

The Development of the Outcomes Star: A Participatory Approach to Assessment and Outcome Measurement

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Abstract

Purpose of this paper

This paper describes the development process for the Outcomes Stars as a suite of tools which are designed to simultaneously measure and support change when working with vulnerable people as service users. It describes the original process of development of the first Star, in homelessness services in the UK; and subsequent roll out to other client groups and in other countries. The paper indicates the theoretical and philosophical under-pinning of an approach which aims to embody both research and values-based practice in empowerment and respect for the individual.

Design/methodology/approach

As a case study of development, by the development team, the paper is based on first-hand knowledge, but builds upon extensive consultations with practitioners and users, and relates these to the needs and strengths of service users, the contemporary policy framework, and wider research in the field.

Findings

The Outcomes Star draws on the core principles of Action Research and Participatory Action Research and extends them beyond research into assessment and outcome measurement. There has been as yet no formal research on the usefulness of the Star approach; but there is a rapid take up of this approach within the UK and further afield. The paper argues that the approach has proved popular because the Outcomes Star is rooted in a philosophy that is more in tune with that of people delivering services, and more closely reflects the reality of those receiving services, compared to traditional measurement techniques.

Practical and social implications

The paper aims to stimulate further thought and effective practice in measuring outcomes for vulnerable people, and on the most useful means to engage and support people in the co-production of their own futures.

Originality/value

Although the development and take-up of the Outcomes Star approach has been rapid in practice, this is the first paper in which these more theoretical and philosophical roots have been outlined and explored in such depth. It will be of use both to service providers, to deepen their awareness, and to commissioners, policy makers and regulatory bodies wishing to promote practical approaches to quality assurance of evidence-based and evidence-generating practice. It will also be of interest to moral philosophers and others wishing to understand the translation of values into social practice.

Introduction: The Challenge of Outcome Measurement

Over the last ten years there has been a steady shift amongst policy-makers, funders, commissioners and service providers themselves, from focusing on what services do (outputs) to what changes for the service user as a result (outcomes). The logic for the change is powerful: clearly it is ultimately the achievement of goals that matters rather than the activities carried out in pursuit of those goals.

However the challenge of how to do this in practice is great. How can the complex human process of change be measured and be added up across a project? How do you measure the achievements of a service when the process of change often takes longer than the funding period, and is often characterised by two steps forward, one step back?

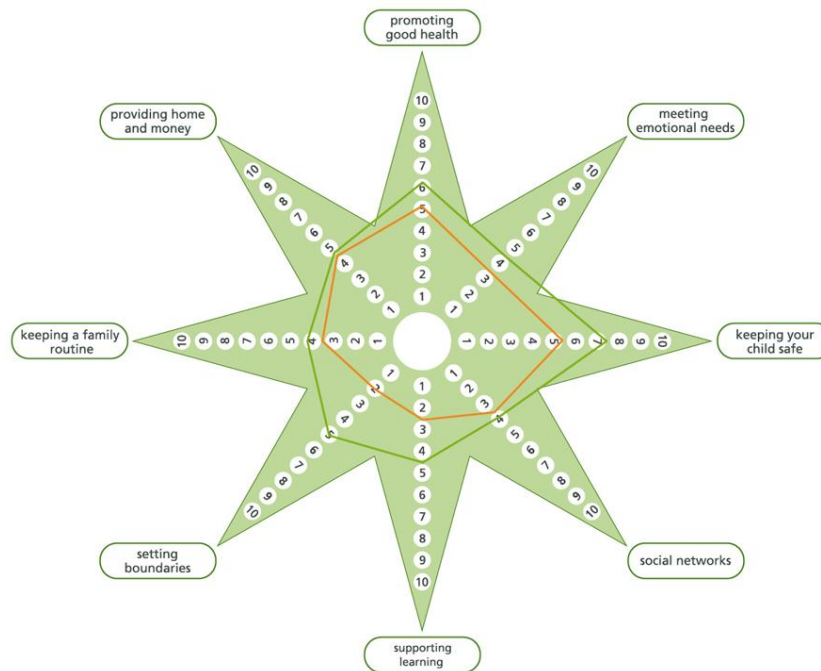
The result has been that the rhetoric has moved much quicker than the reality. Policy documents declare that services will be outcomes-focused and commissioners sign up to outcomes-based commissioning approaches often unaware of the fact that knowledge and tools for measuring outcomes on the ground are limited. At Triangle we found in our early work that service providers were often at a loss to know where to begin, and that where tools did exist they were often unpopular with staff who felt that the work of measuring took them away from the 'real work' and did not accurately represent their achievements.

It is against this backdrop that the Outcomes Star has been developed and has grown both in the number of versions and in the level of use. This paper describes the tool, its theoretical underpinnings and how it was developed.

The Outcomes Star: A family of tools for supporting and measuring change

The Outcomes Star is a family of tools which are designed to both support and measure change when working with people. All versions of the Outcomes Star consist of a number of scales arranged in the shape of a star. The behavior and attitudes expected at each point on each scale is clearly defined in each version of the tool and the scales are constructed around a model of change which defines the end goal and steps along the way. The model of change is developed independently for each version of the Star, though some versions share the same model where the client group faces similar issues.

Service users and workers discuss all the areas of the service user's life which are represented on the Star and agree where they are on each scale. These readings are then plotted on the Star to give an overview of their current situation. When the process is repeated some time later the difference in the two readings provides a picture of change.



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Fig: The Family Star completed twice

Star data can be aggregated for all service users within a project to provide project level outcomes. It can also be aggregated and compared across a group of projects, or nationally. Because the meanings of the numbers are defined within the scales, the aggregated data can be interpreted in terms of the typical behavior and attitudes that it describes. For example on the Homelessness Outcomes Star movement from an average score of 2 to an average score of 3 indicates that on average people in the project are moving from not discussing or accepting help with an issue to accepting help with it.

At the time of writing there are eleven published versions including the Homelessness Outcomes Star (MacKeith, Burns and Graham, 2008), the Mental Health Recovery Star (MacKeith and Burns, 2010), Work Star (Burns and MacKeith, 2009), Older Person's Star (MacKeith and Burns 2010) and Family Star (MacKeith and Burns, 2010). As well as these eleven, there are also a further seven in development including the Life Star for people with a learning disability and many more at the discussion stage.

The most recent Survey of Needs and Provision carried out by Homeless Link found that, after the compulsory Supporting People outcomes form¹, the Outcomes Star for homelessness was the most frequently used outcomes measure in the homelessness sector, being used by 20% of all agencies surveyed (Homeless Link, 2011). Apart from this there has been no formal research on the level of take-up of the tool in other sectors, however the number of enquiries indicates wide use in the Mental Health sector and increasing use in Family services, services for young people, the alcohol sector and back to work projects.

We also know that the Outcomes Star is in use in the USA, Australia, Denmark, Italy and Norway with enquiries about translations coming from Hong Kong, India, Germany, South Africa Spain and Portugal. Furthermore the enthusiasm for developing new versions and success in raising funds for this at a time of austerity is indicative of the popularity of the approach.

Why has the tool proved so popular? I believe that the fundamental reason is that the Outcomes Star is rooted in a philosophy that is more in tune with that of people delivering services, and more closely reflects the reality of those receiving services than traditional measurement techniques.

¹ This form is completed by service providers when a service user leaves their service and has been compulsory for all services receiving Supporting People funding in the UK

Theoretical and Philosophical Foundations: A Participatory Approach to Assessment and Measurement

The approach underpinning the Outcomes Star is, as far as I am aware, an original approach to assessment and outcomes measurement which draws on the core principles of Action Research and Participatory Action Research (PAR) as documented by O'Brien (2001) and Carr and Kempis (1986) and extends them beyond research into assessment and outcome measurement.

In order to understand the theoretical underpinning of the Outcomes Star it is therefore helpful to start with a brief description of the principles of PAR.

Participatory Action Research

The social psychologist Kurt Lewin is generally considered to be the 'father' of Action Research having first coined the term in his 1946 paper "Action Research and Minority Problems" (Lewin, 1946). Many have built on his work but it was the Columbian sociologist Orlando Fals-Borda who brought together the Action Research paradigm with Paulo Freire's "Pedagogy of the Oppressed" (Freire, 1970) in his work with peasant groups in Columbia to create Participatory Action Research (Fals-Borda and Rahman, 1991).

PAR is based on a critique of traditional research methods and has three core principles:-

1) Empowerment

A central belief is that solutions to social problems rest on the harnessing of the agency and abilities of the people experiencing the problems. The understanding is that they are the primary agents of change and that without their empowerment no solution, no matter how well thought through, will be effective (Wadsworth, 1998).

This contrasts to traditional approaches in which solutions are devised by "experts" and those being studied are seen as "subjects" rather than active participants.

2) Collaboration

Another central tenet of PAR is that the research is a collaboration between researcher and those being researched. The knowledge and reflective ability of the 'subjects' of the research is seen as a valuable resource to be harnessed in the research, and both parties work together in partnership to define the problem, identify and implement possible solutions, evaluate their impact and reflect on the learning (Checkland and Holwell, 1998).

This contrasts with traditional research in which “experts” go to a community to study their subjects and take their data away to write their reports. This “extractive” approach does not benefit from the diagnostic and interpretive contributions of the “subjects” and also in turn tends not to contribute to the community as the theories and findings are not usually shared with the community.

3) Integration

PAR is an applied discipline which focuses on real-world situations and aims to solve real problems through a systematic on-going cyclical method of planning, taking action, observing and evaluating and critical reflection (O’Brien, 2001, McNiff, 2002). It has the dual aim of both addressing practical problems and advancing knowledge but action and research are integrated into one single process (Gilmore, Krantz and Ramirez 1986).

This contrasts with traditional research approaches in which research may be carried out primarily to increase knowledge and is very much separate from implementation. In the traditional approach research yields knowledge which is then documented and later may be applied to practical situations.

Participatory Assessment and Measurement

A similar critique can be made of traditional approaches to assessment and outcome measurement in that they could be seen as expert based, disempowering, “extractive” and unnecessarily separating measurement and treatment. The Outcomes Star approach could be described as Participatory Assessment and Measurement (PAM) and it seeks to empower, collaborate and integrate in the same way as PAR:-

1) Empowerment

The understanding underpinning the Star is that in order for change to take place in people’s lives, service providers need to engage the motivation, understanding, beliefs and skills of the person themselves to create change. The Outcomes Star is rooted in a conception of the person receiving the service as an active agent in their own life, not a passive sufferer of an affliction that the professional with their expertise and knowledge will cure.

Whilst practical changes in life circumstances (e.g. job opportunities for someone seeking work, detox facilities for someone with a substance misuse problem or appropriate aids and physiotherapy for someone recovering from an accident or stroke) may be very important, they themselves will not be sufficient. Change on the inside is the key active ingredient in the recipe of service provision and it is therefore the relationship of the individual to the challenges that they face which is the primary focus in most versions of the Outcomes Star.

This contrasts with other assessment and outcomes measurement tools which focus on the severity of the problem (e.g. the number of units of alcohol consumed in the case of substance misuse) or the external circumstances (e.g. does the person have a job or a home) For example the Health of the Nation Outcome Scale (HONOS) is widely used in the mental health sector in the UK and Australia and measures behavior, impairment, symptoms and social functioning in mental health service users, and is clinician led. The Treatment Outcomes Profile (also used in the UK in the field of substance misuse) measures a range of indicators but focuses on the extent of drug use and offending. Participatory Assessment and Measurement assumes that these things are important and should be measured, but that on their own they give a very partial picture.

Service users and front-line workers report that the Outcomes Star provides a much more empowering context for their key-work because the assessment and measurement process casts them as active participants rather than objects of assessment, and this sense of agency and the validity of their experience and perceptions is often critical to the changes they are seeking to make (Burns, MacKeith and Graham, 2008). In the words of one service user who took part in the pilot of the Recovery Star:

“I felt fully involved: it was clear and easy to understand and focused on me as a whole person, not just as a problem..... It felt like a conversation; felt like the first time someone had really listened to me”

In contrast, an assessment and measurement processes that casts them as passive objects of the expertise of others can reinforce the disempowerment and lack of self-worth that may have contributed to their need for help in the first place.

Collaboration

In Participatory Assessment and Measurement as exemplified by the Outcomes Star the worker and the service user together make an assessment of their service users' needs based on the service user's knowledge and understanding of themselves and the workers' experience of working with others and observations and reflections on this person's behavior. The intention is that the assessment emerges through a dialogue between service user and worker which may result in a change in the perceptions of both parties.

The Outcomes Star makes explicit the model of change that the worker is using and the 'data' that is collected is immediately presented back to the service user in the form of the Star making it possible for both service user and worker to take an overview together and reflect on the implications for action. It could be said that the service user is seen as an action researcher in their own right, defining problems, taking actions, and reflecting on their consequences.

Part of the role of the workers is to encourage and support this reflection and learning.

One service user reported that

“You can see the progress you’ve made. It’s visual, powerful. Some people can’t understand from written reports, but can understand this”

This contrasts with “extractive” approaches to assessment and measurement in which the expert collects ‘data’ from the service user, and takes that data away to make an assessment on their own. They may then decide what course of action is most appropriate and try to persuade the service user that this is the best way forward for them.

Integration

When using the Outcomes Star, the process of assessing the individual and measuring change is an integral part of the process of working with the service user and is intended to support as well as measure change. As highlighted above, the process of participating in the assessment, engaging with the model of change and reflecting on the data as presented in the Star can, in and of itself, result in change for the service user.

Hence assessment becomes one part of ‘treatment’ not a separate, parallel process. In addition the assessment dialogue and the journeys of change (laid out as ladders, steps, quiz questions or through illustrations) which are integral to the assessment process in the Outcomes Star naturally lead to discussion of next steps and action planning and hence the recommended mode of use of the Outcomes Star is as an integral part of key-work. A manager of a service for vulnerable families fed back to us that:

“Because the needs of the parents can be so immediate and pressing when we meet with people we can get sucked into that and not step back and look at the needs of the family as a whole. We find the Star very useful in making sure there are not needs that are just getting lost. Also, support can happen in quite a haphazard way. The Star makes it more systematic and structured, identifying needs and drawing up an action plan”

This contrasts with traditional approaches in which the collection of data is seen as a very separate process to the treatment process and may be seen as intrusive by workers and service users.

The Development process: A bottom-up approach

Although we did not know it when we began the process of developing the Outcomes Star, the approach that we took is rooted in the Existential Phenomenological research method. Like Participatory Action Research this approach has its roots in postmodernism which validates experience as a way of knowing and challenges the assumptions of absolute truth and objectivity of the traditional positivist, science paradigm (Angen, 2000).

The characteristics of the Existential Phenomenological approach are that it:-

Is a bottom-up process which begins with eliciting very concrete descriptions of the experience of the subjects (called co-researchers) and then moving on to drawing out common strands and meaning (Wertz, 2005). In the case of the Outcomes Star these common strands are the outcome areas that are placed around the Star and the model of change that underpins the scale point descriptions places a strong emphasis on understanding the subjective experience of the people being researched and the meaning of the experience for them (McCall, 1987). In the case of the development of the first version of the Outcomes Star for Homelessness, the subjects/co-researchers were primarily the front-line workers and managers of services. However as we developed the approach we have placed increasing emphasis on the experience of service users as well.

The first version of the Outcomes Star was developed over a four year period by Joy MacKeith, Sara Burns and Kate Graham through an iterative process of consultation, development and testing. This began with St Mungos, a London-based homelessness organisation who commissioned an outcome measurement system to work across all of their services from outreach to hostel provision and floating support. Extensive consultation with managers and frontline staff resulted in a mountain of data out of which was drawn the key elements of the prototype of the Star.

This was first piloted at St Mungos and then tested and modified in a variety of other agencies including Thames Reach, Single Homeless Project and the Passage as part of the London Housing Foundation's Impact through Outcomes Programme. The learning from the work in all of these agencies was then drawn together to create the first Outcomes Star for Homelessness which was published by the London Housing Foundation in 2006.

It soon became clear from feedback received from a wide variety of services working with a wide range of service users that the model was applicable in a wider range of settings. As a result work began to develop versions for other sectors, starting with the Mental Health Recovery Star which was developed in collaboration with the Mental Health Providers Forum, and then the Teen Star and Work Star with Camden Council.

Each new Star brought new challenges and opportunities. For example the Teen Star required a much shorter, simpler tool to hold the attention of teenagers and as a result the quiz format was developed. For the Older Person's Star we needed to think deeply about the ultimate aim of services as it was clear that the aim underpinning all other Stars up to that point of achieving independence would not fit for Older People whose dependence was likely to increase with time.

However although each Star is different, the process of developing each new Star is usually very similar and follows the four step process that Von Eckartsberg (1998) and others have described for Existential Phenomenological research. These are summarised by De Castro (2003) as follows:-

- "1) The formulation of the question (in which the researcher delineates a focus of investigation)
- 2) The data-gathering situation (in which co-researchers give a description of his/her experience)
- 3) The data-analysis situation (in which the researcher reads the data given by the co-researchers and reveal the meaning of his/her experiences), and
- 4) The presentation of findings (the researcher presents the research results in public)"

1) The formulation of the question

The key questions that must be addressed to develop a version of the Outcomes Star are:-

What are the main areas in which services and service users are seeking to create change? These outcome areas become the points on the Star. Each point must be coherent in itself and clearly different from the others but the necessity to keep to a manageable number of points (experience indicates that 10 is the maximum usable number) means that sometimes related points must be combined (e.g. physical health and self-care)

What is the desired end point of the change process? This becomes the end point on the model of change which underpins all the scales. It must be expressed in a way that is general enough to apply to all service users and specific enough to be able to assess meaningfully when it has been achieved for a particular user.

What model of change describes the core steps that service users take on the journey towards the end point? This is described in a series of steps and there must be a clearly discernible, qualitative difference between each step of the journey

2) The data-gathering situation

The data to answer these questions is gathered through three methods:

A review of literature of user accounts of change where available. In practice many fields do not have such accounts but where they do exist they are extremely useful. For example in the development of the Recovery Star for the mental health sector the Anderson Oades and Caputi (2003) overview of user accounts of recovery informed the choice of outcome areas and confirmed the validity of the model of change

Interviews with workers and service users to elicit their subjective understanding of the change process from their point of view

A workshop (workshop one) in which managers, frontline workers and where possible service users come together to discuss these questions. A number of different techniques are used to draw out people's experience and the implicit models that they hold. These include:

bringing to mind an individual who has undergone a substantial change and identifying the key areas of change

The use of metaphor and drawing to get a sense of the whole or essence of the change people undergo

Structured questioning exercises to draw out the change steps one by one in each outcome area. The focus here is on concreteness – drawing out concrete information about the signs of change in great detail based on the experience of the co-researchers.

3) The data-analysis situation

The researchers write up all the material that has been gathered in stage 2 and review it without preconceptions (as much as is possible) to allow the meanings and common strands to emerge. Where existing models of change or outcomes frameworks exist these are born in mind but the intention is to allow the raw data to speak for itself rather than to organise it according to existing models or frameworks.

4) The presentation of findings

Here the Outcomes Star methodology draws heavily on Participatory Action Research in that the answers to the three questions outlined in 1) are presented back to the co-researchers in the form of a version of the Outcomes Star for feedback and testing.

Through an iterative process of sharing, listening, refining and sharing again, the outcome areas, a model of change and descriptions of the steps towards change in each outcome area are honed until they truly resonate for frontline workers and service users. This involves three main steps

- Another workshop (workshop two) where the first draft of the Star is presented, feedback gathered and changes made in the light of this feedback
- A 4-6 month pilot where co-researchers (workers and service users) test the Star in practice and their experience is recorded through questionnaires
- A final workshop (workshop three) in which the results of the pilot are reviewed (including questionnaire results and Outcomes Star data) and the experience of participants shared. On the basis of this further revisions are made to the tool and the final version is published

Further work may be carried out after publication and new editions or resources published. This has happened in the mental health sector where further research on the cultural competency of the tool was carried out and a second edition published with minor revisions. In addition further visual resources were published to be used alongside the tool.

Summary and implications: Outcomes measurement approaches must respect, value and empower service users

The Outcomes Star is a new approach to measuring change which, like Participatory Action Research, is underpinned by the principles of empowerment, collaboration and the integration of measurement with the core work of the organisation.

The Outcomes Stars themselves are copyright protected in order to preserve the integrity of the tools and support sector-wide measurement and data sharing. This means it is not possible for others to use the Outcomes Star name, graphics or scale wording in other tools. However the Participatory Approach to Assessment and Measurement and the development process described here are approaches that anyone can use. Emails correspondence indicates that many are drawing on these principles to develop their own tools. The result is that not only the Outcomes Star, but also the approach underpinning it are growing in popularity. With the advent of Payment by Results (PBR) and Social Impact Bonds the requirement for service providers and commissioners to find ways of measuring change has never been greater. Early research carried out by Triangle for the London Housing Foundation (**publication pending**) has highlighted concerns that simplistic approaches to measurement and payment formulae will distort service delivery and will incentivise service providers to focus on targets for payment rather than taking a more sophisticated approach to measuring and learning from outcomes.

However the research also found that some commissioners and service providers are already using the Star in a PBR context. In some cases this is as part of the payment formula, and in some cases it is not part of the formula but is being used by the service provider to measure and manage progress towards end outcomes for which payments will be made.

More systematic research is needed into the impact of using different kinds of outcome measurement approach both on service users and service providers. However on the basis of eight years of experience of developing outcomes tools in a wide range of settings, I believe that whether in a PBR context or not, Participatory Approaches to Assessment and Measurement have a very important role to play alongside more traditional measurement of hard outcomes because they reflect most accurately real changes achieved and support rather than hinder the aims of services to respect, value and empower their service users.

Joy MacKeith is co-director of Triangle Consulting Social Enterprise Ltd and co-author of the Outcomes Star suite of tools. Triangle was originally commissioned for work on an outcome measurement system by St. Mungo's, with financial support from the London Housing Foundation, and recognises St. Mungo's vital role in the development of the Outcomes Star. Triangle is also grateful to the London Housing Foundation for funding the writing of this article.

More information about the Outcomes Star and the tools themselves are available at www.outcomesstar.org.uk.

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