

Adult Social Care Outcomes Toolkit (ASCOT) SCT4 Easy Read guidance

James Caiels, Nick Smith, Ann-Marie Towers,
Stacey Rand and Elizabeth Welch

Version 2.1

August 2026

Table of Contents

About ASCOT Easy Read.....	2
ASCOT-ER SCRQoL explained	2
ASCOT-ER domains	2
Understanding the ASCOT-ER outcome states	4
Safety	6
Scoring ASCOT-ER	6
How do I obtain permission to use ASCOT-ER?	8
References	9

Disclaimer and Acknowledgement

This report is based on independent research commissioned and funded by the NIHR Policy Research Programme, Policy Research Unit in Quality and Outcomes of person-centred care (QORU). The views expressed in the publication are those of the author(s) and not necessarily those of the NHS, the NIHR, the Department of Health and Social Care or its arm's length bodies or other government department.

About ASCOT Easy Read

ASCOT Easy Read (ASCOT-ER) is a self-completion version of the Adult Social Care Outcomes Toolkit (ASCOT), specifically designed for use by adults with intellectual and developmental disabilities. It contains illustrations and different wording of questions to aid understanding. It is a tool designed to measure the social care-related quality of life (SCRQoL) of the individual completing the questionnaire.

ASCOT-ER SCRQoL explained

SCRQoL refers to those aspects of a person's quality of life that are relevant to, and the focus of, social care interventions. ASCOT-SCT4 ER measures what a person's SCRQoL is like at the time of completing the questionnaire. We call this **current SCRQoL**. Unless you are using ASCOT as a baseline measure *before* a service is put in place, current SCRQoL usually gives a measure of the person's quality of life with social care services and support. A current SCRQoL score can be calculated for each person, as long as they have answered all ASCOT questions.

Further information about the current SCRQoL score can be found in the [Scoring ASCOT](#) section below.

ASCOT-ER domains

ASCOT-ER SCRQoL is comprised of questions covering eight areas of a person's life, which we call **domains**. In identifying and defining these domains, we focused on areas of quality of life that can be affected by social care services. The domains were informed by consultations with policy-makers and experts in the field, reviews of the literature in this area, and interviews and focus groups with people using social care services (Qureshi et al., 1998; Bamford et al., 1999; Netten et al., 2002; Harris et al., 2005; Netten et al., 2005; Malley et al., 2006; Miller et al., 2008). The ASCOT-ER domains are therefore relevant to, and the focus of, social care, whilst also being valued by social care recipients and policy-makers alike.

The definitions for each of the eight ASCOT-ER domains are shown in Table 1. These eight domains are used in the ASCOT tools for people who are supported by social care services. In ASCOT-SCT4 ER, each domain is rated on a single question with four outcome states (except for Safety – see below).

Table 1. Definitions of the ASCOT domains

User SCRQoL Domain	Definition
Control over daily life	The service user can choose what to do and when to do it, having control over his/her daily life and activities
Personal cleanliness and comfort	The service user feels s/he is personally clean and comfortable and looks presentable or, at best, is dressed and groomed in a way that reflects his/her personal preferences
Food and drink	The service user feels s/he has a nutritious, varied and culturally appropriate diet with enough food and drink s/he enjoys at regular and timely intervals
Personal safety	The service user feels safe and secure. This means being free from fear of abuse, falling or other physical harm and fear of being attacked or robbed
Social participation and involvement	The service user is content with their social situation, where social situation is taken to mean the sustenance of meaningful relationships with friends and family, and feeling involved or part of a community, should this be important to the service user
Occupation	The service user is sufficiently occupied in a range of meaningful activities, whether formal employment, unpaid work, caring for others or leisure activities
Accommodation cleanliness and comfort	The service user feels their home environment, including all the rooms, is clean and comfortable
Dignity	The negative and positive psychological impact of support and care on the service user's personal sense of significance

Understanding the ASCOT-ER outcome states

Each ASCOT-ER question has four response options. These are shown in Table 2 below.

Table 2. Definitions of ASCOT outcomes states

Outcome state	Definition
Ideal	The person's wishes and preferences in this aspect of their life are (or would be) fully met
No needs	The person has (or would have) no or the type of temporary trivial needs that would be expected in this area of life of someone with no impairments.
Some needs	Some needs are distinguished from no needs by being sufficiently important or frequent to affect the person's quality of life.
High-level needs	High-level needs are distinguished from some needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or frequency.

For each domain, we have translated these outcome states into four response options or statements for each domain. The person completing ASCOT-ER is simply asked a question and presented with the four statements. Each statement relates to one of the outcome states presented above. The statements in each question are always ordered with the best outcome state (ideal) at the top and high-level needs at the bottom. The person completing the questionnaire is asked to choose the statement that best fits their experience by ticking the box next to that option.

An example is shown in Box 1 below.

Box 1. An example question (accommodation domain)



This question is about how clean and comfortable your home is.

Having a clean home means that the kitchen, bathroom, bedrooms and all other rooms are clean and tidy.

Having a comfortable home means that you like how your home looks and feels.

How clean and comfortable is your home?

Please tick (✓) 1 box

My home is as clean and comfortable as I want.

☐

My home is quite clean and comfortable.

☐

My home is not clean and comfortable enough.

☐

My home is not clean and comfortable at all.

☐

Safety

The safety domain in the ASCOT-ER comprises two questions to reflect safety inside and outside of the home. During development, it was found that people had difficulty responding to a single question about safety because they differed between feeling safe inside and outside of their home (Turnpenny et al., 2016). The safety domain is therefore split into two questions to capture safety inside and outside of the home.

Scoring ASCOT-ER

Current SCRQoL cannot be calculated if any of questions, other than **only one** of the safety questions, have been left blank. When scoring the safety question, only the response of one of the two questions should be taken into account – the response that captures the higher level of need. Other than this, all survey questions must be answered to produce a SCRQoL score.

ASCOT-ER is an adapted version of the ASCOT-SCT4. This is a preference-weighted measure, which can be used in economic evaluation. The scores are converted into numbers that reflect their relative importance/value based on studies with the general population and people accessing services (see Table 3) (Netten et al, 2012).

It is important to note that the ASCOT-ER uses (at the time of publication) the preference weights developed from a preference study with ASCOT-SCT4. These weights are used in the absence of other available data but may be subject to change/update.

Table 3. A list of the weights for each ASCOT domain level

Domain	Weighted rating
Control over daily life	
1. I have as much control over my daily life as I want	1.000
2. I have adequate control over my daily life	0.919
3. I have some control over my daily life but not enough	0.541
4. I have no control over my daily life	0.000
Personal cleanliness and comfort	
1. I feel clean and am able to present myself the way I like	0.911
2. I feel adequately clean and presentable	0.789
3. I feel less than adequately clean or presentable	0.265
4. I don't feel at all clean or presentable	0.195

Food and drink

1. I get all the food and drink I like when I want	0.879
2. I get adequate food and drink at OK times	0.775
3. I don't always get adequate or timely food and drink	0.294
4. I don't always get adequate or timely food and drink, and I think there is a risk to my health	0.184

Personal safety

1. I feel as safe as I want	0.880
2. Generally I feel adequately safe, but not as safe as I would like	0.452
3. I feel less than adequately safe	0.298
4. I don't feel at all safe	0.114

Social participation and involvement

1. I have as much social contact as I want with people I like	0.873
2. I have adequate social contact with people	0.748
3. I have some social contact with people, but not enough	0.497
4. I have little social contact with people and feel socially isolated	0.241

Occupation

1. I'm able to spend my time as I want, doing things I value or enjoy	0.962
2. I'm able to do enough of the things I value or enjoy with my time	0.927
3. I do some of the things I value or enjoy with my time but not enough	0.567
4. I don't do anything I value or enjoy with my time	0.170

Accommodation cleanliness and comfort

1. My home is as clean and comfortable as I want	0.863
2. My home is adequately clean and comfortable	0.780
3. My home is less than adequately clean or comfortable	0.374
4. My home is not at all clean or comfortable	0.288

Dignity

1. The way I'm helped and treated makes me think and feel better about myself	0.847
2. The way I'm helped and treated does not affect the way I think or feel about myself	0.637
3. The way I'm helped and treated sometimes undermines the way I think and feel about myself	0.295
4. The way I'm helped and treated completely undermines the way I think and feel about myself	0.263

The weighted scores are added together and entered into a formula to give a current SCRQoL score. The formula for calculating current SCRQoL in ASCOT SCT4 ER is:

$$\text{Current SCRQoL} = (0.203 \times \text{weighted score}) - 0.466$$

This formula produces a score of between 1.00 and -0.17 (final ASCOT scores are rounded to two decimal places). The formula is based on a Time Trade Off (TTO) exercise with members of the public, with the final score being anchored to 0.00 (being dead) and 1.00 (ideal state). Thus, while a score of 1.00 would mean that the person has reported the ideal state in all domains, a score of 0.00 is, in the view of the general population, the same as being dead. Scores, and the states that they represent, between -0.01 and -0.17 are seen as being worse than death. Box 2 shows a worked example of the calculation behind the current SCRQoL score.

Box 2. Calculating current ASCOT-ER SCRQoL

For a respondent who reports *no needs* in each domain

Weighted score

0.919 (control) + 0.789 (personal cleanliness and comfort) + 0.775 (food and drink) + 0.452 (personal safety) + 0.748 (social participation and involvement) + 0.927 (occupation) 0.780 (accommodation cleanliness and comfort) + 0.637 (dignity) = 6.027

Current SCRQoL = $(0.203 \times \text{weighted score}) - 0.466$

$0.6027 \times 0.203 = 1.223481$

$1.223481 - 0.466 = 0.757481$

Current SCRQoL = 0.76

The simple calculation outlined above can be applied using a range of data analysis tools (MS Excel, SPSS, STATA and so forth).

How do I obtain permission to use ASCOT-ER?

You need to complete a licensing form on the web page below. Please complete the correct form, whether **for-profit** or **not-for-profit**.

<https://research.kent.ac.uk/ascot/licensing/>

ASCOT-Carer INT4 is free of charge for **not-for-profit** use but a licence is required. You will receive the ASCOT tool automatically, once you have submitted your form. If you are applying for a licence to use ASCOT-Carer INT4 in a **for-profit** capacity, the application will be reviewed and someone will contact you.

References

- Bamford, C., Qureshi, H., Nicholas, E. and Vernon, A. (1999) *Outcomes of Social Care for Disabled People and Carers*, Outcomes in Community Care Practice Number 6, Social Policy Research Unit, University of York: York.
- Forder, J., Malley, J., Rand, S., Vadean, F., Jones, K. and Netten, A. (2016) *IIASC report: Interpreting outcomes data for use in the Adult Social Care Outcomes Framework (ASCOF)*, PSSRU Discussion Paper 2892, University of Kent, Canterbury.
- Harris, J., Foster, M., Morgan, H. and Jackson, K. (2005) *Outcomes for Disabled Service Users*, Research Report, Social Policy Research Unit, University of York, York.
- Malley, J., Sandhu, S. and Netten, A. (2006) *Younger adults' understanding of questions for a service user experience survey, Report to The Health and Social Care Information Centre*, PSSRU Discussion Paper 2360, Personal Social Services Research Unit, University of Kent, Canterbury.
- Miller, E., Cooper, S-A., Cook, A. and Petch, A. (2008) Outcomes Important to people with intellectual disabilities, *Journal of Policy and Practice in Intellectual Disabilities*, 5, 3, 150-158.
- Netten, A., Ryan, M., Smith, P., Skatun, D., Healey, A., Knapp, M. and Wykes, T. (2002) *The development of a measure of social care outcome for older people*, PSSRU Discussion Paper 1690, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A., McDaid, D., Fernández, J-L., Forder, J., Knapp, M., Matosevic, T. and Shapiro, J. (2005) *Measuring and understanding social services outputs*, PSSRU Discussion Paper 2132/3, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A., Burge, P., Malley, J., Potoglou, D., Towers, A., Brazier, J., Flynn, T., Forder, J. and Wall, B. (2012) Outcomes of Social Care for Adults: Developing a Preference-Weighted Measure, *Health Technology Assessment*, 16, 16, 1-165, DOI: <http://dx.doi.org/10.3310/hta16160>
- Qureshi, H., Patmore, C., Nicholas, E. and Bamford, C. (1998) *Overview: Outcomes of social care for older people and carers*, Outcomes in Community Care Practice Number 5, Social Policy Research Unit, University of York, York.
- Turnpenny, A., Caiels, J., Crowther, T., Richardson, L., Whelton, R., Beadle-Brown, J. and Rand, S. (2016) Developing an Easy Read version of the Adult Social Care Outcomes Toolkit (ASCOT) *Journal of Applied Research in Intellectual Disabilities*, DOI: <http://dx.doi.org/10.1111/jar.12294>