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Presentation

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The Adult Social Care Outcomes Toolkit (ASCOT)

Ann-Marie Towers, Reader in Social Care, CHSS.

Kent, Surrey, Sussex Care Home Safety Network

7th October 2021

The ASCOT

- Adult Social Care Outcomes Toolkit (ASCOT)
- Measures of ‘social care-related quality of life’ for adults who use services *and* their informal carers.
- The aspects of quality of life most affected by social care services and support.
- Developed by researchers at the **University of Kent**
 - Rigorous development process
 - Involved service users, carers and professional stakeholders (local authorities, NHS Digital, DHSC)

The ASCOT measures

- To collect info about people using services:
 - Interview questionnaire
 - Self-completion questionnaire
 - Easy Read
 - Proxy questionnaire
 - Mixed-methods (care homes, research/audit)
 - Care planning/assessment and review (care homes)
- To collect info about their informal carers:
 - Interview and self-completion questionnaire
 - Care planning/assessment and review

The ASCOT domains

Dignity

Control over daily life

Occupation

Social participation

Personal safety

Accommodation cleanliness

Personal cleanliness

Food and drink

Outcome states

- Each domain has **four** outcomes states
 - **Ideal** (person's wishes/preferences are met)
 - **No unmet needs** (it's ok, mustn't grumble)
 - **Some unmet needs** (affect QoL)
 - **High unmet needs** (affect mental/physical health)
- Conceptualised as 'response options'
- Person chooses which response option best suits their situation.
- Example....

Food and drink (current)

5. *Thinking about the food and drink you get, which of the following statements best describes your situation?*

Interviewer prompt: If needed, please prompt: *When answering the question, think about your situation at the moment.*

Please tick (☑) one box

I get all the food and drink I like when I want

I get adequate food and drink at OK times

I don't always get adequate or timely food and drink

I don't always get adequate or timely food and drink, and I think there is a risk to my health

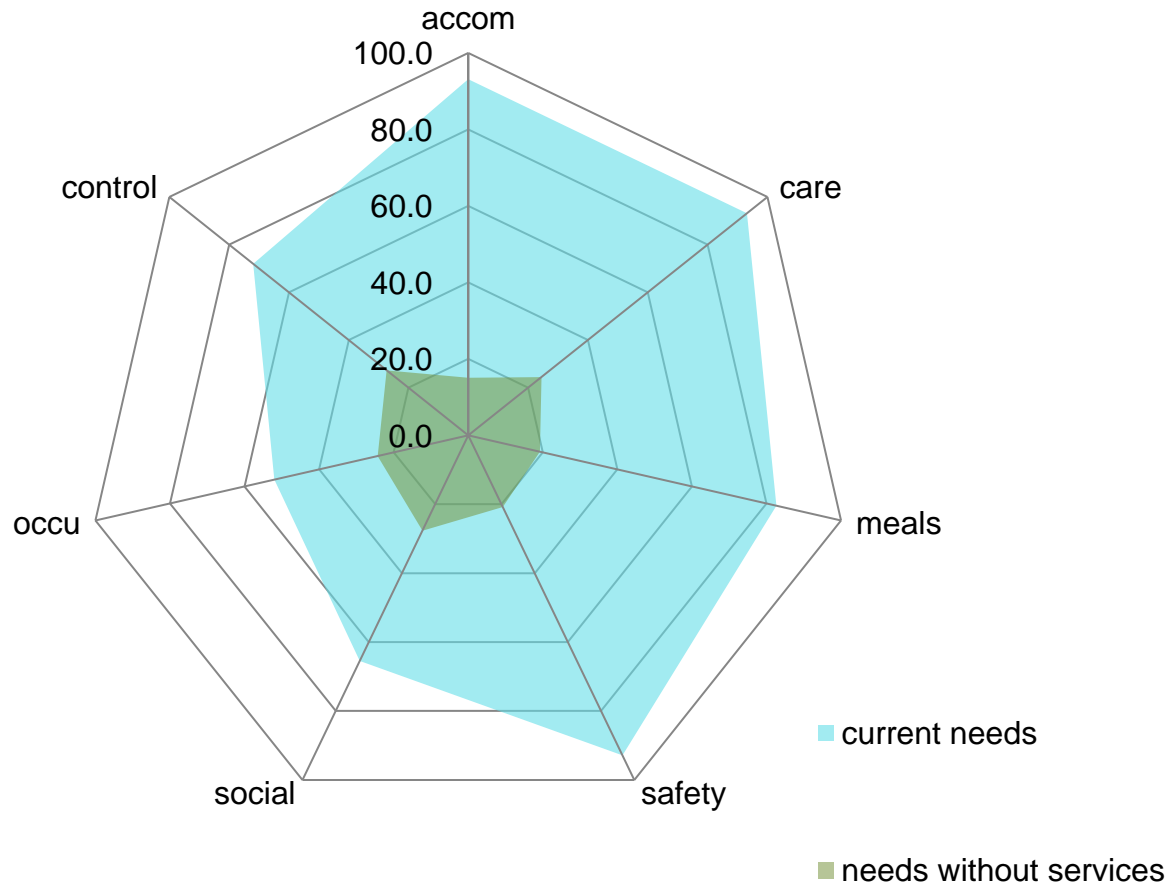
Food and drink

- I get all the food and drink I like when I want.
- I get adequate food and drink at ok times.
- I don't always get adequate or timely food and drink.
- I don't always get adequate or timely food and drink, and I think there is a risk to my health.
- Ideal State
 - Individual preferences are met.
- No (unmet) needs
 - Mustn't grumble.
- Some (unmet) needs
 - Affecting quality of life.
- High (unmet) needs
 - Health risk.

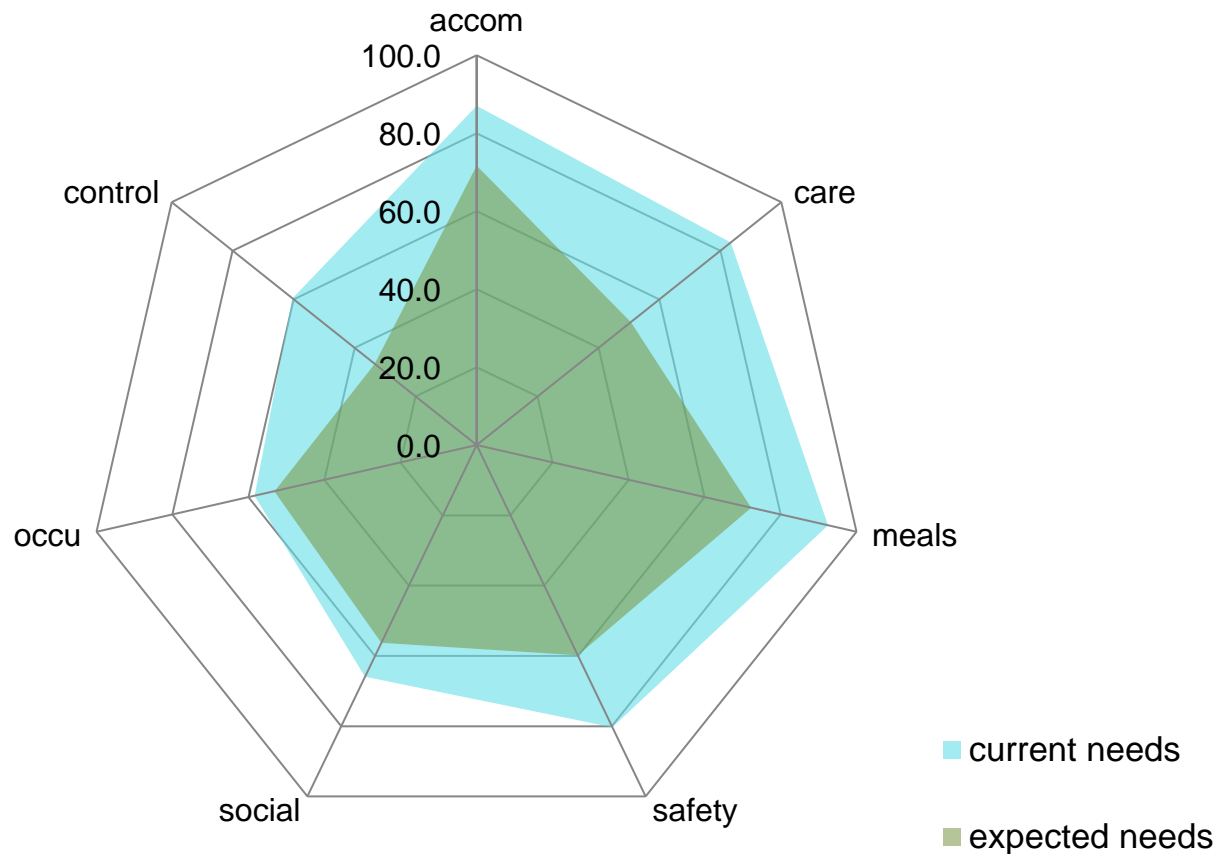
Why use ASCOT?

- Developed and tested thoroughly through research
<https://www.pssru.ac.uk/ascot/references/>
- Recommended for use in care homes and own homes:
 - UK: NHS England, National Institute for Clinical Excellence (NICE)
 - Australia: National Aged Care Quality Indicator Program Pilots
- Fills an evidence gap: quality of life not health
- Can be used to demonstrate the impact of the service on client's lives.

Older care home residents' needs and outcomes in England



Older home care users' needs and outcomes in England



How can care homes use ASCOT?

- Client experience surveys:
 - Quick and easy
 - Skewed towards most able clients or proxies
- Quality monitoring/auditing:
 - Special data collections (including mixed-methods)
 - Limited capacity to drive change?
- Care planning:
 - Routine data collection
 - Potential to impact on practice because staff will focus on quality of life outcomes.

ASCOT Circle of Care Interview



Co-produced with providers

- In Australia with the Whiddon 2015-2016
- Towers, A. Nelson, K. Smith, N. and Razik, K. (2018). Using ASCOT in Care Planning Conversations. *Australian Journal of Dementia Care*. December 2018/January 2019.
- Approach has since been adapted and improved
- Now being integrated in care planning software and rolled out across organisation.
- Piloted in England <http://dachastudy.com/care-planning-for-quality-of-life-in-care-homes-a-circle-of-care-approach-involving-residents-and-their-families/>
- And Sweden (October 2021).

Format

- A relaxed conversation between:
 - Client, family member & key worker/carer
- Conversation follows the ASCOT interview.
- Trying to get the client's view but sometimes the person will need prompting and input from circle of care (e.g. those with dementia).
- Conversation led by a trained RN or senior care worker.
- Aim is to reach agreement about ASCOT ratings, set goals, improve clients' quality of life outcomes.

Implementation challenges

- COVID 19 making face-to-face training difficult.
- Can offer remote/online training (3 two hour webinars with practice in between).
- Developing an online version of the course for ease of learning.
- Let us know if you are interested.
- A.Towers@kent.ac.uk or N.J.Smith@kent.ac.uk

Some Resources

- <https://www.pssru.ac.uk/ascot/how-providers-can-use-ascot/>
- <https://www.pssru.ac.uk/ascot/ascot-tool-resources/>
- <https://www.youtube.com/watch?v=Lj1RZnCk0I>
- <https://www.pssru.ac.uk/ascot/frequently-asked-questions/>



Thank you for listening.

<https://www.pssru.ac.uk/ascot/>