ASCOT in Practice:

Anglicare Tasmania

An interview with Rebecca Forbes, Policy and Advocacy Officer at Anglicare Tasmania by Dr Stacey Rand, University of Kent

03 August 2026

Anglicare is a not-for-profit organisation that provides aged care, acquired injury support, housing services and other community support services across Tasmania.

Can you tell me about how and why Anglicare decided to use ASCOT?

Rebecca: "Anglicare has been using ASCOT since 2021. The original brief was "To know if we are making a difference in people's lives and to understand what, if anything, might make life better. To know if our programs are effective and make any necessary improvements to our services.". We wanted a tool that would give organisational level data but would also assist our services in having conversations with clients about how we could make their lives better.

A review of survey tools was completed and ASCOT decided on."

How is ASCOT used by Anglicare?

Rebecca: "ASCOT is used in a range of our services: aged care services, acquired injury support services and residential housing services. Using ASCOT as a framework, we can have important conversations to help us make improvements to our services and connect people to the right support. We collect information once a year to get feedback about what we can change to better help our clients.

In acquired injury support (where most clients have some form of acquired brain injury), we mostly use the easy read format of ASCOT (ASCOT-ER) completed in conversation with staff (or occasionally ASCOT-Proxy). This information is tied to the client's annual support planning review.

In aged care, most people complete the ASCOT ER-OP (a text only easy read version for older people) by themselves. In adult supported accommodation, which is social housing with support, most people complete ASCOT-ER or ASCOT-SCT4 in conversation with staff, while a few complete it independently.

Were there any challenges in implementing ASCOT? How did you overcome them?

Because our staff are compassionate and engaged with the clients, we have had to be clear that the survey is about how the clients define good quality of life, rather than about the outcomes staff would like to see for them. For example, in the domains of social connections and relationships, staff might see the client does not have many visitors or friends, and it would be easy to assume that they have unmet needs in that domain. In our training we make clear that the role of the staff member is to ask the question and then take the person's word for it - if they say they have as much social interaction as they want, then that is what we record.

In one of our services, we have also had some feedback about the images in the ASCOT-ER. Staff were worried that the pictures would offend clients who had different needs to those pictured in the illustrations. We know the pictures were developed with people with (learning) disabilities – but staff were worried that the images would be negatively perceived by clients or not be empowering. We have now added introductory text to the survey to support staff to explain that the images are part of the tool and are helpful to some people, but they are not a reflection of how we see you. That seems to work."

What difference does using ASCOT make?

Rebecca: "I think the value of the ASCOT is that it encourages staff to ask about the things they wouldn't necessarily think of. It requires staff to consider eight domains of quality of life (QoL), rather than just focussing on what we are funded for.

For example, we may be specifically funded to support someone with physical care, so it would be easy to focus on being clean and comfortable (one of the ASCOT domains). But we also receive charitable donations from our local community that we can use beyond government funding. This is known as the 'client fund'. Requests can be made by staff to use the client fund to meet someone's needs. We track when this happens.

To give an example, a client identified in their survey that they were not feeling very well-connected. The conversation using ASCOT explored whether there was something that would help. The client fund was used to purchase sports club membership and a uniform. It's been great. Being part of the team has not only given them the opportunity to build new connections but has given them greater confidence and stories to share when they return to the site where they live.

But it is not just about addressing low scores. We also encourage our staff to look at higher scores and ask: 'If this is strength, how could it be leveraged to help address areas with lower scores?'"

Has ASCOT influenced any new policies or service improvements?

Rebecca: "Yes. ASCOT data is collected centrally, and I create monthly reports for program managers. Once a quarter, we also report to the Quality and Care Governance Subcommittee of our Board. I look at the completion rates (ASCOT is voluntary). But we also look at trends over time. Services will add commentary to say what they are doing at a service level to address any low scores. On an individual level, we usually include some client stories. This is often related to donations and the client fund, where we can track the impact.

For example, people living in facilities with full board told us they couldn't afford healthy snacks in between meals. They also reported feeling restricted in their choices of what and when they could eat. In August 2025, staff explored the potential of using donated funds to improve the situation by stocking onsite pantries with a variety of snacks. Donated funds have also been used to support communal events around food (like regular barbeques and a coffee club). The objective was to give people agency, flexibility and opportunities to connect with other residents – at no additional cost.

There was a small increase in scores, that steadied off as they got used to it. But it had helped us to notice, to reflect and respond."

For further information see Anglicare's *Annual Report 2024/25*.
For more information about the Adult Social Care Outcomes Toolkit (ASCOT): https://research.kent.ac.uk/ascot/