# ASCOT in Practice:

## *BelleVie, UK*

**An interview with Emma Pithers and Giles Martin (Product Owner) at BelleVie**
**by Dr Stacey Rand, University of Kent**

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*BelleVie is a UK home care provider. The company operates on an innovative self-managing team model to deliver personalised care for adults with a range of needs. ASCOT has been implemented individual care planning and reviews and data are collected digitally. This work was supported by Nick Smith (ASCOT Implementation Lead), who provided training and advice at the set-up.*

**How did you first hear about ASCOT? Why did you decide to use it?**

***Emma:*** *Shall I begin? Our original aim was to find a way of showing our impact – the difference we make to people's lives. We created a big matrix looking at different outcome measures. We looked at the different measures to ask: 'Which should we use?' ASCOT was a natural fit into our systems and how we work. We operate in a flat structure and didn't want to add another thing on top for our wellbeing support workers.*

*ASCOT helps us to understand whether care is meeting expectations and if there are any barriers. It gives a framework to conversations with our clients. ASCOT help us to focus on what matters to people. This then feeds into the care plan and helps us to think about the person and their outcomes – how care activities (or tasks) are working towards supporting the person to live well.*

***Giles:*** *Our digital system covers the eight ASCOT areas of wellbeing. Our clients can choose which matter most to them. This opens the conversation to reflect on 'where we are now' and 'how can care support'?*

*Once we have captured the desired Outcomes, we then add granular goals that add up to achieving this outcome. For example an Outcome of 'keeping the house clean and tidy' might have goal like 'do the washing up each morning'. These goals appear on the visit notes and are marked done or not. So we have a complete view of what we have done to achieve outcome, and are able to update and add new goals according to need.*

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

***Emma:*** *There have been three main challenges. First, team members' confidence in using the tool. Some are more confident than others. It is not always down to training. An important thing is to use the tool regularly, so you can use if flexibly in conversation with clients.*

*Second, ASCOT (INT4) questions are not suitable for everyone. Some people struggle to choose a statement and so we can't score it.* [*see note below] *But it's still a good guide to conversations to make sure all aspects are covered.*

*Finally, it can be a lot to cover in one conversation. To do it properly, a review takes about an hour or longer. We sometimes have the review conversation using ASCOT flexibly. Then we ask people to rate the statements – over a few days – but try to do it as close as possible to the conversation.*

***Giles:*** *The first version of ASCOT in our system was taking the questionnaire (SCT4) and adding it to the system. It was a bit unwieldy and laborious to complete. It also didn't translate well to our website and systems, so we have adapted it. The revised version breaks it down into sections by each ASCOT area of wellbeing. We have added questions and adapted the order to make it flow better. This helps it to be more organic – helping wellbeing support workers to have good conversations with our clients.*

*We also found that layout is important. The expected questions (what life would be like without support) are not always well-completed. We have set up a reminder after 24-hours to prompt that the questions need to be completed. That has helped.*

**What impact or influence has ASCOT had?**

***Emma:*** *ASCOT helps us to think more broadly in care planning and reviews. For many clients, we support some areas – not others. ASCOT gives us a framework to ask about all aspects of the person's wellbeing – not just those we support. By having the conversation, it opens space to reflect and come up with new ideas and solutions. Even if a person can't answer the question and tick a box, we can still talk about their life using ASCOT – to ask how things are, what could help and how can we support.*

***Giles:*** *We use ASCOT data to better understand the impact our care is having. It allows us to compare by region, for example, and to identify areas we can improve.*

***Emma:*** *Yes. It brings us back to what we set out to achieve – how do we measure the impact we are having on people's lives?*

*ASCOT has several versions designed to promote accessibility (e.g., easy read, flexible interview format) and can be adapted for rating by observation alongside or instead of self-report or proxy-report. For further detail, please see the ASCOT website (https://research.kent.ac.uk/ascot/) or contact Nick Smith, ASCOT Implementation Lead (N.J.Smith@kent.ac.uk).