'Outcome' Measures

- Summary SCRQoL
  - equally weighted
  - preference weighted (see easy to use instructions on ASCOT website)
- 8 individual SCRQoL items
- Satisfaction with services
- Overall quality of life

Analysing the data

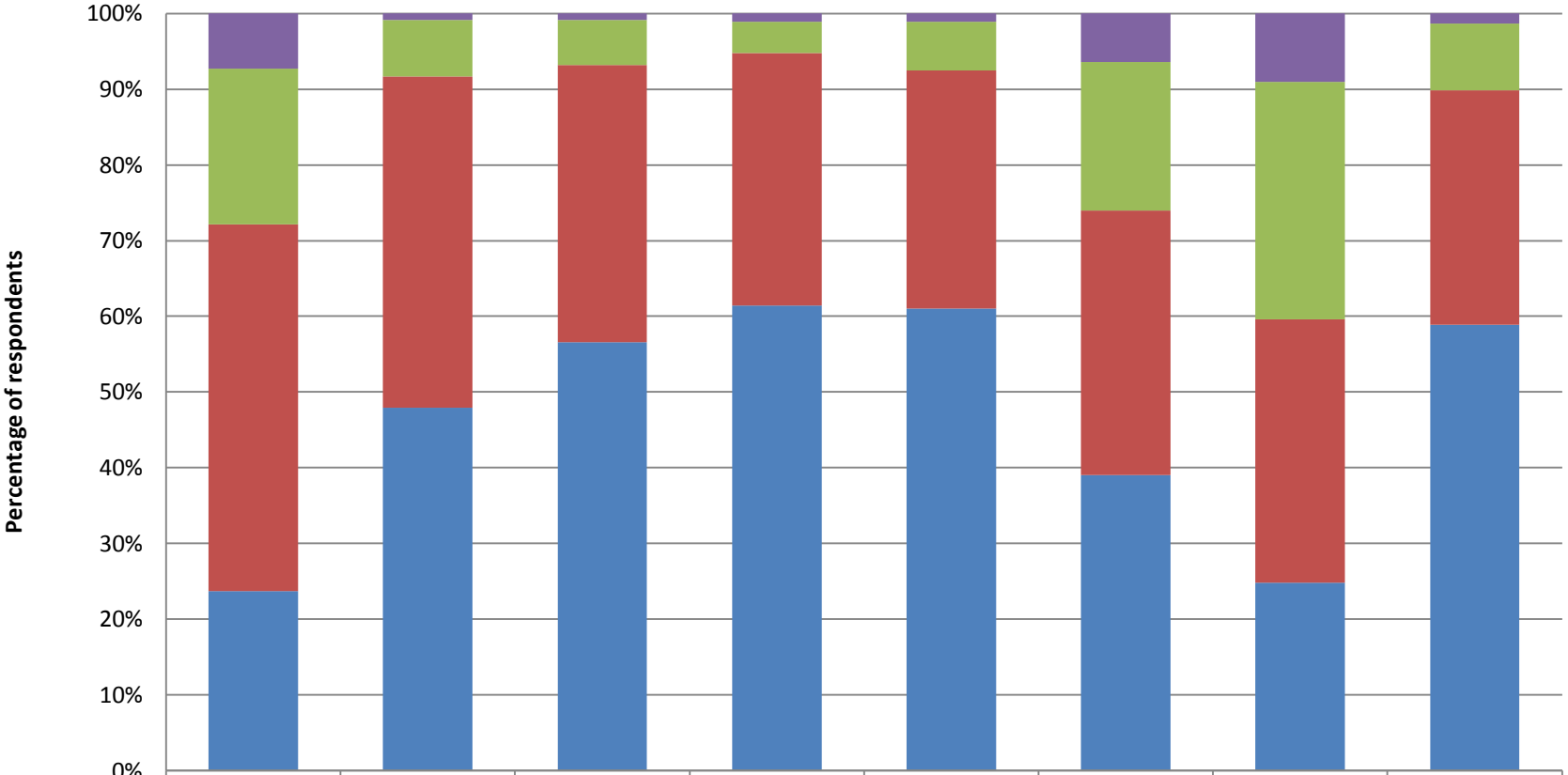
- Think about
  - Translating data into meaningful results
  - Communicating the results to colleagues/boards/the public
- Used national data & randomly picked CASSR
- Your views:
  - Do you do this already?
  - If not, would you be able to do this analysis? What prevents you from doing it?
  - Are these analyses useful?
  - Can you think of other things that would be useful?

Results for CASSR 'X'

- Mean SCRQoL = 18.1 (var=15.3, max=24, min=6, median=19)
  - Scale takes values from 0 to 24

- TTO-weighted SCRQoL = 0.8 (var=0.04, max=1, min=0.04, median=0.83)
  - Scale takes values from –0.17 to 1, where <0 is worse than being dead!

Distribution of responses to the SCRQoL questions, CASSR 'X' 2011



	control	personal care	food and drink	accommodation	safety	social participation	occupation	dignity
high needs	7.24	0.87	0.88	1.09	1.1	6.4	9.01	1.35
some needs	20.61	7.41	5.92	4.14	6.39	19.65	31.43	8.8
No needs	48.46	43.79	36.62	33.33	31.5	34.88	34.73	30.93
ideal	23.68	47.93	56.58	61.44	61.01	39.07	24.84	58.92

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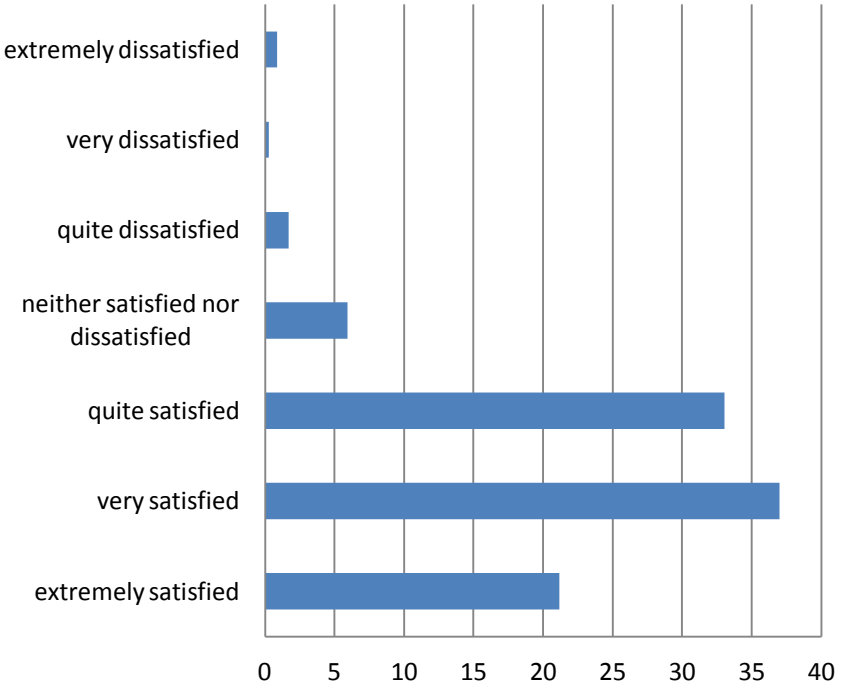
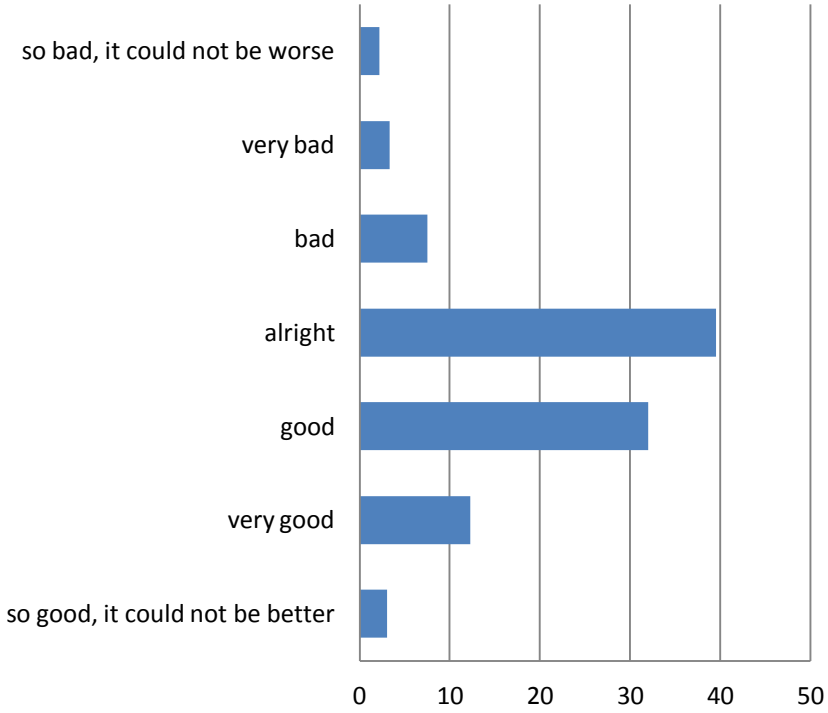
Distribution of responses to the satisfaction question non LD only, CASSR 'X' 2011



	extremely satisfied	very satisfied	quite satisfied	neither satisfied nor dissatisfied	quite dissatisfied	very dissatisfied	extremely dissatisfied
Series1	21.19	37.01	33.05	5.93	1.69	0.28	0.85

Distribution of responses to the overall QoL question non LD only, CASSR 'X' 2011



	so good, it could not be better	very good	good	alright	bad	very bad	so bad, it could not be worse
Series1	3.06	12.26	32.03	39.55	7.52	3.34	2.23

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What does the data tell us?

- No-one in a state considered to be worse than death!
- The mean score on SCRQoL scales is towards the high end of the scale
- Scores on SCRQoL scales are skewed towards the higher end, i.e. most people are better than the mean
- 75% report control over daily life (etc…)
- 91% satisfied, 21% extremely (non LD only)
- 47% consider overall QoL at least good (non LD)
- BUT… numbers by themselves not meaningful

Interpreting these findings

- Are there unacceptable responses?
  - e.g. high-level needs, dissatisfaction…
- What is the relationship between the measures?
  - SCRQoL and satisfaction/overall QoL
- How does CASSR 'X' compare to:
  - National results
  - General population
- What explains the differences or variations?
- Evidence of inequalities?

UNACCEPTABLE RESPONSES

Unacceptable outcomes
e.g. no-one should have high-level needs

	Frequency High level needs	Percent
control	33	7.2
personal care	4	0.9
food and drink	4	0.9
accommodation	5	1.1
safety	5	1.1
social participation	29	6.4
occupation	41	9.0
dignity	6	1.4

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What next?

- Should we intervene? (ethics)
- Does our council have fewer people in the high-level needs category than the national average?
- Do the same people respond to the lowest category?
- Do people responding in the lowest category have anything in common?

Compared to the National Average…

	CASSR X		National Average	
	Frequency	Percent	Percent	P-value
control	33	7.2	4.5	0.0048
personal care	4	0.9	0.7	0.6595
food and drink	4	0.9	0.9	0.9484
accommodation	5	1.1	0.6	0.4514
safety	5	1.1	2.1	0.0664
social participation	29	6.4	5.0	<.001
occupation	41	9.0	7.2	<.001
dignity	6	1.4	1.1	0.6388

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Do people have more than one high-need?

No high needs/ person	Basic domains		All domains	
	Frequency	Percent	Frequency	Percent
0	434	97.1	348	82.5
1	12	2.7	45	10.7
2	0	0.0	18	4.3
3	1	0.2	8	1.9
4	0	0.0	3	0.7

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Are there any similarities?

- Those with high control needs, more likely to be…
  - Proxy respondents (so excluded these)
  - Vulnerable people
  - Receive home care
  - Bad self-perceived health
  - Inability/difficulty doing ADLs
  - Report poorly designed home
  - Report don't leave home
  - Report having help to complete questionnaire

What could be the responses?

- Invest in improving control, social participation and occupation
- Small numbers reporting multiple high needs – targeted action? (ethics)
- Aspects linked to control mostly around dependency/vulnerability of client
  - valuable to run regression to test interactions between variables
- Are we doing enough to improve felt control of most needy?
  - Could we improve design of homes?
  - Could we get people going outside?
  - Is there any technology (telehealth/care) we could test?

RELATIONSHIPS BETWEEN THE MEASURES

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SCRQoL & overall QoL (national)

	non LD	
QoL response option	**SCRQoL**	**SCRQoL TTO**
so good, it could not be better	22.2	0.936
very good	21.1	0.911
good	19.2	0.838
alright	16.9	0.721
bad	13.9	0.550
very bad	12.6	0.461
so bad, it could not be worse	11.5	0.396

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SCRQoL & satisfaction (national)

	non LD	
Satisfaction response	**SCRQoL**	**SCRQoL TTO**
extremely satisfied	20.2	0.861
very satisfied	18.9	0.820
quite satisfied	17.1	0.732
neither	15.0	0.613
quite dissatisfied	13.7	0.534
very dissatisfied	12.8	0.476
extremely dissatisfied	11.8	0.428

What do these relationships tell us?

- Something about the meaning of scores on SCRQoL scales
  - Score of 17 on SCRQoL or 0.7 on SCRQoL-TTO is average
- On average, people with low SCRQoL scores have low satisfaction with services – could services do more?

BENCHMARKING TO NATIONAL

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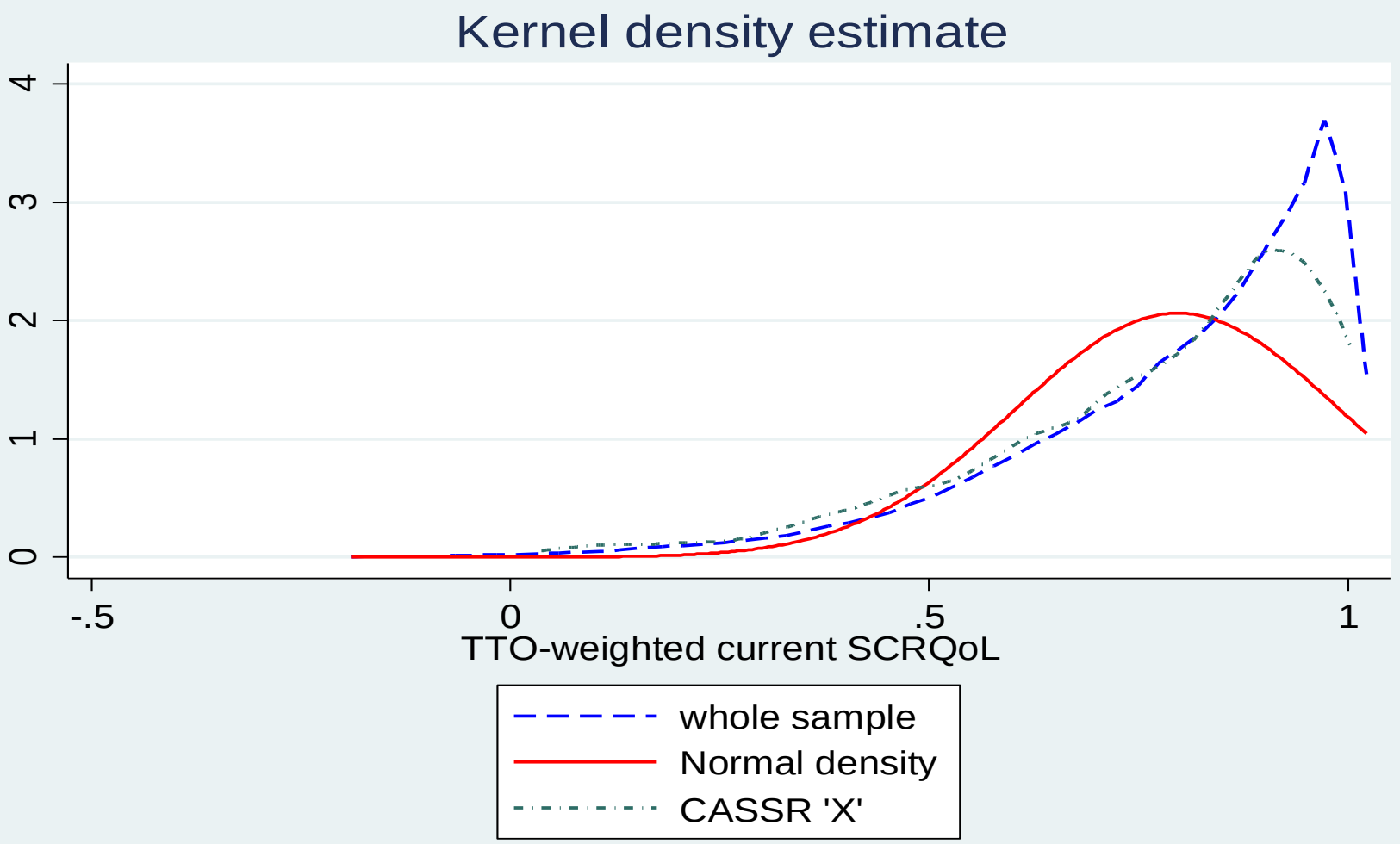
Comparing to the National Survey Results

	SCRQoL (Mean)	SCRQoL TTO (Mean)
CASSR 'X'	18.1	0.775
National	18.6	0.796

Differences small & are not significant

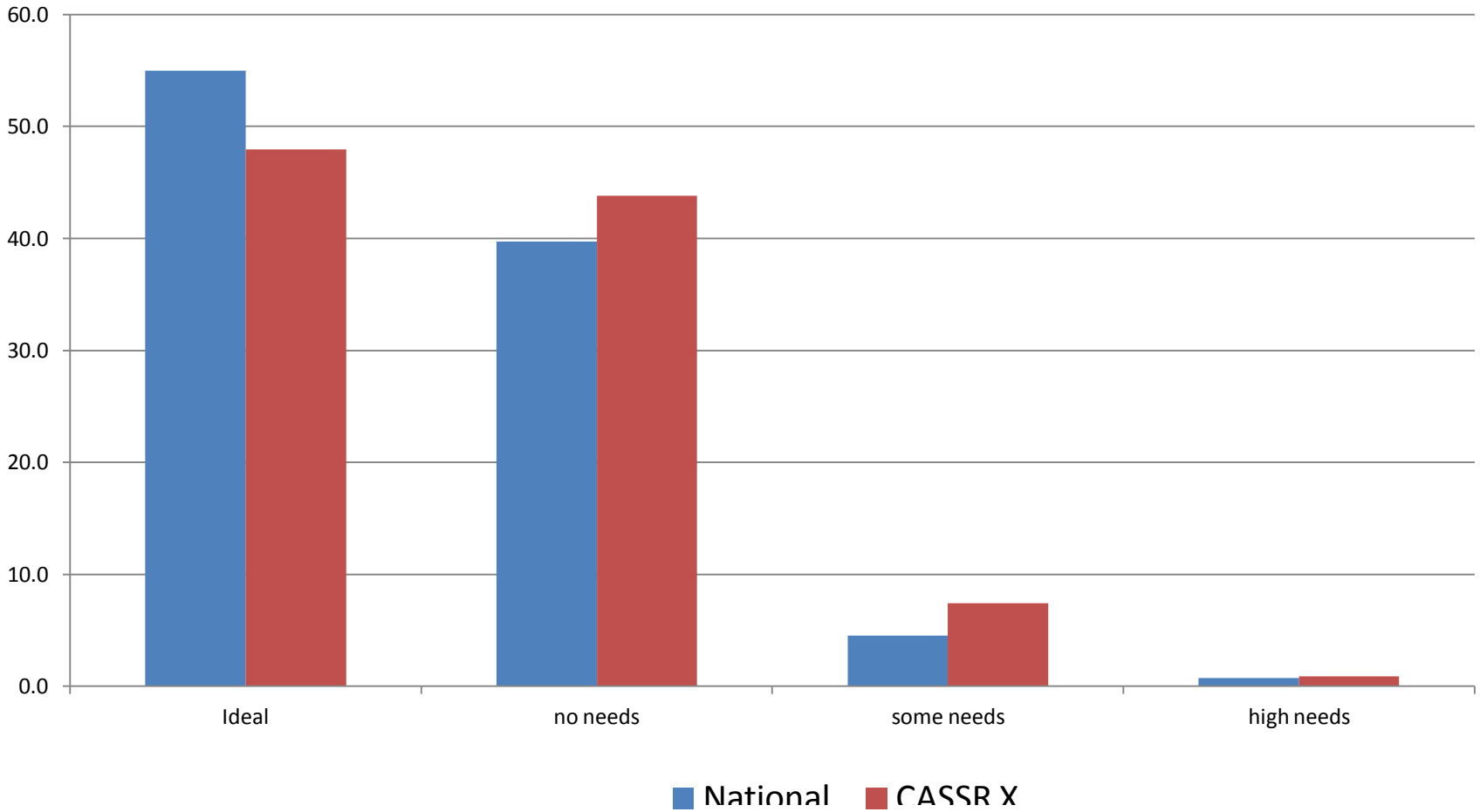
Distribution of SCRQoL-TTO



National sample: Other distributional characteristics

- SCRQoL-TTO (national)
  - Maximum = 1 (i.e. scale max)
  - Minimum = -0.17 (i.e. scale min)
  - 128 (0.2%) people in a state worse than death!
- SCRQoL-TTO<0 clustered within CASSR
  - One CASSR has 11 people (0.9%) < 0

Comparing SCRQoL domains: personal care



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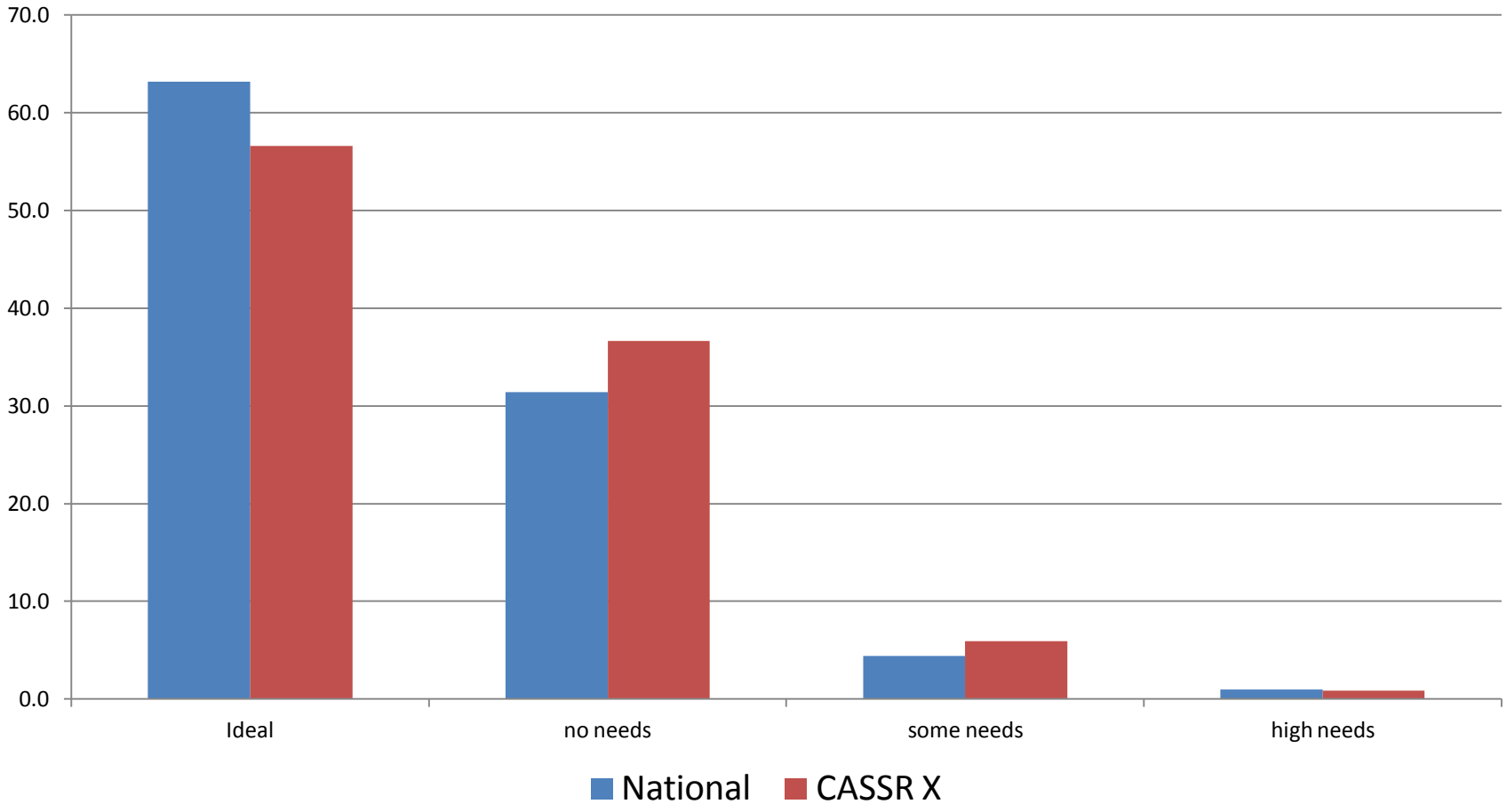
Comparing SCRQoL domains: Food and drink



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What do the national comparisons tell us?

- SCRQoL not different to national user population
- But, within domains there are differences
- Pattern across domains,
  - Fewer in ideal state
  - More in no needs state
- What explains these differences?
  - CASSR choices
  - Difference in quality
  - Differences in sample/user characteristics...
  - Differences in CASSR resources...

BENCHMARKING TO GENERAL POPULATION

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General Population Comparison: SCRQoL-TTO

	Mean
General Population	0.86
CASSR 'X'	0.76
National sample	0.8

For data see: http://www.pssru.ac.uk/ascot/applications.php

Both CASSR and national sample are significantly different from the general population

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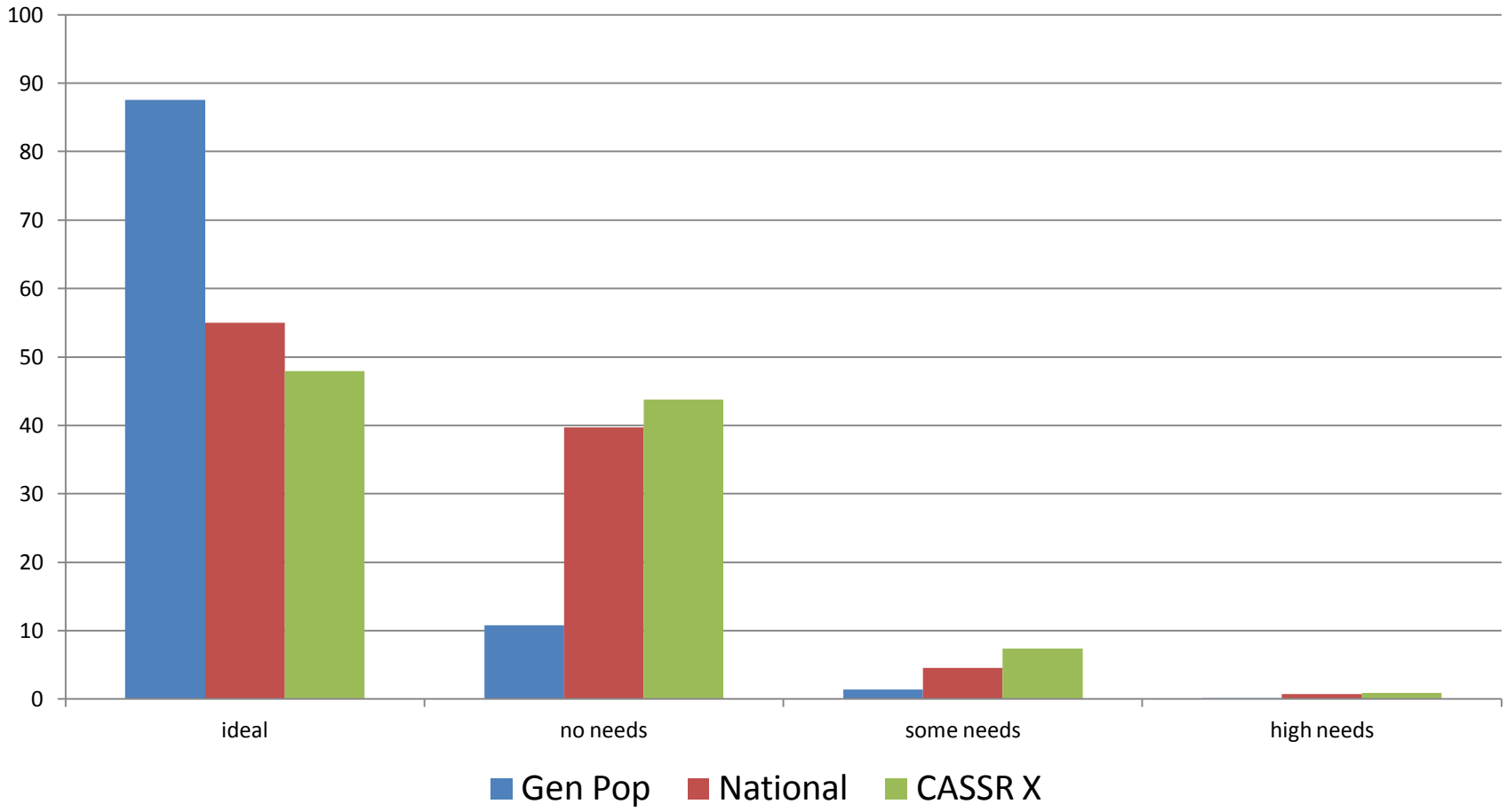
Comparing SCRQoL domains: Personal care



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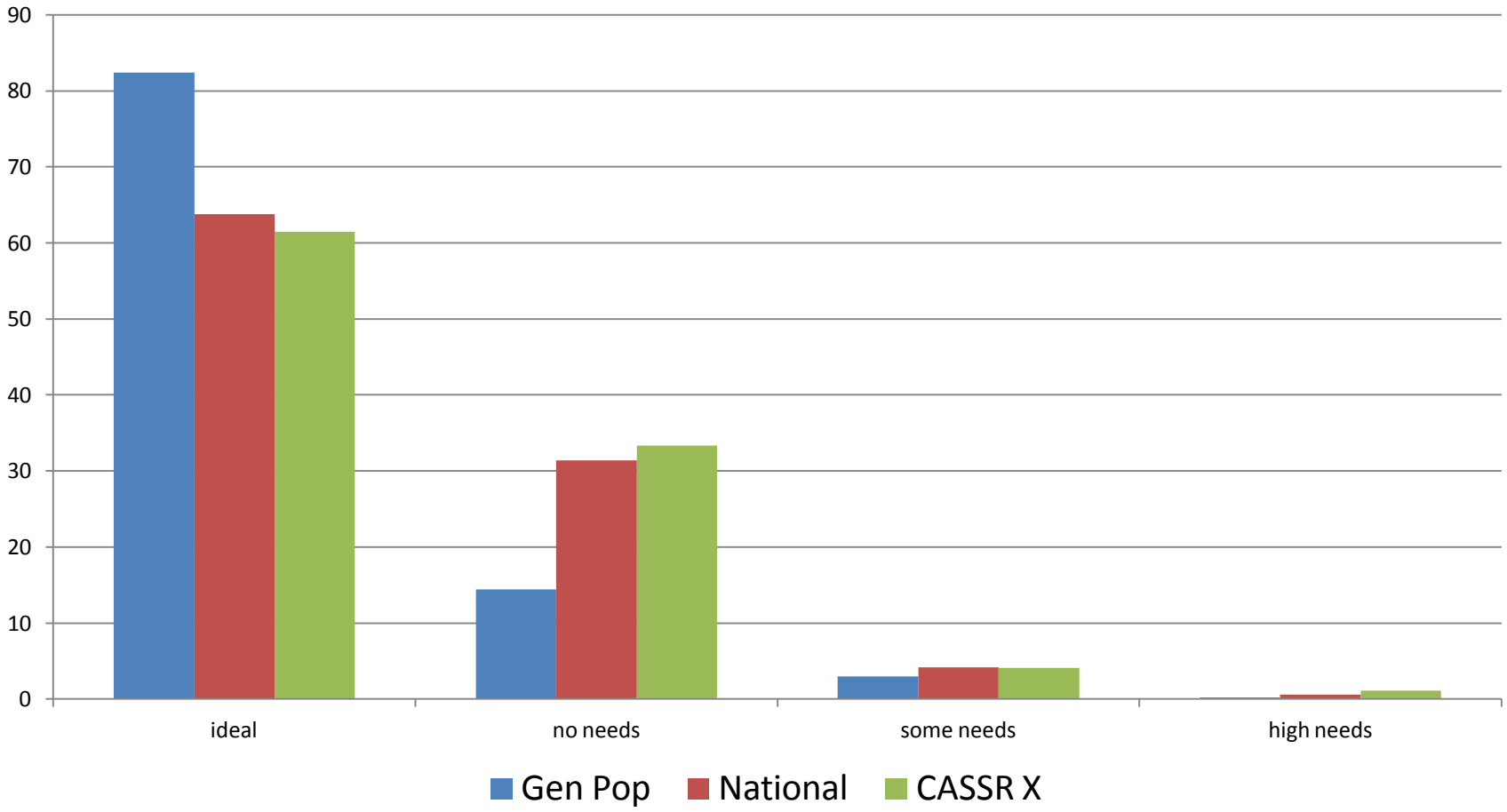
Comparing SCRQoL domains: Accommodation



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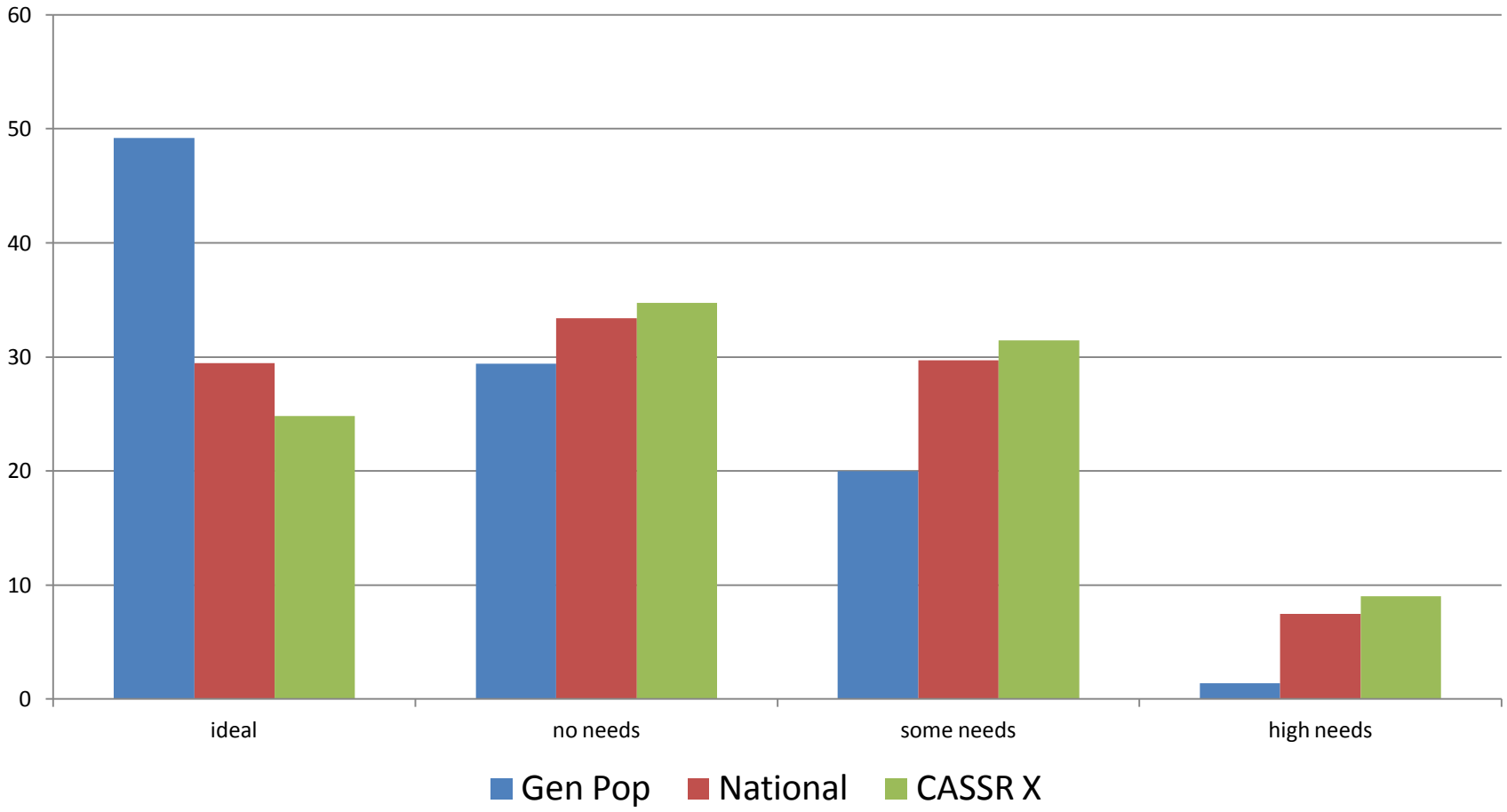
Comparing SCRQoL domains: Occupation



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What do the General Population Comparisons Tell us?

- SCRQoL is on average significantly worse for service users than the general population
  - Could look to see whether some client groups/age groups etc are worse than others…
- Distribution of gen pop responses vary by domain
  - more with needs for Occupation c.f. personal care
- Many fewer service users in ideal category for all domains

DIFFERENCES AND VARIATIONS

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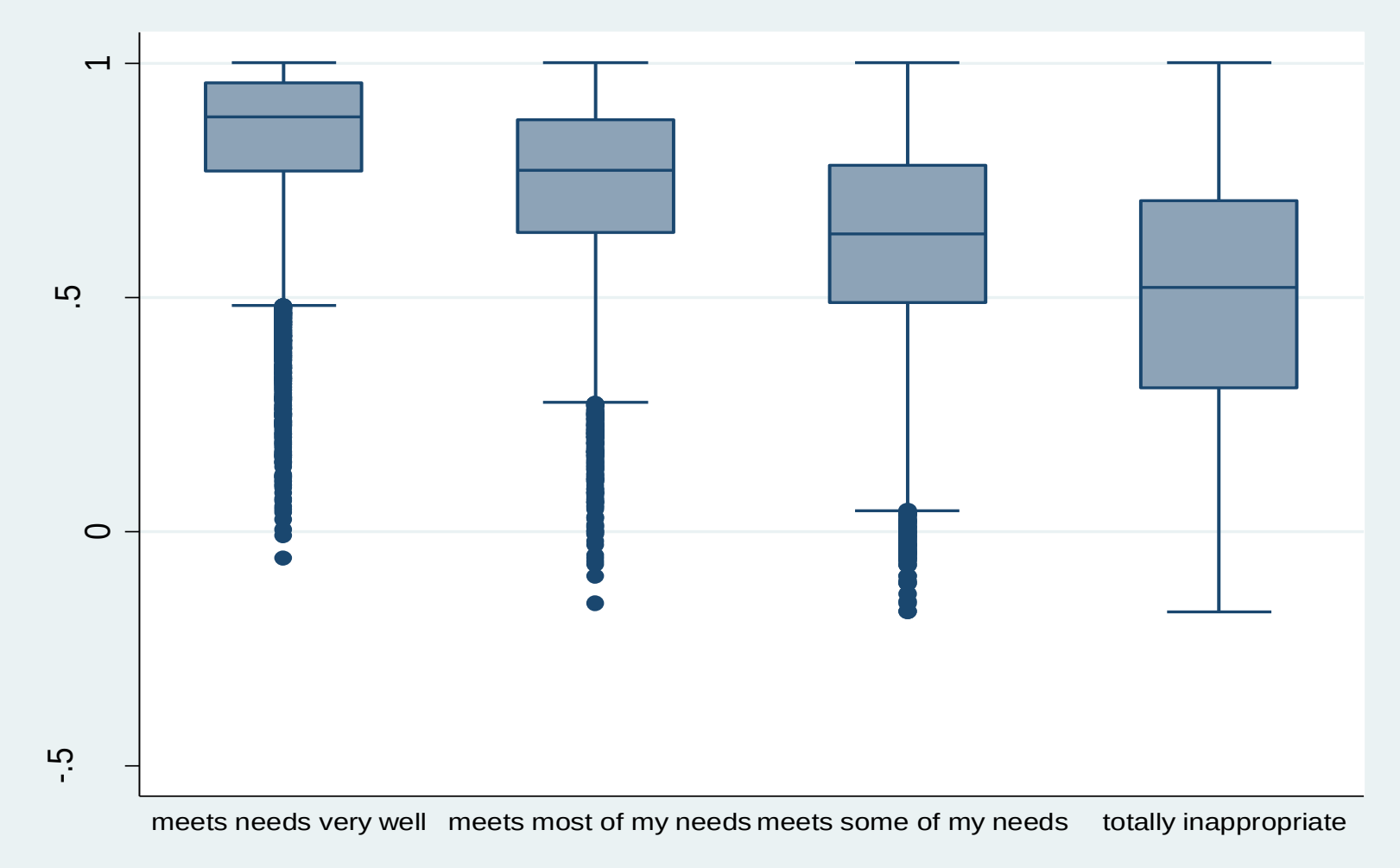
Variations

- Where should we concentrate resources to improve?
- Are some groups of users doing better than others?
- What do those doing well/badly have in common?
  - Provider?
  - Care management team?
  - Area characteristics?
  - Service package?
  - User characteristics?

Explanatory measures in ASCS

- User characteristics (age, sex, ethnicity, etc)
- ADLs and IADLs
- Self-perceived health
- EQ5D measures of pain and anxiety/depression
- Practical help
- Getting around outside the home
- Self-perceived design of the home
- Purchase additional support/top-up care
- Service receipt, service intensity/cost
- Source and type of help to answer questionnaire
- Other unmeasured factors…

Self-reported design of home



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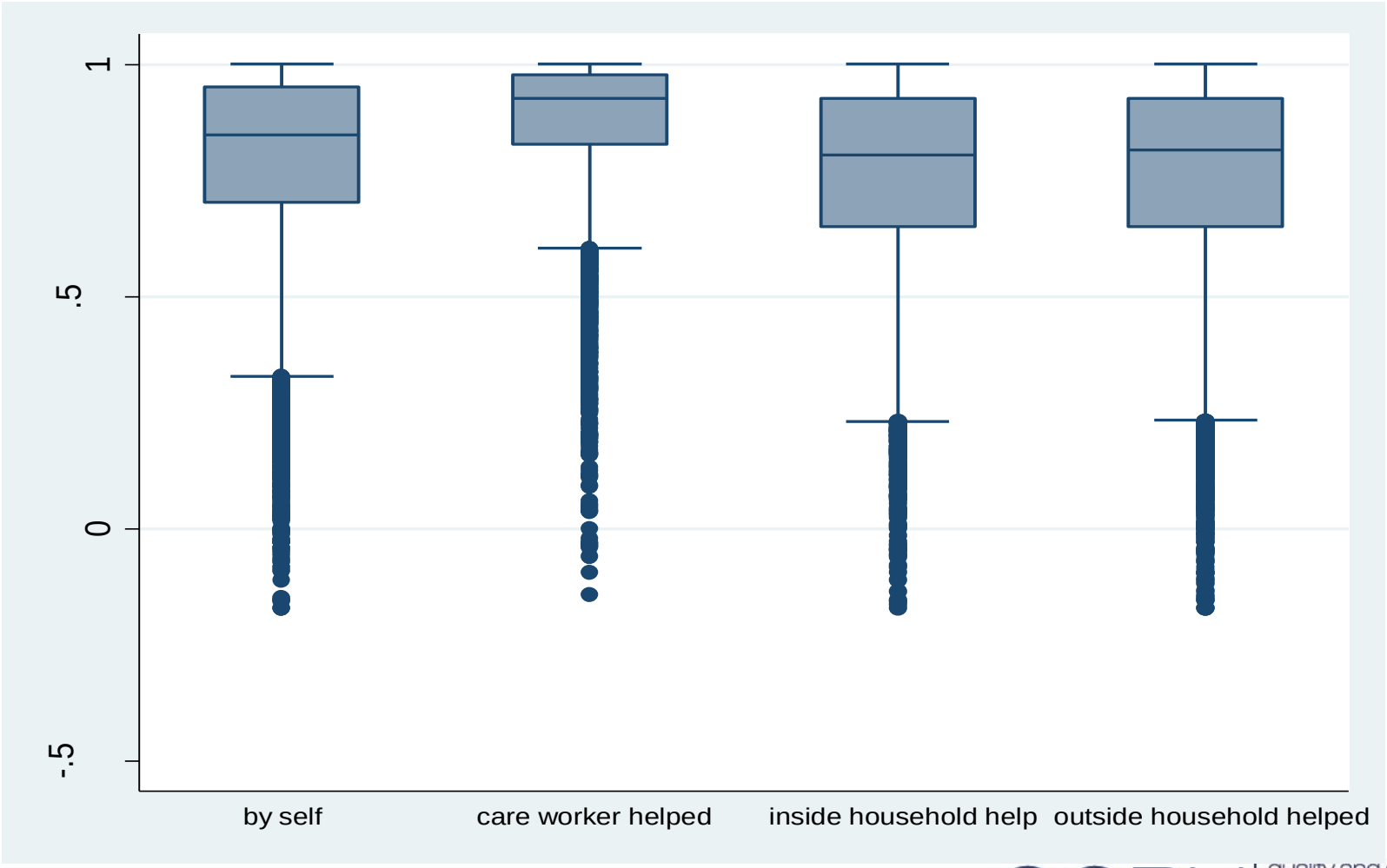
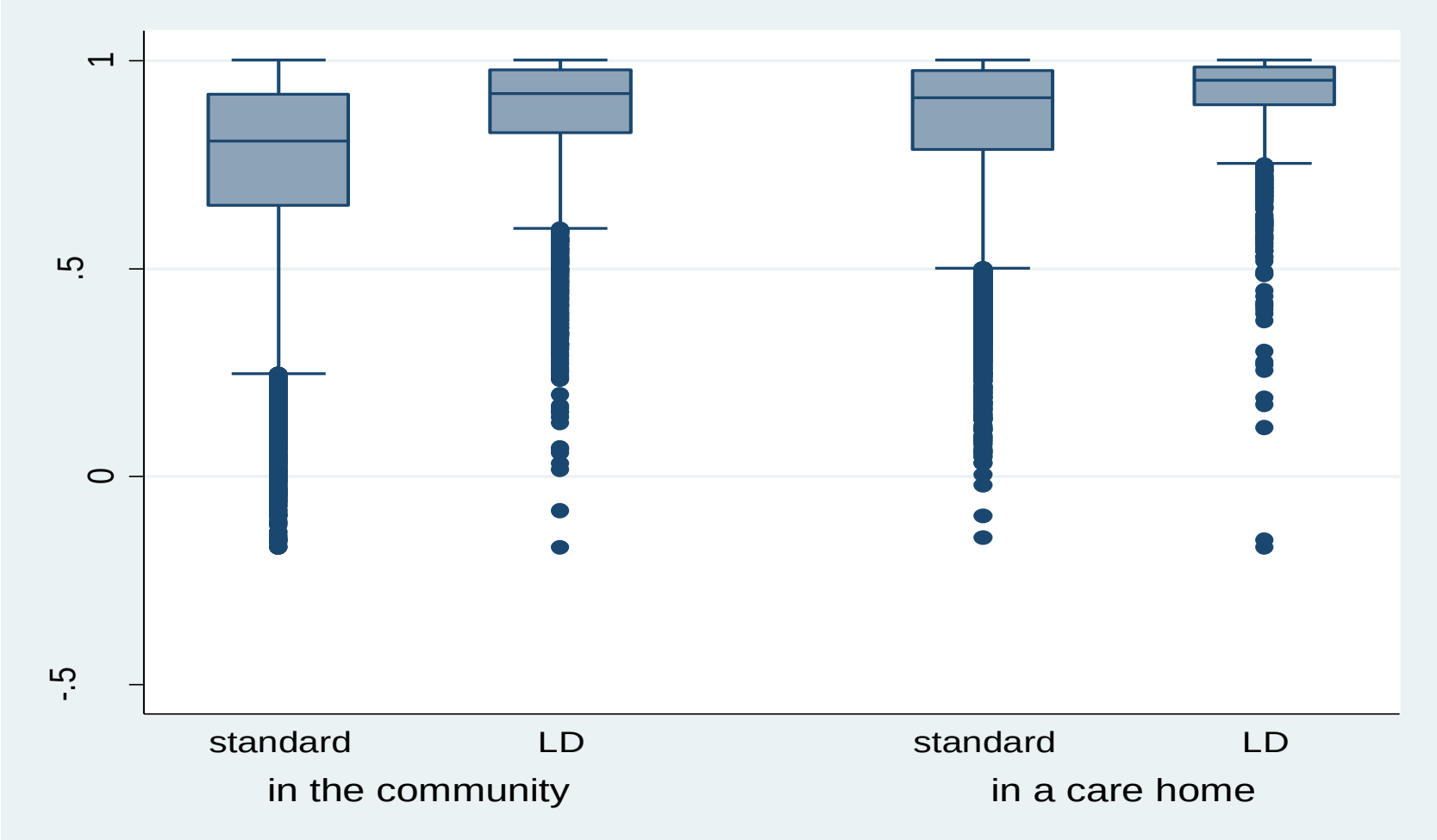
Effect of having help to answer



People with LD & care home better SCRQoL



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Analyse different populations separately?

- People in care homes
  - More disabled (ADL score is higher)
  - Budget is higher (& doesn't reflect intensity of care)
  - More likely to have help from a care worker
- People with LD
  - Different number of response options (q1&2)
  - Less disabled using ADLs (but doesn't necessarily capture LD problems)
  - Budget is higher
  - More likely to have help to answer

What else may help interpret…

- Being able to identify a change in circumstance
  - Compare ADLs in survey to those on database?
  - Problems with informal carer, e.g. carer stress – linked carer survey
  - Significant events e.g. death
- Better picture of service receipt
  - Distinguish reablement services
  - Identify health services more accurately
  - Use of drop-in services
- More details about provider, care management
- More complex analysis

Regression models very powerful

- Can take several variables into account at same time
- Control for interactions between variables as predicted by theory
- Example:
  - Receipt of home care = lower SCRQoL
  - Control for disability (adl score) – receipt of home care higher SCRQoL

(IN)EQUALITIES

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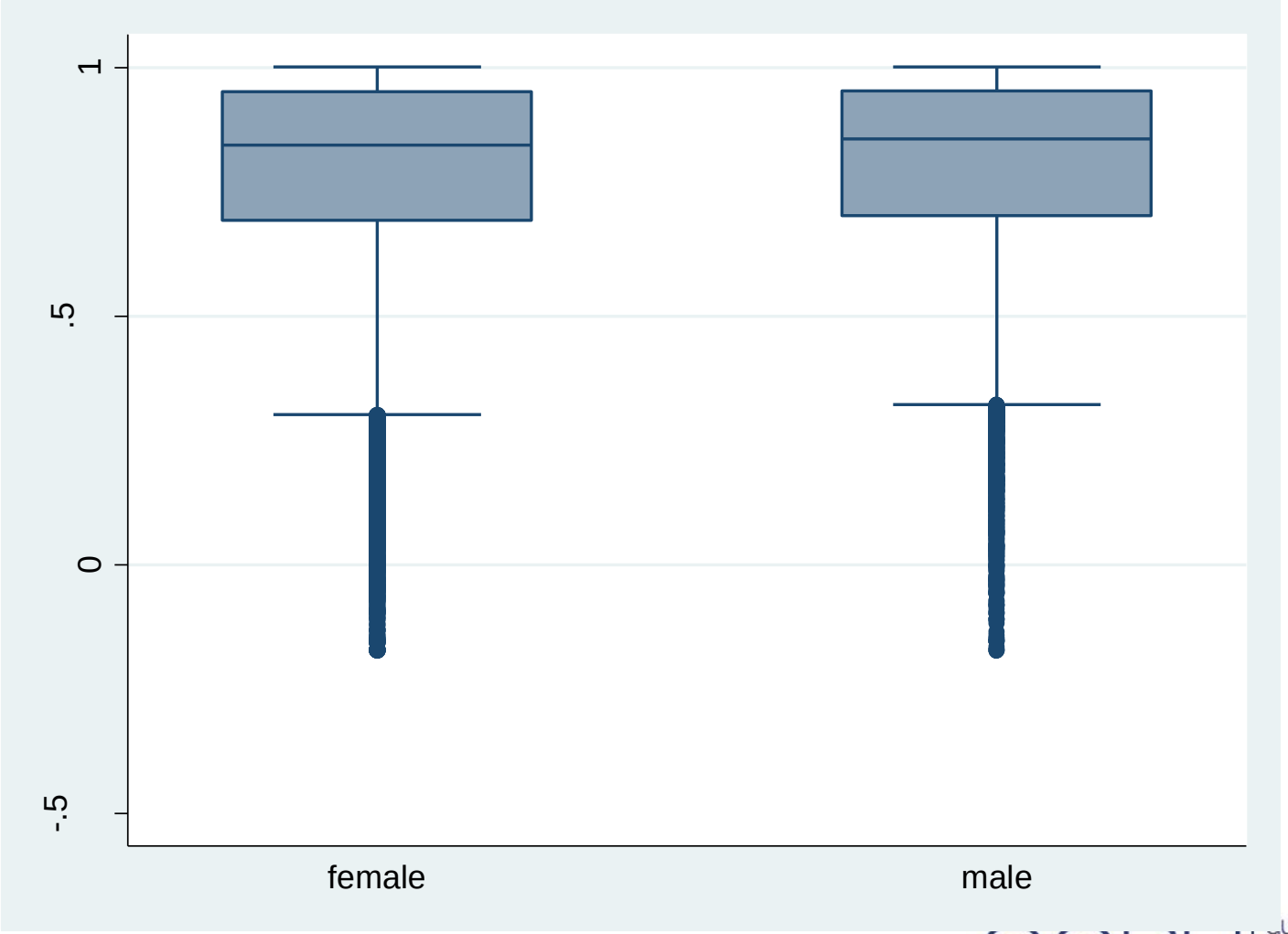
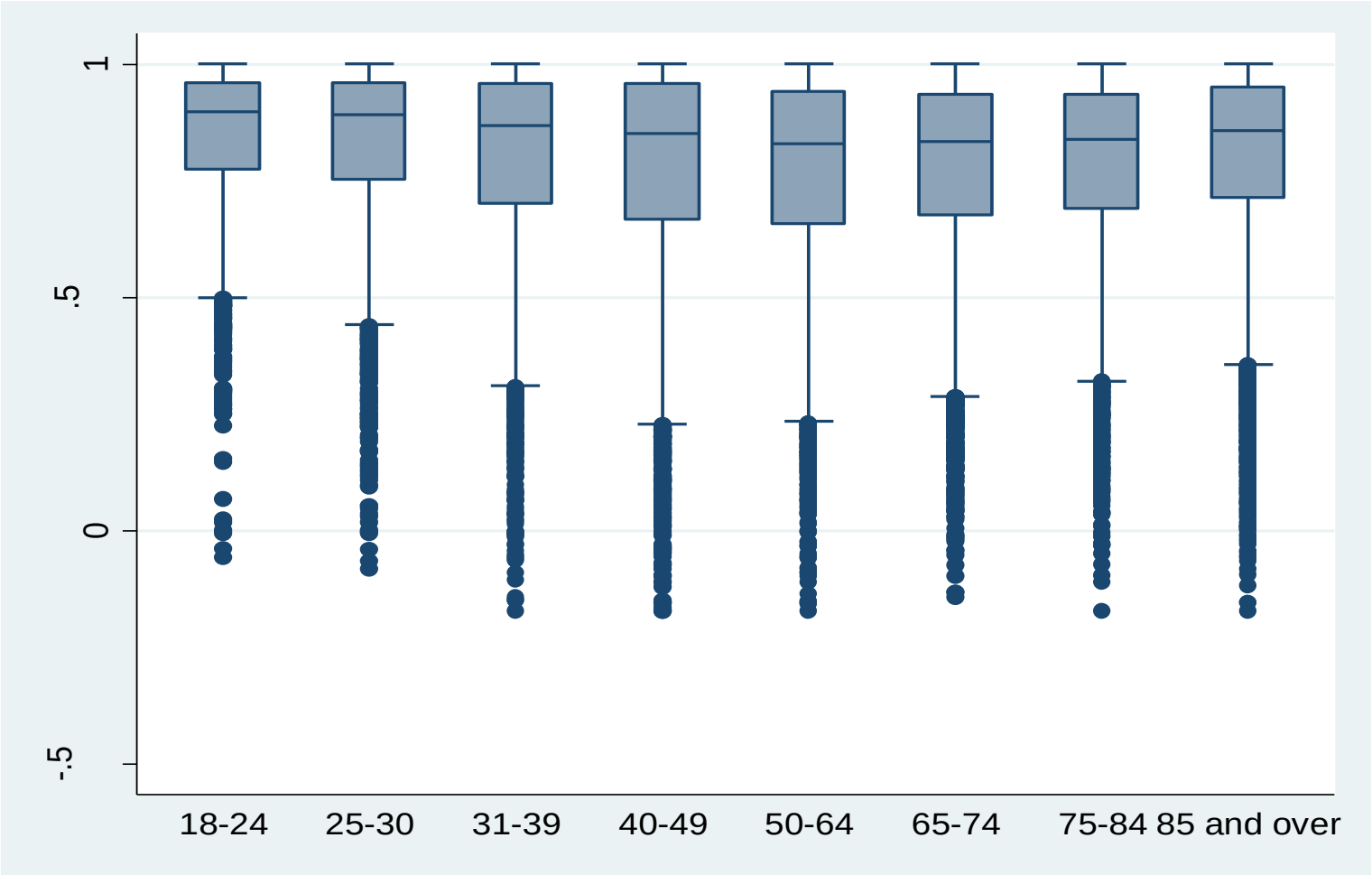
No gender differences



Some age differences



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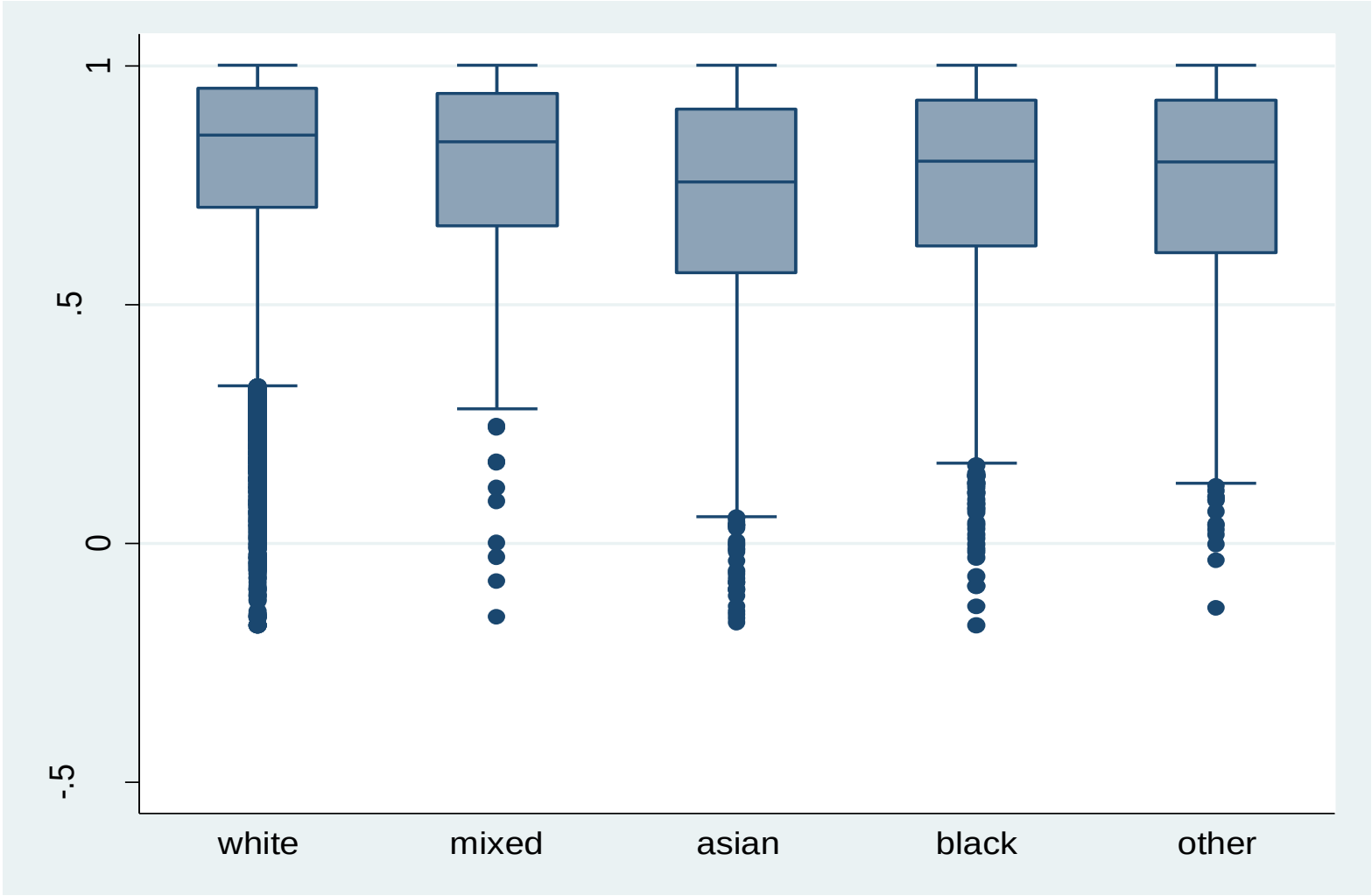
Some ethnicity differences



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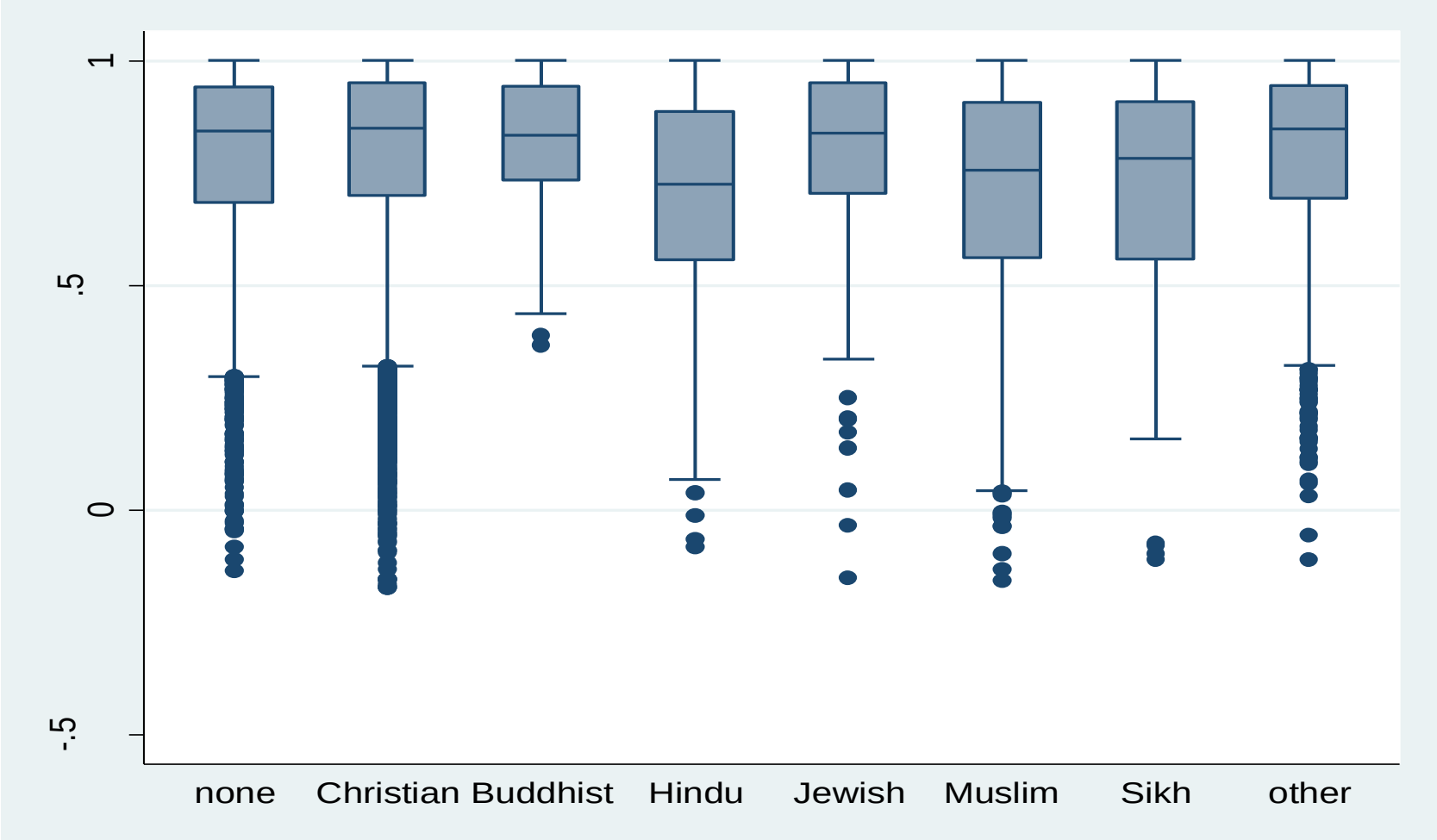
Some religion differences



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(In)equalities

- No real sex differential
- Worse SCRQoL at 50-64 yrs (U-shaped)
- Ethnicity – Asian worst
- Religion – Hindu, Muslim & Sikh worst
- Sexual identity – sample too small to analyse (only 8/561 not heterosexual)
- Ethnicity & religion should be explored further – may be difficult to analyse locally because of sample size

Current & future work

- ASCOT developments
  - Interpreting ASCOT scores
  - Identifying the Impact of Adult Social Care (IIASC) –to estimate the outcome from social care support
- More detailed analysis ASCS analysis
  - Effects of nonresponse
  - Effect of having help to complete on responses
  - Important factors (design of home, information)
  - Ethnicity & other inequalities
- Providing support to help LAs interpret results and explain results to managers etc

Your thoughts…

- Do you do this already?
- If not, would you be able to do this analysis?
- What prevents you from doing it?
- Are these analyses useful?
- Can you think of other things that would be useful? (national/local)
- How do you present your results?

Contact us with your thoughts

- Juliette Malley: j.n.malley@lse.ac.uk
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- Clara Heath: c.l.heath@kent.ac.uk

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Response rates to questions

- Response rates are high for all outcome variables

	Response rate
satisfaction	94.9%
QoL	97.8%
control	97.5%
personal care	97.8%
food and drink	97.3%
accommodation	97.3%
safety	97.5%
social participation	97.4%
occupation	96.6%
effect of help	94.6%
dignity	94.3%