Adult Social Care Outcomes Toolkit SCT4 (ASCOT-SCT4) Guidance

Nick Towers, Ann-Marie Towers, Stacey Rand and Elizabeth Welch

Version 2.1

August 2026

Table of Contents

About ASCOT SCT4 3

ASCOT-SCT4 SCRQoL explained 3

ASCOT-SCT4 domains 3

Understanding the SCT4 outcome states 5

Dignity 6

Scoring ASCOT-SCT4 6

Using ASCOT-SCT4 to understand the impact of social care 9

How do I obtain permission to use ASCOT-SCT4? 9

References 10

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 SCT4

ASCOT-SCT4 is a self-completion version of the Adult Social Care Outcomes Toolkit (ASCOT). It is a tool designed to measure the social care-related quality of life (SCRQoL) of adults accessing social care services (e.g., homecare, residential care) that can be used in research and evaluation.

ASCOT-SCT4 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 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 of the ASCOT questions.

Further information about the current SCRQoL score can be found in the **Scoring ASCOT** section below.

ASCOT-SCT4 domains

ASCOT-SCT4 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-SCT4 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-SCT4 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, each domain is rated on a single question with four outcome states (except for dignity – see below).

Table 1: Definitions of the ASCOT domains

User SCRQoL Domain	Definition
Control over daily life	The person can choose what to do and when to do it, having control over his/her daily life and activities
Personal cleanliness and comfort	The person 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 person 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 person 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 person 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 person 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 person 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 person's sense of significance

Understanding the SCT4 outcome states

Each ASCOT-SCT4 question has four response options. These are shown in Table 2. Table 2: Definitions of the ASCOT-SCT4 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 SCT4 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 (occupation domain)

Which of the following statements best describes how you spend your time?

When you are thinking about how you spend your time, please include anything you value or enjoy, including leisure activities, formal employment, voluntary or unpaid work, and caring for others.

Please tick (☑) one box

I'm able to spend my time as I want, doing things I value or enjoy	☐
I'm able to do enough of the things I value or enjoy with my time	☐
I do some of the things I value or enjoy with my time, but not enough	☐
I don't do anything I value or enjoy with my time	☐

Dignity

Unlike the other ASCOT-SCT4 domains, there are **two questions for Dignity.**

- The first question is designed to enable people to express how *having help (at all)* affects how they feel about themselves. It is not used in the scoring, but we have found it is important to ask this question. We refer to this as the 'Dignity filter question'.
- The second question is the ASCOT-SCT4 Dignity domain. This question asks about *how the way you are helped makes you feel.* This question is used in the scoring.

When we were developing the ASCOT-SCT4 in interviews with people using services, we found that some people wanted to answer the Dignity question based on how *having help (at all)* affected how they felt. While this is important, it is not what we wish to measure with ASCOT-SCT4. Therefore, we added the first question to enable people to express how they felt about *having help (at all)* before going on to tell us *how the way they are helped* makes them feel. This helped most people to respond to the Dignity question in the way we had intended it (Netten et al, 2012).

Scoring ASCOT-SCT4

ASCOT-SCT4 current SCRQoL cannot be calculated if any of questions, bar the dignity filter question, have been left blank. All survey questions must be answered.

ASCOT-SCT4 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).

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 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 SCT4 is:

Current SCRQoL = (0.203 x 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-SCT4 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 x weighted score) – 0.466

0.6027 x 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).

Using ASCOT-SCT4 to understand the impact of social care

ASCOT SCT4 measures what a person's life is currently like, which we call **current SCRQoL**.

It is not able, on its own, to tell us about the impact of services. This is because SCRQoL may also be influenced by other factors, including health status, severity of impairment and living environment (Forder et al., 2016). If you would like to measure the impact of services on people's quality of life (effectiveness) and you are not able to or do not wish to apply research study designs and methods (e.g., RCTs), you may want to look at the ASCOT-INT4 tool. This is suitable for use in local service evaluation by care providers or in qualitative/mixed methods research studies.

How do I obtain permission to use ASCOT-SCT4?

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 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.