Recovery Star Secure™

The Outcomes Star for people in a secure mental health setting

> People really open up and sometimes it leads to whole new conversations

> Service users really enjoyed the interaction – and there were statistical results!

> I could feed back to my head office some really impressive results

> It has made the support plans more imaginative and more individual

> The Outcomes Star is an invaluable tool for our sector

> Support is more systematic and structured

> have to lved, even nce is mes needed

> We have incorporated it into assessment and three monthly reviews

> It helps identify training needs for staff and volunteers

> able ol for ts in cess

> We can now assist clients better - we love the Star!

> Some people can't understand written reports, but can understand this

> The Star is collaborative, rather than something that is done to people

> It enables a clear direction for collaborating with a client

> A holistic approach and direction to the support

> The feedback was overwhelmingly positive and in some cases life changing

Want to use this tool?
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Contact info@triangleconsulting.co.uk
or 020 7272 8765

Developed by
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Triangle

MENTAL HEALTH PROVIDERS FORUM

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The Outcomes Star™
This Star is part of a family of Outcomes Star tools. Each tool includes a Star Chart, User Guide or Quiz and guidance on implementation and some have visual and other resources. For other versions of the Outcomes Star, good practice and further information see **www.outcomesstar.org.uk**.

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Introduction

Introduction to the Recovery Star Secure™

The Outcomes Star™ for people in a secure mental health setting

The Recovery Star Secure is a version of the Outcomes Star, a family of tools for supporting and measuring change when working with people.

The Star is an outcomes tool that enables organisations to measure and summarise change made across a range of services by people with different needs. It is also a keywork[1] tool that can help service users make changes by providing them with a clear picture of the journey towards greater independence and choice, enabling them to take manageable steps and plot their progress along the way.

The original version of the Outcomes Star was developed for the homelessness sector and tailored versions are now available for a wide range of client groups including people with a mental health condition, people receiving support with work and learning, teenagers, and vulnerable families. These can all be viewed and downloaded at **www.outcomesstar.org.uk**.

The Recovery Star Secure is designed for people with severe and enduring mental health problems who are receiving support in a secure setting[2]. It focuses on nine core areas that are critical for enabling people in these settings to develop the skills they need to move to a less secure environment and gain more freedom, choice and control:

1. Managing mental health

2. Dealing with strong feelings

3. Addictive behaviour

4. Risk to others

5. Physical health

6. Social skills

7. Relationships

8. Meaningful activities

9. Trust and hope.

For each of these core areas, there is a ten-point scale that measures where a person is on their journey towards greater independence and choice. These ten points are based on an underlying model of change: an understanding of the steps people go through on their journey to greater independence. We call this model the Journey of Change. It comprises these five stages:

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1 The term keywork is used throughout this guide to refer to the support patients receive from one or more allocated workers, including action planning and reviews.

2 This covers low, medium and high security settings – all services where the buildings or grounds are locked or have restrictions on residents coming in and out.

Stuck (1-2) – not working together
Accepting help (3-4) – starting to work together
Believing (5-6) – taking responsibility and working together
Learning (7-8) – having opportunities and learning to manage yourself
Self-management (9-10) – self-managing well enough not to need this level of security.

The underlying Journey of Change is described below and the Recovery Star Secure User Guide provides the detailed scales for each of the nine core areas.

Stuck

At the beginning of the journey the patient is a risk to others or themselves and is not co-operating with the treatment that is being offered so for that reason they are **stuck**. They probably resent being in a secure setting and may not see the need for it. They do not trust the staff and may feel frightened or confused. There may be frequent incidents and a high level of supervision may be required. At this point they will not discuss the possibility of change. This stage is described by numbers 1 and 2 on the scales.

Accepting help

The next stage of the journey begins when the patient starts **accepting help**. They co-operate with treatment to some extent and listen to what others say about the need for change. However, they don't really believe change is possible either because they don't feel responsible for the difficulties that have led them to this setting or they do not feel capable. They trust some of the staff to a limited extent and are prepared to go along with some of the things they suggest. They may now have accepted to some extent that they are in this setting and are trying to make the best of it, or they may have noticed that others who co-operate with treatment have more privileges. This stage is described by numbers 3 and 4 on the scales.

Believing

At the next stage of the journey the patient starts **believing** that in order to face fewer restrictions they must take responsibility for their behaviour and must change and learn new skills. They understand that part of the role of the service is to protect others and possibly themselves, and they have some recognition of the impact their behaviour has had on others. They begin to believe that they can learn to do things differently and have hope of moving on from the secure setting, possibly inspired by the changes they have seen others make. They start to see staff as a resource that can help them achieve this. They can now begin to work with staff to manage their own behaviour so they are no longer a risk to others or themselves. This stage is described by numbers 5 and 6 on the scales.

Learning

At the next stage the patient starts learning to manage their behaviour and apply that **learning** in a range of situations. They engage in treatment and other activities consistently and in a much more active way than before. At this stage they are more independent and need less day-to-day support. They try new things and move outside their comfort zone. Some things will go well, but it is likely there will be difficulties too, and they will need support from the service to reflect on the ups and downs and to turn difficulties into opportunities to make it work better next time. This stage is described by numbers 7 and 8 on the scales.

Self-management

By the end of the journey, the patient is **self-managing** well enough not to need this level of secure setting. There may still be risks to others or themselves, but these can be managed with a lower level of secure setting. The patient is aware of which situations and stresses can be difficult for them. They are also aware of when things are going downhill and ask for support before difficulties occur. This stage is described by numbers 9 and 10 on the scales.

Theoretical foundations

New approach

The approach underpinning the Outcomes Star family of tools is, we believe, original in terms of assessment and outcomes measurement. The Star approach can be described as Participatory Assessment and Measurement (PAM) because it draws on and extends Action Research and Participatory Action Research (PAR), both of which place empowerment, collaboration and integration at the core of research methods[3]. In the same way, the Outcomes Star seeks to empower people within a collaborative process of assessment and measurement that is integrated with support work, rather than as a separate activity.

Empowerment

Underpinning the Outcomes Star is an understanding that, in order for change to take place in people's lives, service providers need to help people to understand the motivation, beliefs and skills that are needed for them to create that change for themselves.

While practical changes in a person's circumstances, such as new accommodation, may be very important, they are not enough to bring lasting change. Change within the person is a key active ingredient and it's therefore the relationship of the individual to the challenges they face that is the primary focus in most versions of the Outcomes Star. This value recognises societal or other external factors which can affect people's recovery but are beyond their control, while helping to empower people to change the things they can.

This contrasts with other assessment and outcomes measurement tools that focus on the severity of a defined problem, such as the number of units of alcohol consumed in the case of substance misuse, or on external circumstances, such as whether a person has a job or a home or not. The Outcomes Star approach assumes that these things are important and should be measured but that the picture they give on their own is limited.

Service users and front-line workers report that the Outcomes Star provides a much more empowering context for their keywork, where service users are able to be active participants in the process rather than having assessment done to them. Being involved in their own process of change – and in the validation of their experience and perceptions – is often critical to helping them make the changes they seek[4]. Even for those not able to participate actively, due to a learning disability or other needs, the Recovery Star Secure is compatible with My Shared Pathway, person-centred planning and personalisation.

Collaboration

When using the Outcomes Star, the worker and service user assess the service user's needs together, if the service user is able to do so. Service users base their assessment on their knowledge and understanding of themselves and workers utilise their experience of working with other people generally and their observations and reflections on this person's behaviour in particular. The intention is that the assessment emerges through a dialogue between service user and worker and this may include both people shifting their views.

If service users are unable to actively participate in the assessment themselves, professionals working with them can complete the assessment for them. If this is done collaboratively by the team members, this assessment process can involve the individuals in the team gaining new perspectives and developing their views.

3 O' Brien, R (2001) "An Overview of the Methodological Approach of Action Research" in Roberto Richardson (ed.) Theory and Practice of Action Research, Joao Pessoa, Brazil: Universidade Federal da Paraiba (English version)

4 Burns, S., MacKeith, J. and Graham, K. (2008) Using the Outcomes Star: Impact and Good Practice, London: Homeless Link

The Outcomes Star makes the model of change explicit and the information collected is immediately presented back to the service user, or multidisciplinary team, as a completed Star. This makes it possible for the service user and worker, or the team, to take an overview together and to reflect on the completed Star as a basis for deciding what action to take.

This contrasts with extractive approaches to assessment and measurement in which the worker, in the role of 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

The process of completing the Outcomes Star is an integral part of working with the service user and it is intended to support as well as measure change. The process of completing the Star, engaging with the model of change and reflecting on the data as presented in the Star can, in and of itself, result in a change of attitude within the service user. It can have the same impact on the staff and carers working with the person. As a result, the assessment is a part of the intervention. In addition, discussion of where a service user is on the Outcomes Star scales or on the Journey of Change naturally leads to discussions about next steps and action planning. This is why it is recommended that the Outcomes Star is used as an integral part of keywork.

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

Values and assumptions underpinning the Recovery Star Secure™

Building on the above, there are a number of specific values and assumptions that underpin the Recovery Star Secure.

A core belief is that people in secure services should be supported to manage their own recovery as much as is possible for them, so that they can aim towards having a satisfying and meaningful life, with the lowest level of security that is safe for them to reach their full potential. This means:

- Being recognised and valued as an individual with their own particular needs and preferences

- Being able to self-manage and have as much autonomy as possible

- Being as healthy and active as possible and spending their days in meaningful ways

- Having the opportunity to make a contribution and being allowed and enabled to do things for themselves, where this is safe.

The Recovery Star Secure is intended to be used collaboratively with patients wherever possible. When used in this way, it is neither a patient self-completion tool nor a worker-only completion tool. This Organisation Guide includes pointers on how to use the Recovery Star Secure collaboratively, but the guidance is intended to support rather than replace the skills of those working with patients. The Recovery Star Secure is a flexible tool that relies on the skills and judgement of the professionals using it and on a degree of understanding and trust between patient and professional. The tool should never be used in a way that undermines the effectiveness of the work between the professional and the patient.

The successful use of the Recovery Star Secure depends on the efforts both of the person in the secure

service and of the professionals who are helping them. In the early stages of the journey, progress relies on professionals understanding someone's needs and setting things up to meet those needs as much as possible. In the later stages of the journey, the patient learns more about their own needs and what works for them.

How the Outcomes Stars™ are developed

The methodology for developing versions of the Outcomes Star is based on Action Research[5] and the Existential Phenomenological research method[6]. Action Research is a collaborative process of identifying issues, trying out solutions and assessing what works. This phenomenological method places a strong emphasis on understanding the subjective experience of the person or people being researched and the meaning of the experience for them.

The development usually consists of three main stages, in collaboration with a working group of keyworkers, managers and service users (where it is impractical to involve service users directly they are consulted separately):

1) Data gathering

An initial one-day workshop of the working group explores the following key questions that are common to all versions of the Outcomes Star:

- What are the main areas in which services and service users are seeking to create change? These areas become the points of the Star

- What is the desired end point of the change process? This becomes the end point on the model of change that underpins all the scales

- What model of change describes the steps that service users take on the journey towards that end point? This is described in a series of steps showing a clearly discernible, qualitative difference between each step of the journey.

A range of techniques are used to draw out participants' experience and knowledge including:

- Using an Outcome Triangle tool to identify the overall aim of services, the specific changes they are trying to bring about and the activities they carry out to achieve these changes

- Bringing to mind an individual who has undergone a substantial change and identifying the key areas of change for that person

- Structured questioning exercises to draw out the steps, one by one, in each outcome area. The focus with this session is on concreteness, drawing out information about the signs of change in detail.

2) Data analysis and the development of the draft Outcomes Star™

Triangle compiles all the material gathered at the workshop and reviews it to allow meaning and common strands to emerge. Existing material and other versions of the Outcomes Star are taken into consideration, but the intention is always to allow the raw data to speak for itself rather than to organise it according to existing models or frameworks. On the basis of this material, a draft version of the Star is developed.

5 O' Brien, R (2001) "An Overview of the Methodological Approach of Action Research" in Roberto Richardson (ed.) Theory and Practice of Action Research, Joao Pessoa, Brazil: Universidade Federal da Paraiba (English version)

6 McCall, R. (1983), "Phenomenological Psychology", Madison, The University of Wisconsin Press, Wisconsin

3) Consultation and piloting

Through an iterative process of sharing, listening, refining and sharing again, the outcome areas, the Journey of Change and descriptions of the steps towards change in each outcome area are honed until they resonate with the service users, keyworkers and managers participating in the development process. This process varies depending on the complexity of the version of the Star but generally has at least the following four main steps:

- A second workshop of the working group where the first draft of the Star is presented to participants and feedback is gathered. In the light of this feedback, improvements are made to the Star

- Keyworkers and service users test the Star during a minimum four-month pilot and gather feedback on the process and tool itself

- A final workshop where the results of the pilot are reviewed and the experience of participants is shared

- Further revisions to the Star followed by editing and design to ensure the tool is clear, accessible and user-friendly in advance of the first edition being published.

History of development of the Recovery Star Secure™

The development of this version of the Star has had a number of contributory phases, all using the methodology described above. These are:

Development of the St Mungo's Star in homelessness

In 2002-3, Triangle worked with St Mungo's to create a "distance travelled" outcomes tool that could be used with clients across the full range of their services, from street outreach and hostels through to work and learning services. This gave rise to the original prototype of the Outcomes Star. The work was part-funded by the London Housing Foundation, with a view to sharing learning for the benefit of the homelessness sector and potentially beyond.

Publication of the first Outcomes Star™

Between 2004 and 2005, Triangle worked with a number of homelessness service providers in London within the London Housing Foundation's Impact through Outcomes programme and also with the Supporting People Team in Rochdale. Based on this combined learning, the first Outcomes Star was published in homelessness in 2006.

Development of the Recovery Star™ in mental health

In 2007-8, Triangle worked with the Mental Health Providers Forum (MHPF) and a range of voluntary sector service providers to develop a version of the Outcomes Star for Mental Health – the Mental Health Recovery Star. This again took the learning and developments further, particularly in the presentation of the Journey of Change and the format of the Star materials. The Recovery Star was published in 2008 and has rapidly become very widely used within the UK as well as internationally.

Development of the Care Pathways Toolkit by MHPF

In 2008-9, with funding from the Department of Health, MHPF developed a toolkit for working with people in Out of Area Placements and High Care Services, known as the Care Pathways Toolkit. This included a pilot visual

tool that used the same principles as the Recovery Star and had the working title of "Care Pathways Star". Pilot feedback indicated that this tool did not fit well within the framework and purpose of the toolkit and it was subsequently excluded from the final version.

In 2011 MHPF revisited the work done on the "Care Pathways Star" and developed the early draft further, working with St Andrew's Healthcare, NHS North Yorkshire and York PCT, and Inmind Healthcare. Through discussion with these collaborators and with Triangle, it became clear that the main need was for a variant of the Recovery Star tailored to the particular needs of secure services.

Development of the Recovery Star Secure™

In 2012, Triangle and MHPF sought further collaborators and drew together a working group to develop and pilot the Recovery Star Secure, drawing on work to date and using the Recovery Star as a basis. The collaborators at this stage were Northumberland Tyne and Wear NHS Foundation Trust (NTW), Mersey Care NHS Trust, Norfolk and Suffolk NHS Foundation Trust (NSFT), St Andrew's Healthcare and Inmind Healthcare. Between these five organisations, the draft Recovery Star Secure was piloted across a range of high, medium and low secure services. Based on feedback, Triangle finalised the tool for publication in early 2013.

> 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 was a considerable boost to see how well I am. It felt like a conversation; felt like the first time someone had really listened to me. You can really get to know someone and know things about someone [using the Star] – even though you may think you already know them well.
>
> **Service user, Tulip Day Centre**

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Pilot findings

Highlights from the pilots

A total of 112 people in secure services completed two readings of the Recovery Star Secure during the four-month pilot period.

- The average overall starting point on the Star at the beginning of the pilot period was 6.5, indicating people were on average in the **learning** stage of the journey

- The greatest area of need at the start was Dealing with Strong Feelings, but on average the starting points were very similar across the scales

- The average starting point for Trust and Hope was relatively high at 7.1, indicating that this area was typically of least concern, as was Risk to Others starting at an average of 6.9

- 47% of patients showed improvements within the timeframe of the pilot, in that they showed an average increase in their overall Star reading. A further 41% stayed stable overall

- 19% of clients slipped back – 12% significantly – and this will affect the average readings and change made

- Overall progress made was an average of 0.3 across the nine areas of the Star (averaging all clients, including those who slipped back)

- The area in which most change was made was Managing Mental Health (0.9) followed by Dealing with Strong Feelings (0.7).

Fit with other tools and processes

The principles of recovery are firmly embedded within current government mental health policy. In this context there are several recovery tools including:

The Wellness Recovery Action Plan (WRAP) is widely used both within the UK and internationally and provides service users with a framework in which they can manage their symptoms, prevent relapse and develop coping strategies. It was originally designed to be completed as a personal recovery plan and although staff can offer help during keywork sessions, it is essentially a self-management tool. WRAP and the Recovery Star Secure broadly share the underpinning principles of recovery. However, the Recovery Star Secure emphasises a collaborative approach and the measurement of defined outcomes, and is therefore different in this regard.

My Shared Pathway (MSP) is part of the National Secure Services Quality, Innovation, Productivity and Prevention Programme (QIPP). It is focused on developing a recovery approach to identifying and achieving outcomes and it emphasises the importance of a collaborative approach. It comprises five Pathway resource books and these feed into one overarching document that monitors progress – My Outcomes, Plans and Progress. The nine areas of the Recovery Star Secure map well onto the outcome domains identified in MSP, and the planning process following completion of the Recovery Star Secure fits well with the four pathway steps.

The Recovery Star Secure therefore supports current initiatives on promoting recovery practice. It sits well within the MSP framework and information gathered during assessment and reviews can be used as supporting evidence within MSP, thus reducing the need for additional paperwork. Organisations can also adapt or create their own internal Care Planning Approach (CPA) to fit with the Star and MSP. The table below shows the fit between MSP, the Recovery Star and Recovery Star Secure and the CPA areas developed by one Star collaborator, The Huntercombe Group (THG), based on the Star areas and MSP:

My Shared Pathway (MSP)	Mental Health Recovery Star Secure	Mental Health Recovery Star	My Care Planning Approach (CPA) (THG)
• My mental health recovery • Making feasible plans	• Managing mental health	• Managing mental health	• Mental health and learning disability
• Staying healthy	• Physical health	• Physical health and self-care	• Physical health and self-care
• My life skills	• Meaningful activities	• Living skills	• Living skills
• My relationships	• Social skills • Relationships	• Social networks • Relationships	• Relationships and social networks
	• Meaningful activities	• Work	• Work and meaningful activity
	• Trust and hope	• Identity and self-esteem • Trust and hope	• Identity and self-esteem
• Stopping my problem behaviours • Getting insight • Recovery from drug and alcohol problems	• Addictive behaviour • Dealing with strong feelings • Risk to others	• Addictive behaviour • Responsibilities	• Risk-related behaviour

Recovery Star Secure™ resources

There is a range of resources available to help organisations use the Recovery Star Secure effectively.

Recovery Star Secure™ Chart and Action Plan

The Star Chart and Action Plan is a four-page document that includes a Star Chart for marking scale points, a summary of the Journey of Change, space for notes and a simple action plan that your organisation may also choose to use. It is completed with patients when using the Recovery Star Secure as a paper-based system.

Recovery Star Secure™ User Guide

The Recovery Star Secure User Guide contains concise, user-friendly scales, and detailed descriptions for each of the scale points. There is also a brief introduction to the Recovery Star Secure for patients. The User Guide is essential for all workers using the Recovery Star Secure and is designed so that it can also be given to patients when appropriate.

The Recovery Star Secure™ online

The Recovery Star Secure, along with many other versions of the Star, is available online via an intuitive web application called the Star Online. This application incorporates the scales from the Recovery Star Secure User Guide and guidance for workers and patients. Workers and patients can complete the Star on paper and then input the reading on the Star Online at a later date or, where internet access is available, complete it online.

The Star Online is secure and provides a wide range of features that enable organisations to analyse and report on the data that staff add to the system, and to compare their outcomes with averages for similar services and client groups. It is available to organisations using the Recovery Star Secure for an annual licence fee, which is based on the number of keyworkers and managers using the Star.

For more information, or to sign up to the Star Online, go to **www.staronline.org.uk**.

This Organisation Guide

The guidance that follows is intended to support the implementation and use of the Recovery Star Secure. Part one is for service managers and provides guidance and good practice examples in implementing the Recovery Star Secure across a service or organisation. Part two presents guidance for workers in using the Recovery Star Secure with patients.

Outcomes Star™ website

The Outcomes Star website – **www.outcomesstar.org.uk** – contains all versions of the Stars along with supporting information. Specific areas covered by the website include:

- How the Star was developed
- Research and validation material on the Star
- What people say about using the Star
- Good practice on implementation
- Use of Outcomes Star data for outcome measurement
- Use of the Star as a keywork tool
- Information for commissioners on using the Star.

The Mental Health Providers Forum website – **www.mhpf.org.uk** – contains further references to the recovery literature and the Recovery Star.

Training

It is essential that workers receive training before using the Recovery Star Secure. Triangle and MHPF provide in-house training for managers or staff teams and run a licensed trainer scheme for those wanting to cascade training within their organisations. For further details see the Outcomes Star website – **www.outcomesstar.org.uk** – or email **training@triangleconsulting.co.uk**.

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Part 1: Implementing the Recovery Star Secure™ in your service or organisation

Implementing the Recovery Star Secure can affect the way a service is delivered and managed in a number of ways. For instance, it can:

- Help to change the culture of service delivery from one in which patients are passive recipients of services to one that endeavours to empower them to safely manage themselves and their own recovery as much as possible

- Support multi-disciplinary working, providing a shared language for inter-agency teams

- Provide greater clarity about the aims of the service and the process of change for patients and keyworkers, resulting in more focused keywork

- Change the way that keyworking is carried out, documented and supervised, depending on your existing systems

- Introduce new data collection and therefore the need to consolidate paperwork, avoid duplication, integrate with IT systems and ensure all levels of management have the information they need

- Demonstrate effectiveness and highlight the areas where improvement is needed so that workers and managers know where to focus.

Implementing the Star effectively and achieving its full benefits can therefore take time, continuous attention, and a commitment to follow the process through and address issues as they arise. For these reasons, we strongly recommend that the implementation of the Recovery Star Secure is led from the top of the organisation. Only in this way will the Star receive the profile and backing it requires for developments to be co-ordinated across the organisation. You might find it helpful to set up a steering group of managers, different types of professionals and front-line workers and, in some cases, patients, to oversee the introduction of the Star.

There are eight steps to introducing the Star to your organisation:

- Review your reasons for introducing the Star

- Assess the suitability of the Star for your service

- Run a pilot

- Integrate the Star into your ways of working, paperwork and IT

- Train all staff to use the Star

Normally when we introduce something new to people there is a silent groan – it means more paperwork. [But with the Star] the real test came when support officers sat down with some service users and completed the Star for where they started in red pen, and where they are now in black pen. Immediately, I could feed back to my head office some really impressive results. Support officers said it was good. Service users really enjoyed the interaction – and there were [statistical] results! The feedback was excellent and there was no resistance – quite the opposite.

Christopher's Charity, Greenwich

- Ensure quality and consistency in the use of the Star

- Analyse and interpret the data

- Share and act on the learning.

Triangle provides a number of implementation support packages that include help with individual aspects of the process, background support, mentoring and staff training, along with Star Online set-up assistance and licensing.

To find out more, visit **www.outcomesstar.org.uk**. You can also sign up for the Outcomes Star newsletter via the website or follow **@outcomesstar** on Twitter.

1 Review your reasons for introducing the Star™

There are a number of reasons why organisations decide to introduce the Star.

Internal:

- You want to take an outcomes approach to your work in order to measure success for individual patients, for services and for the organisation as a whole and to use this information to inform service delivery

- You want to change the culture of service delivery from one in which things are done for patients – without considering their preferences and potential – to one that enables patients to have more choice and to do more for themselves.

External:

- To demonstrate the value of the service to funders or commissioners

- Because a funder or commissioner requires that you use the Star as a condition of contract.

Triangle's experience and research indicates that implementation is smoother – and satisfaction is higher – when organisations are primarily motivated by internal reasons. Even if you are introducing the Star for external reasons, it is recommended that you adopt it in the spirit of learning and service improvement and capitalise on the internal benefits, too.

> We wanted to know where we were succeeding and why. We wanted to be able to show real change – not just the statistics of how many people went through our accommodation.
>
> **St Mungo's**

2 Assess the suitability of the Recovery Star Secure™ for your service

First, you will need to be confident that the Recovery Star Secure is the right tool for your service. There are three key questions that will help.

i) Do you take a keywork approach and work with people over a period of time?

The Star has been designed to be used in situations where people are engaged in a one-to-one keyworking or other support relationship over a period of time, or where this is the intention. While secure services are likely to have such one-to-one work, the Recovery Star Secure is probably not suitable if your service only works with people for a very short period of time.

ii) Do you work holistically with patients?

If your service focuses on one or two aspects of a person's life, the Recovery Star Secure will not be suitable as it is holistic, covering all key areas of life. However, it will work well if you are aiming to help patients with all or most of the areas described in the Recovery Star Secure.

Your service may aim to help patients make changes in areas that are not included in the Recovery Star Secure. If this is the case, you may wish to assess patients' progress towards these goals in another way.

iii) Do you support people's development and growth so that they can safely self-manage as much as possible?

The Journey of Change underpins the scales for each outcome area covered by the Recovery Star Secure. At the end point of this journey, point 10, the patient is self-managing well enough not to need this level of security. Depending on where they move on to, the Recovery Star may be more suitable.

If you are not sure which version or versions of the Outcomes Star to implement, contact Triangle to discuss how to proceed. You can email **info@triangleconsulting.co.uk** or call us on **(+44) 020 7272 8765**. You can also take a look at the Outcomes Star website – **www.outcomesstar.org.uk** – to see the other versions of the Star. If none of the available versions fits your service adequately, please contact Triangle to find out about new versions in development or to explore the possibility of working with us to create a new version to meet your needs. Under the terms of copyright, organisations are not allowed to make changes to the Star. For more information, please refer to the copyright statements within the Star materials or on the Outcomes Star website.

> We set out to use the Outcomes Star to measure outcomes because we wanted to gather outcomes data. We have ended up with an improved keywork system!
>
> **Simon Community, Dublin**

3 Run a pilot

It may be advisable to pilot the Recovery Star Secure in one area before rolling it out across your whole organisation. The benefits of running a pilot are:

- It enables you to test how the tool works for you in practice

- It helps you to answer the practical questions set out below about how to integrate the Star into your ways of working prior to full implementation

- If it goes well, it creates a demonstration project, and staff with experience of using the Star who can reassure, motivate and train others

- If there are problems, these can be addressed before the Star is rolled out across the organisation.

Research on the implementation of the Star found that there was resistance from workers in over half of the 25 organisations interviewed. However, in nearly all cases this was quickly overcome. The following are examples of tried and tested options for addressing worker resistance effectively:

- **Taking time to allow people to realise the benefits** so that keyworkers see that the Star makes their job easier and better – it is not just another administrative loop. This can be done through formal training or discussions in team meetings, or both.

- **Allowing people to express reservations and ask questions.** The Star represents a significantly new way of working and staff need to have their concerns and questions heard and addressed.

- **A flexible approach at first.** Allowing the more willing and enthusiastic workers to give it a try can work well. If these workers come back to the team with positive experiences, they are more likely to enthuse others. In addition, feedback from the patients they work with can provide invaluable concrete evidence of the benefits and popularity of the Star and offset fears that patients will find it lengthy or intrusive.

- **Involving patients in the process.** This not only means that patients understand and have a say in what is happening, but their support also adds credibility and legitimacy to use of the Star within the service.

4 Integrate the Star™ into your ways of working, paperwork and IT

The Star works best as an integral part of the keywork process and recording systems, with Star readings taking place at the point when assessment and action planning would normally occur in your service, and Star Charts stored alongside other client data. It is important that the Star is fully incorporated into this process so that it does not duplicate other discussions or paperwork, such as needs assessments.

When to use the Star™

It is up to your organisation to establish a policy specifying when patients should complete the Star and how that fits with other processes. This policy will depend on the length and intensity of each service and how quickly people are anticipated to change. For most types of service, the following is advised:

- A first reading is completed when a relationship has been developed with the patient and at the point when a support plan needs to be developed, ideally within the first four weeks

- Using the Star at approximately six-month intervals, depending on the frequency of reviews of support or action plans, and linked to this process

- Just before patients move on from the service.

It may not be appropriate to complete the Star the first time workers meet new patients entering the service. There is a balance to be found between getting to know a patient before completing a Star and the need to record an accurate start point before too much change occurs. It may be advisable for workers to record a worker-only initial reading in the first month, to provide a baseline. This can be recorded as such on the Star Chart and when entering the data on the Star Online.

It is possible that readings will be completed on different wards or in different settings within a secure service. For instance, an initial reading might be completed on an assessment ward. It would therefore be important for a patient's completed Star to travel with them between wards or areas of a service. Comparing the first and last Star will give a clear picture of the outcomes for that person.

Online or paper-based completion

Stars can be completed with patients on paper, using the Star Chart and Action Plan, or online, using the Star Online web application – **www.staronline.org.uk**.

Paper completion is best where desktop computers, laptops, iPads and other mobile devices are not available for use in keywork – as is likely in a secure setting – or where patients prefer pen and paper. Where technology is available to workers, many patients find the interactive experience of completing the Star Online web application as engaging as using the paper version, and some may find it more stimulating. A notable advantage of online completion is that the data is simultaneously captured within the database during the keywork session, eliminating the usual need for data entry later, and providing immediate, up-to-date, service-wide and organisation-wide reports for analysis.

To find out about online completion, visit **www.staronline.org.uk**.

Can the Star™ replace other paperwork?

The Star is not intended to increase the amount of paperwork that patients and workers need to complete.

Services may find that completing the Star Chart and Action Plan can fully or partially replace their existing assessment forms and action, support, or recovery plans. This may mean replacing existing forms or amending paperwork to cover the same areas as the Recovery Star Secure. If your organisation decides to continue to use an existing action plan format, it is not necessary to complete the Star action plan in addition.

The Star will not, however, replace a risk assessment and many organisations may find they still need to complete a risk assessment separately.

Some organisations use the Star alongside their existing paperwork but others prefer to incorporate the Star and scales into their own paperwork. A licence is required to do this and this can be obtained from Triangle. Email **info@triangleconsulting.co.uk** for more details.

How will the information be recorded and summarised?

The Star Online enables you to record Star readings, notes and action plans on screen, and to analyse your outcomes data at individual, caseload and service level. It also enables you to summarise outcomes across a number of services, and to make comparisons within your organisation, and externally, with similar organisations. It can be used on its own or integrated with an existing client management system.

If you operate paper-based files, it is advisable to keep a copy of each Star reading and the Star notes in the patient's file. The patient may also want to have their own copy. Even when using a paper-based system, it is also necessary to enter the Star readings onto a database of some kind – for example, a spreadsheet – so that the information can be summarised and analysed for a whole organisation or project. We recommend that you use the Star Online for this. An alternative to using the Star Online is to integrate the Recovery Star Secure into an existing IT system, under licence. If you are considering integration, please take a look at page two for more details of the copyright for the Star and email **info@triangleconsulting.co.uk** to discuss a licence.

You can access the Recovery Star Secure on the Star Online web application: **www.staronline.org.uk**.

5 Train staff to use the Star™

The Star is only as good as the workers who use it, so it is vital that all members of staff who use the Star with patients receive training from Triangle, MHPF or an Outcomes Star licensed trainer.

It is important to make clear how the Star fits with other initiatives and training that staff receive. For example, where staff have an understanding of the recovery model or if your organisation uses specific interviewing techniques, it will help workers if you can integrate the Star into this approach.

Effective use of the Star requires that those using it are skilled in working with patients. Introducing the Star may be an opportunity to review the training needs of your staff in this area and address any outstanding concerns.

6 Ensure quality and consistency in the use of the Star™

The data gained from using the Star will only provide an accurate picture of a patient's progress if those using it have a good understanding of the tool and apply the scales consistently. We recommend that you ensure this happens in the following ways:

Staff supervision

When discussing a worker's caseload, draw on the patients' completed Stars either using all of them or just a sample, depending on the caseload. This will help managers to ensure that the Star is being used as planned and is completed accurately and with an understanding of the Journey of Change. It can also provide the manager with a quick, visual overview of a worker's caseload.

File auditing

As part of the normal process of auditing files, managers should ensure that Star records are present, accurate and stored confidentially.

Co-worker feedback

One way to ensure staff use the Star consistently is co-worker feedback. Pairs of co-workers review a number of each other's cases, and complete their own Star Charts for each of the patients. They do this without any knowledge of the scale points their colleague has already chosen, and without seeing any completed Star Charts. They then compare readings to discuss and learn from each other's approach. Where appropriate, workers may want to go back to the patient's file and adjust the initial readings. If so, this should be discussed with the patient or recorded as a worker-only reading.

Team meetings

When discussing patients in clinical reviews or team meetings, look at each person's Star and explore where they are on the Journey of Change. This kind of discussion enables the team to develop a shared understanding of how to use the scales and the Journey of Change, and become familiar with the framework. This can be particularly important when you are working in a multidisciplinary team, where different people have different perspectives and expertise.

Data quality

Users of the Star Online will need to confirm that the quality of the data entered is ensured through the measures described above or that plans are in place to do this.

The Outcomes Star measurement system has generated a considerable amount of interest within the sector and we view it as an example of positive practice in relation to tracking individual development and progress against multiple vulnerabilities.

Audit Commission March 2006

7 Analyse and interpret the data

You can draw on your Star data in two ways:

- As part of routine monitoring of the service

- To carry out in-depth research into the effectiveness of services.

7.1 Routine monitoring

We suggest that for routine monitoring purposes you compare the initial patient reading with their most recent reading.

The tables on the next page are based on the pilot Star data for patients in a range of secure settings, averaged and adjusted in line with slight changes to the scales following the pilot. The data is designed to illustrate the formats for reporting and learning from Star data – these are the core tables used for the Star Online's reports.