

Using Adult Social Care Outcomes Toolkit (ASCOT) in the assessment and review process

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Abstract

Ensuring that social care assessments and review processes deliver personalisation and reflect the desired outcomes of the individual is a key focus of current policy and was legislated for on the ratification of the Care Bill 2014. This paper presents the findings of an exploratory study looking at the efficacy of using the Adult Social Care Outcomes Toolkit (ASCOT) as part of a redesigned assessment and review process to achieve this end in Cumbria County Council. Practitioner and service user comments in relation to the potential value of ASCOT in this setting, gathered via survey and interactive group sessions, are analysed. Key themes from this analysis centre on the relevance of ASCOT as a tool, the process of using it and finally an understanding of the purpose and how it works. The study concludes that ASCOT does have potential to facilitate truly personalised assessment and review which reflects the person's feelings and desired outcomes in their own words. However, practitioners need to be provided with relevant tools and knowledge to aid their understanding and application and must be able to use the tool flexibly to account for different working styles as well as for different service users.

Keywords: personalisation, outcomes, ASCOT, needs assessment, review

Background

As early as 2004 the Department of Health (DH) was prompting debate on the shape of social care. In 2005, the *Social Policy Research Unit* (SPRU) at University of York (Hudson *et al.*, 2005) reviewed the available evidence on the views of users and carers about how services should be configured concluding that 'principles of autonomy, choice, independence, empowerment and comprehensiveness' were key. Beresford *et al.* (2005) also conducted a study involving over 100 service users with differing needs published in the same year. This research also suggested the need for 'a focus on the person'.

In 2007 *Putting People First*, the Government's proposals for a shared vision of Adult Social Care reforms, responded to these (and other) calls for changes to the way social care services were organised and provided. It advocated moving towards

personalisation – giving people choice and control via personal budgets for everyone eligible for publicly funded adult social care and support (DH, 2007). The resulting *Transforming Adult Social Care Outcomes Focused Reviews: A Practical Guide* (DH, 2009) encouraged local authority Adult Social Care Departments to adopt 'a way of carrying out reviews that puts the main focus on the results being achieved for the person and his or her family' (DH, 2009, p.6). This guidance also expressed the view that assessment and review should map out the 'customer journey' from identification of the aspirations and outcomes they wish to achieve, reviewing progress towards achievement, and adjusting as necessary' (DH, 2009, p.5).

This policy direction continued following a change of government. By November 2010 – the principles of personalisation were adapted in 'A Vision for Adult Social Care: Capable Communities and Active Citizens', the

present coalition government's commitment to reforming social care on the premise that 'people, not service providers or systems, should hold the choice and control about their care' (DH, 2010, p.15).

This document strongly advocated that the process of giving someone a personal budget is not intended to be an end in itself but aims to put the focus on outcomes of greater choice, control and independence, so result in better quality of life. Suggested mechanisms for delivering this focused on tools which measure personal outcomes, including the ASCOT Toolkit and the Personal Outcomes Evaluation Toolkit (POET), and the development of outcome-based assessment and review processes (DH, 2010).

This article discusses the exploration of use of the ASCOT Toolkit in a practice setting and looks at whether it has potential to deliver personalisation by supporting outcomes focused assessment and review.

In response to these directives and recognising that high quality assessment is absolutely fundamental to delivering quality outcomes, the Adult and Local Services Directorate in Cumbria County Council (ASC) began reviewing and developing existing processes and documentation around the assessment and review process with a view to redesigning these. A brief literature search highlighted a number of tools and approaches which had potential (**Table 1**). The majority of these had been developed with the specific purposes of measuring outcomes for a specific organisation or service. The exceptions to this were ASCOT and POET which had been commissioned by the Department of Health for much broader and more strategic purposes, and 'Talking Points', which was developed by the Joint Improvement Team in Scotland using research previously conducted by the Universities of Glasgow and York. After comparing the various tools and models available it was considered that ASCOT may have been the right tool to introduce as part of a service redesign to facilitate a personalised

assessment and review process. This was for a number of reasons which we discuss below.

Choosing the approach

At this point it is worth noting that there were a number of different versions of ASCOT designed for different purposes, including versions for use in an interview setting, self-completion versions and an observation tool for use in care homes (PSSRU, 2014). For the purposes of this study we selected the ASCOT SCT4 (self-completion four answer level) tool.

ASCOT was designed to capture self-reported information about an individual's social care related quality of life (SCRQoL) and to be 'sensitive to the outcomes of social care activities' (Netten *et al.*, 2011, p.1). It facilitates the service user's reflection on specific aspects or domains which holistically amount to their current quality of life – to tell us how they feel and what they are experiencing.

ASCOT was well aligned with the two main principles underpinning the *Caring for Our Future, Reforming Care and Support White Paper* (DH, 2012), treating people with dignity and respect and supporting achievement of their identified goals – POET and Talking Points also met these requirements in this respect and all three tools were person-centred and outcomes focused. However, POET was developed by In Control to measure the impact of personal budgets (In Control, 2011) and whilst currently free for local authorities to use, at the time there was a fee payable. Access to the tool was restricted and so it was not possible to review or compare it. The reports could be viewed and, leaving contextual questions like age or length of time with a personal budget aside, suggested that the tool had around 14 questions looking at a mixture of outcomes and processes (Hatton & Waters, 2011). The process questions were not relevant for use at assessment as at that point people would not have experienced these. This coupled with the anticipated cost meant POET was ruled out.

Table 1. Outcomes frameworks and tools considered

Framework / Tool	Author / Organisation
<p>Adult Social Care Outcomes Toolkit (ASCOT)</p> <p>Domains: Control; Safety; Food and Drink; Personal Cleanliness; Cleanliness of Home; Dignity; Occupation and Social Contact.</p>	<p>Personal Social Services Research Unit, University of Kent (2011); Netten <i>et al.</i> (2011)</p>
<p>Better Futures: A Housing Support Outcomes Framework</p> <p>Domains: Accommodation; Health, Safety and Security; Social and Economic Wellbeing; Employment and Meaningful Activity.</p>	<p>Coalition of Care and Support Providers, Housing Support Enabling Unit (2012)</p>
<p>Putting People First, Outcomes Focused Reviews Guide (and subsequently) Think Local Act Personal Outcomes Focused Reviews Template</p>	<p>Department of Health (2009), Think Local Act Personal Template (2011)</p>
<p>Personal Outcomes Evaluation Tool (POET)</p> <p>Domains: What personal budgets people are using and how people are supported in using them. What difference personal budgets make or don't make to people's lives. What factors are associated with better outcomes for personal budget holders.</p>	<p>In Control (2011)</p>
<p>Talking Points</p> <p>Conversation based outcomes focused. Domains fall into three frameworks: Change, Process and Maintenance. These comprise of outcomes important to service users and their carers.</p>	<p>Joint Improvement Team, Scotland (2012) based on work started by SPRU, University of York; Cook & Miller (2012)</p>
<p>The Outcomes Star</p> <p>Domains (these vary for different client groups those shown are for older people): Physical and Mental Health; Use of Time and Social Networks; Motivation and Managing Change; Choice and Control; Self Care and Mobility; Safety and Economic Wellbeing.</p>	<p>Triangle Consulting Limited (2009)</p>

The Talking Points conversation based method of identifying outcomes also covered both personal outcome and process aspects, but also encompassed change outcomes (Cook & Miller, 2012). It was clear that this approach aimed to move practice from being service led to being outcomes focused. However, for it to be used successfully it appeared there was heavy reliance on the capture of a large amount of high quality, consistently collected information via semi-structured discussions. Ensuring the quality, consistency and completeness across service users in Cumbria was acknowledged as being very resource intensive, not only in terms of practitioner time, but in supporting development of recording skills and quality assuring data. Cook and Miller (2012) make it clear that this approach would not be successful ‘unless the information captured is used to inform and evidence decision making at an individual and organisational level’ (Cook & Miller, 2012, p.17). However, the process of identifying, extracting and using data in this way led to a view that analysis of the relevant information in free text form would be prohibitively resource intensive. ASCOT seemed to be a good compromise between the numerous structured questions of POET and the very detailed conversation and recording of Talking Points – it fitted easily into our standard assessment and review process.

ASCOT was also a main feature in the Adult Social Care Survey (ASCS), a national survey which all local authorities are required to undertake annually at the request of DH, and from which an increasing number of measures in the Adult Social Care Outcomes Framework (DH, 2011) were derived. Most importantly it offered a robust point-in-time quality of life measure for individuals and could potentially be aggregated across client groups and interventions too, providing individual and organisational level quality of life data over time. Using ASCOT would mean Cumbria’s assessment and review processes were a direct fit with the current national measures, provide greater consistency, ease of recording information

and minimise the resources needed to analyse the data. It would also act as a driver for moving ASC, practitioners and service users away from the care management approach to a focus on outcomes.

Since the decision to use ASCOT, the draft Care Bill, now the Care Act 2014, was published (DH, 2014). This had major implications for local authority social care, in particular around assessment and eligibility and requires local authorities to have an assessment and review process ‘which will reflect the needs and desired outcomes of the person’ (DH, 2013).

ASCOT did not seem to have been previously used in practice in assessment and review. This study set out to explore whether it could be used successfully in this way.

Aim of the study

In exploring using ASCOT, the overarching aim was to improve the experience of assessment and review for service users in our Adult Social Care Department and make this experience truly person-centred by focusing on quality of life and the desired outcomes directly linked to these. In this respect the objectives were to:

- support practitioners to work in an outcome-focused way taking account of all aspects of the service users’ quality of life, finding out what is important to people and how this makes them feel;
- support service users to focus on all aspects of their quality of life and think about not only their functional needs (ability or disability to function) but the impact of these on how they feel;
- help the organisation to see what impact it might have on quality of life over time for different service users, different interventions, different quality of life domains.

Implementation

To implement ASCOT in assessment and review required significant change to local processes, particularly the assessment and review process, which had to be redesigned. Templates and forms within Cumbria ASC's electronic recording system (The Integrated Adults System or IAS) were remodelled and guidance was rewritten.

It was recognised that the ASCOT tool we used (SCT4) was designed for use as a self-completion questionnaire to gather user experience in a research setting i.e. in the Adult Social Care Survey. Although it had potential for use in other settings, there were some reservations as to how this might work in practice. For example, the ASCOT guidance highlights potential limitations around use of SCT4 with those who might have 'limited cognitive or communication abilities' (Netten *et al.*, 2011, p.2). Whilst there is a version of the tool designed for collecting data by observation rather than by asking questions, which is applicable for use where a person's cognition or communication is limited, this was felt to be impractical for use as part of the assessment and review process.

Measuring social care outcomes is not straightforward as there are multiple factors which may impact on or influence outcomes – people's situations change, conditions worsen or improve, services or support other than social care are accessed and so attribution of impact is not necessarily clear (PSSRU, 2009). We were testing the hypothesis that the ASCOT tool provides a measure which is 'valid, reliable and, crucially, sensitive to the impact of social care' (Netten, 2011, p.1).

This 'test' began with the delivery of outcomes focused assessment training between June and August 2012. However, change and restructure driven primarily by central government requirements caused delays during the earlier stages of the project. Issues with IT systems meant that this

training was not delivered until January 2013 and full implementation was completed in April of the same year.

When feedback on implementation was sought from Locality Leads and Team Managers it highlighted concerns that the ASCOT section of the redesigned process was not being used for a variety of reasons. It was agreed that work needed to be done to evaluate the use of ASCOT, looking at how the changes were, or weren't, working in practice and gather feedback from practitioners and service users. It was hoped this would ensure any further learning activity, development of resources to support practitioners etc, was evidence-based and could address concerns directly. A bid was made for funding to do this to the Social Care Evidence In Practice Project (SCEIP) which was successful, and support was made available from the Personal Social Services Research Unit (PSSRU) – authors of the ASCOT toolkit – and also from Research in Practice for Adults (RIPFA).

Methods

The methodology, data gathering instruments and project plan to support this evaluation were developed by Cumbria's ASC Department with support and guidance from PSSRU. Approval was sought and obtained from the ASC Research Governance Group. Initially, to try to minimise resource requirements, attempts were made to collect data using the new approach via self-completion survey only. Subsequently, it became clear that data would need to be collected in a variety of different ways. These evolved during the life of the project and included:

a) *Interactive sessions*

These sessions comprised of a reiteration of the reasons for the changes to the assessment and review processes, background on ASCOT and a role-play section demonstrating its use. However the focus was on giving Team Managers, Locality Leads and Practitioners the

opportunity to discuss examples of barriers or benefits they had experienced. Two sessions lasting around 2 hours were held and 38 practitioners attended in total. A comprehensive range of practitioners, both social worker and occupational therapist, from all levels and with experience of all client groups contributed. The sessions were facilitated by the Professional Lead for Social Work and the Research and Information Officer at Cumbria ASC. Written notes were taken and were shared with participants afterwards.

b) Online survey for practitioners

A questionnaire was used to ascertain the extent to which practitioners felt ASCOT met the objectives outlined in the Background and Purpose section described above – questions were framed to aggregate some responses, (response rates permitting), but more importantly asked practitioners to qualify their answers with comments to give qualitative insight on key themes. The survey was sent to all practitioners (n=200 approx) via email using a distribution list set up centrally – the number of recipients is approximate as we could not be entirely sure how many might be absent from work for example, on sick leave or maternity leave. 38 responses were received: a response rate of around 18%. Despite this slightly disappointing level of engagement the exercise elicited a large number of comments to the different questions – well over 100 in total. Responses were anonymous unless the practitioner wished to identify themselves – however, it was possible to discern from the phrasing of the comments that these were from a mix of social work and occupational therapy practitioners at varying grades.

c) Self-completion survey for service users

A short, 3 question survey was developed for service users. The questions mirrored those we asked practitioners so that we could compare the responses from both

groups – these also allowed people to comment. 30 questionnaires were given to each of the 12 Team Managers to give to their staff. Practitioners were asked to leave the questionnaire, and a pre-paid envelope, with service users (where they had used ASCOT) during a given period in August. Only a small number of questionnaires were returned (18) and it is not possible to calculate a response rate as we are not clear how many were actually distributed.

d) Case file audits

Personalisation file audits, whilst not formally part of the project, as file audits were carried out routinely already, this provided an opportunity verify how personalised assessment and reviews were, whether they incorporated the service users' own outcomes and included checking whether the ASCOT questions had been asked. Data from these are not included in the findings.

Findings

Firstly, we deal with the quantitative data which had been collected using online survey software and analysed using Microsoft Excel.

Table 2a presents a summary of the responses from practitioners (n=38) and service users (n=18). As the numbers of service users responding was low (n=18) there are limitations as to what can be claimed. Nonetheless, the responses suggest that service users could find ASCOT of potential value in helping them understand how good or bad different areas of their life were, and which they needed more support with.

Table 2a. Practitioner and customer responses – quantitative analysis

Question Theme	Practitioner (A lot / A Little)	Customer (A lot / A Little)
Understanding how good or bad different areas of life are	58%	78%
Understanding which areas of life need most support	55%	67%
Understand which areas of life are most important	54%	58%
Being able to see our impact on the customer's quality of life	65%	N/A

Practitioner data on the other hand seemed to highlight an approximate 60/40 split in views for and against the use of ASCOT, with 40 to 45% answering 'not at all' to questions asking about the extent to which the tool was useful in understanding which areas of life were good or bad, needed most support and were most important to service users. This was a concern given the initial confidence the development group had in the potential of the tool. However, more detailed analysis showed that whilst around 30% of practitioners responded negatively to all of the questions, 70% indicated that the tool helped them either a little or a lot in one or more of the areas. It was hoped that analysis of the qualitative data would identify key themes which might provide explanations for this.

The practitioner survey responses combined with those collected at the interactive sessions elicited a great deal of valuable qualitative information on the use of ASCOT in practice settings. A framework was devised which comprised of three overarching classifications to allow the subdivision of data. These centred on with how relevant practitioners felt the tool was (**Relevance**), the practical application and process of using ASCOT (**Process**) and finally understanding of the

purpose of ASCOT and how it works (**Understanding**). The framework was applied manually using an inductive approach. It was hoped that potential issues around process and understanding could be reasonably easily overcome by supporting practitioners to a shift in practice and knowledge thus embedding use of the tool more effectively. **Table 2b** presents the analysis using this framework.

There were mixed views expressed in each of the three categories; the essence of each is conveyed in these comments from practitioners:

1) In relation to the **Relevance** there were mixed views from practitioners and service users. Some who saw the benefits of the tool said:

I have found in a couple of situations that it has highlighted an area which simply would not have come up through the usual [functional] assessment. (Practitioner 50)

It really helps to prioritise from the service users frame of reference – which is where we should be. (Practitioner 18)

Table 2b. Practitioner and Locality Lead responses – themes emerging from survey and interactive sessions

Theme	Sub-category
A powerful tool to help get people thinking about how they feel about their lives and the different areas which comprise quality of life	Relevance
ASCOT questions duplicate what is already asked	Relevance
ASCOT can't be used with people with a cognitive impairment or impaired capacity	Relevance
The customer's answer choice doesn't always align to the practitioner view of what it should be	Relevance
Practitioner can see or ask about impact during the assessment or review and ASCOT doesn't add to this	Relevance
Allows the practitioner to see clearly where the customer feels their needs are rather than assessing function only	Process
Facilitates the development of a truly personalised support plan, reflecting the customer's feelings and desired outcomes	Process
Using ASCOT as well as existing questions takes longer so will reduce the number of assessments or reviews done	Process
When is it inappropriate to use ASCOT (e.g. emergency or crisis situation, when someone is ill, frail or tired)?	Process
Where in the assessment or review does ASCOT fit?	Process
How do we administer the questions (e.g. face to face, post out before visit, after visit etc)?	Process
Does it have to be read out as written; can we change the wording to help specific customers make sense of it?	Process
Reading it feels clumsy, the rest of the assessment which is a conversation	Process
How does it all work within the electronic recording system (IAS)?	Process
What are the questions in ASCOT trying to elicit; what is their purpose?	Understanding
How does ASCOT scoring work?	Understanding
How to explain ASCOT to customers	Understanding
The last two ASCOT questions are the same; what is the difference?	Understanding

Helped me to concentrate on what I needed to do and to come to terms with those things I can no longer do. (Service User 3)

However, other practitioners felt that service user quality of life was visible, or collectable, without the need for a tool – and that the tool was not appropriate for all service users, for example, those with a cognitive impairment like dementia or someone coming to the end of their life.

I complete the basic assessment by talking with the person. This gives me all the information I need for building a clear picture of the client's needs and problems. (Practitioner 10)

Undertaking a comprehensive assessment should highlight quality of life issues without completing a questionnaire. (Practitioner 27)

The tool is not useful at all for people with moderate/advanced dementia or people who are very poorly. (Practitioner 48)

However, auditing of case files carried out separately to this project has demonstrated that this is not necessarily the case and in fact suggests that those where the ASCOT tool has been used were much more person-centred in approach.

2) Other comments describe the variation in understanding of the **Process** of using ASCOT in assessment and review:

I think it can be a useful tool, I'm positive about using it, as long as we can use our professional discretion about when not to use it too. (Practitioner 50)

In an ideal world I think we should be starting with the quality of life assessment and then moving on to the functional too. (Practitioner 18)

Reading out each option takes up far too much time after I have already completed a lengthy assessment. (Practitioner 17)

I have left it with some service users and said I would pick it up at the next appointment. (Practitioner 52)

I have to remember to take a paper copy with me. (Practitioner 21)

3) Comments which illustrate a variation in **Understanding** are:

I realise that it doesn't get 'counted' if not all the domains are completed, but sometimes people can respond to some questions and not others. (Practitioner 50)

The questionnaire shifts the focus away from functionality medical model and to a more qualitative and positive approach. (Practitioner 11)

Practitioners don't understand it. (Practitioner 43)

It is difficult to make the distinction between Q8 and Q9 particularly so if the person is not yet receiving a service. (Practitioner 34)

The findings then provided a mix of positive and negative feedback about how ASCOT could support or detract from the personalisation of assessment and review. Some practitioners felt that ASCOT offered greater personalisation but some felt that it was happening anyway and ASCOT was not needed.

Discussion

The interactive sessions with practitioners, and comments from the online survey, very much suggested that many were able to see the value of ASCOT but the dissonant views provided critical insight into the lessons to be learned from their use of the tool in practice. These are explored further below.

In terms of **Relevance**, the comments showed that many practitioners felt quality of life information was gathered adequately within the existing assessment and review process, seeing ASCOT as duplication or an unnecessary additional stage. However, others suggested ASCOT could be a powerful tool to get people thinking about how they feel about different aspects of their quality of life, and that it allowed practitioners to see clearly which aspects were most important to the service user. The comments of those that saw the relevance of ASCOT suggested it had the potential to facilitate a fully personalised support plan, reflecting the person's own words and feelings. This very much mirrors the aspirations of Government (DH, 2008; 2009; 2012; 2013) and suggests ASCOT has good potential to facilitate personalisation.

The majority of the themes in the comments related to the practical application of ASCOT, the **Process** as opposed to the relevance of the tool. They centred on how to ask the questions; when to ask (or not ask) them; whether it was acceptable to adapt the questions for people with specific conditions, needs or circumstances and how best to incorporate them within the assessment and review process. Comments also suggested that some practitioners seemed to perceive the tool as prescriptive and inconsistent with a conversational style of assessment or review and felt it was an unnecessary addition to what practitioners were already expected to ask.

The remainder of the themes fell into the **Understanding** category, indicating a lack of clarity about the purpose of ASCOT and how it was designed to work, particularly around the translation of the answer levels into scores and the impact of interventions on multiple domains.

With clearly identified themes, three quarters of which came into the **Process** and **Understanding** categories, it became much easier to see the extent to which it might be possible to support and reassure practitioners with concerns about the **Relevance** of the

tool. By addressing issues stemming from the **Process** and **Understanding** the development team could find was to improve perceptions of its relevance. Discussion at the interactive sessions had also yielded suggestions for simple resources and actions which would enable practitioners to overcome general reservations and support them when using the tool. As a result of these suggestions several written and audio-visual materials were developed. These are explained in the next section.

Conclusion

This was an exploratory study, using action research methods to evaluate the use of ASCOT. As such there are limitations to the conclusions that can be drawn. Response rates to questionnaires were low and so the quantitative information has minimal value as a basis for recommending the use of ASCOT in practice. The study was undertaken at a time of significant change, coupled with reduced staffing levels, and this is likely to have affected the response rates. It may have been better to hold more interactive sessions, or use team meetings as an opportunity to gather views. We also got very few responses from service users which was also disappointing. Undertaking visits or conducting telephone interviews may have had more success. However, resource limitations meant this was not possible.

Despite these limitations, the qualitative data seemed to yield valuable insight for other projects of this type and a good starting point for further research. It is relevant to all local authorities who need to be able to demonstrate that their assessment and review processes align with the requirements of the Care Act 2014. Once the Act is implemented, there will be a need to undertake assessments for a much wider range of service users, for example, self-funders. Assessments will need to be 'portable' and so consistent and easily transferable processes will be needed. There will undoubtedly be a need to evaluate the efficacy of whatever tools or approaches are used. This project provided evidence to

support a move to more outcomes focused assessment in anticipation of the legislation.

The project found that using ASCOT had potential to benefit the assessment and review process from the perspectives of both practitioners and service users. Feedback from practitioners who had used it on over 100 occasions in the Supporting People service in Cumbria suggested that it could help ‘tease out’ aspects of quality of life and desired outcomes beyond those identified as part of the core ‘functional’ assessment or review questions. It therefore can make the process more person-centred and outcomes focused.

However, taking a tool which has been developed for use in a purely research context and making it work in a practice context was always going to require compromise, balance and pragmatism. It would seem that we have to accept that it may be necessary to modify the language and delivery of questions, to an extent, to ensure their relevance to any given service user – the wording of the original ASCOT questions was not changed so the essence of the question was not lost. However, we found it necessary to provide an explanation of each question so that practitioners were better able to communicate what the question was asking in relation to different aspects of quality of life. There was a need to provide practitioners with the tools and knowledge to support them in understanding of how ASCOT worked, and about the question domains so that these could be communicated to service users whilst maintaining a degree of consistency in application. There was also agreement that practitioners could explain the question in language that was more understandable to the service user. This was an important learning point and with this we needed to accept that there was potential to lose some of the validity of the quality of life score derived from the tool. However, notwithstanding this the tool demonstrates impact at an individual level and also provides a wealth of intelligence to support service development and commissioning activity.

Figure 1. Cycle of Assessment and Review – Quality of Life Questions central to the process and asked at the most appropriate point prior/post assessment or review



As **Table 2b** has shown, there was a perception from some that using ASCOT made the process of assessment and review too long as it duplicated existing questions. However, a number of practitioners suggested that ASCOT should be used first, before the existing assessment, thus identifying the desired outcomes and areas where the service user wanted their quality of life to be improved rather than starting by looking at functionality identifying disability and what cannot be done. As a result we have made changes within our IT systems and processes to allow ASCOT to be used at any point, i.e. prior to, during, or after the functional assessment, allowing professional discretion and judgement to be exercised and a personal approach tailored to the service user (**Figure 1**).

The work we have done has clearly showed us benefits to using the tool but that our use of it needed to be sufficiently flexible to work for different practitioners working with people with different support needs. As a result of feedback from the sessions we have been able to develop a number of written and audio-visual resources which provide

clarification, guidance and support for practitioners so that they have the knowledge and ability to use it in a way that fits with their style of assessment, is appropriate to the service user and proportionate.

To date we have made the following available to practitioners:

- introductory text explaining the purpose of the questions
- a ‘Frequently Asked Questions’ document
- definitions of ASCOT domains and explanatory text
- an easy-read version of ASCOT (with and without pictures)
- presentational material providing contextual information about ASCOT and how it might work as a tool in the assessment and review cycle (see **Figure 1**)
- anonymised good practice case examples
- video clips of practitioners’ experiences of using the tool in practice
- a video of service user experience of health and social care support.

These resources have been well received by practitioners.

The project also confirms the importance of good change management and the effects of the extended periods of uncertainty, and political and strategic direction changes on the social care workforce and on practice. With the benefit of hindsight we would have:

- tried to ensure the timing of training and implementation was better aligned;
- revisited the cultural shift to outcomes focused assessment again when the redesigned assessment and review process was implemented;
- involved practitioners more fully in the entire process: from choosing the tool and redesigning of the assessment and review process to implementation;

- included service users more fully, and from the beginning, so their views were heard at an earlier stage to strengthen the argument for change; and,
- produced written and audio visual materials at an earlier stage so that practitioners were better informed.

What has emerged strongly is that using ASCOT has the potential to reinforce professional social work values that focus on the individual and their desired outcomes. There is still work to be done to ensure we embed the use of ASCOT via the learning from this project across the organisation but many of our practitioners who have used the tool have commented that it allowed them to find out how a person feels and so draw up a more personalised support plan – bringing to light aspects of quality of life that may not have arisen using the previous, more functional and less outcome focused assessment. Some practitioners commented that they collected outcomes and quality of life information as part of the existing assessment process.

As a result of the evaluation, Cumbria ASC have decided to continue to use ASCOT and to continue to support practitioners to use the tool. Numbers of ASCOT questionnaires completed in assessments and reviews are increasing steadily and we have begun to extract and analyse the data. Agreement has been reached to share anonymised data with PSSRU so that they can undertake more detailed analysis which may helpfully inform policy and practice in the long term.

Acknowledgements

The authors would like to thank Michael Hill for his support with this paper but also Ann Netten, Juliette Malley and Gerry Nosowska for their input and support during the study. The study was made possible by the *Social Care Evidence in Practice Project* at LSE funded by the London School of Economics and Political Science's Higher Education Innovation Fund. A special thank you also needs to go to practitioners and service users for taking the time to give their views. The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views or opinions of the funder of the study, or those that supported the project.

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