



Experiences of Clients and Workers using the Life Star: A Pilot Study

The Grange, Bookham

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***N.B. Our preferred reference to people accessing our services at The Grange is ‘people we support’ rather than ‘clients’ or ‘service user’. For the purpose of this report however, we used the term ‘client’ to depict those we support.**

Abstract

Research demonstrates a growing body of published evidence demonstrating the effectiveness and validity of the Outcomes Star™ (MacKeith, 2011). The Outcomes Star™ is a tool which seeks to empower people within a collaborative process of measurement. The Life Star is the version of the Outcomes Star developed to be used with people with learning disabilities. It is this version that is most suitable to use at The Grange, which provides residential care, supported living services and day skills and activities for people with learning disabilities. This pilot study combined two avenues of research: the experience of workers and clients when completing a Life Star, and these views in the context of future training and implementation of the Life Star at The Grange. Twelve clients accessing Grange services and twelve support staff at The Grange participated in the pilot study. Participants collaboratively completed a Life Star in pairs (one worker with one client) detailing feedback of this experience via feedback forms and semi-structured interviews. Two super ordinate themes emerged from written and verbal data. The first super ordinate theme named 'enthusiasm' reflected how the majority of participants commented on their interest in completing a Life Star; many clients felt it was an enjoyable experience and expressed a level of keenness towards the Life Star to their worker. The second super ordinate theme named 'scepticism', reflected the doubts, concerns over privacy and consequences of completing a Life Star. Clients and workers expressed uncertainty around issues such as purpose and confidentiality of information in the Life Star. Both themes highlighted a tension between experiencing the Life Star positively and also experiencing feelings of doubt around its purpose. This encapsulates the importance of providing clear information to workers and clients to reduce feelings of uncertainty which, if in excess, could

potentially override the feelings of positivity. The key findings raise importance to studying the qualitative experience of people completing the Star in the context of people with learning disabilities at The Grange. The pilot provides insightful information about future application, implementation and training of the Life Star at The Grange.

Chapter One

Literature Review

Outcomes Star™

The Outcomes Star is a family of tools for supporting and measuring change when working with various groups of clients. 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. The Life Star version of the Outcomes Star has been developed for people with learning disabilities.

The Journey of Change

The Journey of Change model underpins all versions of the Outcome Star. The model identifies the stages of development that a client can potentially reach. Briefly, each of the five stages focus on the journey of greater independence and wellbeing, stages include 'assessing', 'stabilising', 'stable and managed', 'enabling' and 'maintaining'. Using the Star and collaboratively scoring clients on where they are in their journey of change, assists both clients and workers to share a common understanding of how things are going. York Consulting (2013) carried out an evaluation of the implementation of the Family Star within Family Action involving the analysis of 3,200 completed Stars, interviews with clients and workers across four locations, interviews with commissioners and Family Action's management. The study concluded that clients ultimately engaged with the tool, because it gave them

ownership of the change process. The theme of ownership is key since the Outcomes Star is intended to be used in a shared format with clients (where their level of ability makes this possible). One assumption underlying the Life Star is that positive progress depends both on the efforts of the clients and the efforts of those helping them. Killaspy et al (2012) conducted a study on the Mental Health Recovery Star including client and worker perceptions of the Star. They reported that 85% of clients felt the measure was useful/very useful in helping them and the staff understand how they were getting on and 85% felt it was useful/very useful for helping them and the staff plan the support they needed. Clearly, the collaborative approach of the Outcomes Star assists both individuals using it to understand as well as plan the support the client needs. Harris and Andrews (2013) carried out an action research study of the implementation of two versions of the Outcomes Star and identified that, at client level, using the Star promoted the opportunity for clients to define their own reality, identify their own priorities as well as understand their journey in a holistic way.

Development of the Life Star

The Life Star was developed in collaboration with a wide range of organisations working with people with learning disabilities, including four NHS trusts and voluntary and independent sector service providers.

Like other versions of the Outcomes Star the methodology was based on Action Research (O'Brien, 2001). 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.

A scoping study in 2010 was carried out by Triangle in collaboration with Advance UK and KeyRing. In the scoping study, initial interviews and research into policy frameworks with other relevant processes was carried out and Triangle identified scoping questions and hypotheses that were addressed at a consultation with Advance UK, KeyRing and other potential collaborators. Paradigm, a specialist consultancy working in the field of learning disability, also contributed their experience of their sector. The scoping study found that:

- No existing tool filled the same role that a version of the Outcomes Star would, and a Star for people with a learning disability should be developed;
- None of the existing frameworks were quite right in terms of setting out the key outcome areas that the Star should measure;
- Triangle Consulting should set out to develop one sector-wide version of the Outcomes Star that could be used with – or on behalf of – people across the full range of learning disabilities, rather than creating different versions for different settings and levels of ability. The challenges of developing such a tool were recognised, but most people participating in the study felt these were outweighed by the benefits for both the services and the people using them.

The ten point Life Star was later developed which measured progress towards maximising choice, wellbeing and autonomy.

The Life Star

The Life Star enables organisations to measure and summarise the changes made by people with learning disabilities using their services. It is also a 'key work' tool that supports clients and staff to work together to maximise the clients' independence, choice and wellbeing. In this study we use the term "key work" to refer to a professional relationship in which worker and client meet on a regular basis to review the client's situation, set goals and plan actions to meet these goals. In other settings this may be referred to as "casework". The term "key worker" refers to the person who takes lead responsibility for assessing, and reviewing a client's support needs and co-ordinating that care. The key work tool is demonstrated through providing them both with a clear picture of the steps on the journey and of the persons' progress. The Life Star focuses on ten core areas which collaborators have identified as critical in enabling people with a learning disability to maximise their independence and wellbeing:

1. Your Health
2. How you spend your time
3. Being responsible
4. Being safe
5. Money and Letters
6. Living Skills
7. Communicating
8. Feeling good
9. People you know
10. Mental health and other conditions

For each of these core areas, there is a ten point scale that measures the clients' journey towards independence, choice and wellbeing in that area. The ten points are based on the Journey of Change.

One value underpinning the Life Star is that, for people's lives to change, organisations and professionals need to encourage the motivation, understanding, beliefs and skills of the person themselves to create that change. This is a two way process; the Life Star is rooted in the belief that the person receiving the service is an active agent in their own life, not a passive sufferer of a disability.

Person-centred thinking and the Life Star

Currently, The Grange adopts a person-centred approach when working with clients. Robertson et al (2005) state that person-centred thinking is a way of helping people to work out what they want and the support they need. Hunter and Richie (2008) studied person-centred planning which strives to give clients more choice and control. They found when they implemented this approach, clients demonstrated significant positive change. Similarly, the Life Star differs from traditional approaches to assessment and measurement where the worker collects 'data' from the person being supported and takes that data away to make an assessment on their own. These traditional approaches are not person-centred since client choice and control is reduced. When using the Life Star, the process of discussing and assessing the individual and measuring change is an integral part, and is intended to support as well as measure change. As highlighted above, the process of participating in their own 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 person we are supporting. This assessment becomes part of their action/Support Plan rather than a separate, parallel process. In addition, the assessment dialogue and the journey of change which are integral to the assessment process in the Life Star naturally lead onto the discussion around next steps and action planning. Burns, MacKeith and Graham (2008) also found that clients and workers in their study reported that the Outcomes Star provides a much more empowering context for their key work. When using the Life Star, the needs of the person being supported are considered and discussed between the key worker and that individual. The dialogue is based on the person's knowledge and understanding of themselves and the key workers' experience of working with others as well as observations and reflections on this person's behaviour. This measurement is a two way process and 'co-produced'. The intention is that the assessment takes place informally with a conversation between the person and their key worker. It is quite possible that, by talking it through, there might be a change in the views of both the key worker and the individual. The importance of collaboration in the Life Star, used alongside current person-centred planning tools, ultimately encourages a partnership between the service provider and the client. This is why the recommended method for using the Life Star has been piloted at The Grange.

Aim

The aim of this pilot study is to combine two avenues of research: the experience of workers and clients when completing a Life Star and these views in the context of future training and implementation of the Life Star at The Grange.

Chapter Two

Methodology

The epistemological position the pilot study took was partly constructivism where ‘we are inevitably viewing it through the lenses bestowed on us by our culture’ (Crotty, 1998) and partly subjectivism where ‘there is no means of declaring that the world is either out there or reflected objectively by an in here’ (Gergen, 2001). Since our study aimed to uncover the ways in which clients and workers experience and make meaning of the Life Star, the position exhibits the engagement of both clients and workers within the social world.

Interpretative Phenomenological Analysis (IPA) has also been used in identifying the elements of the ‘lifeworld’ in participants accounts (Ashworth, 2003). Features of the lifeworld include a person’s sense of selfhood, embodiment, spatiality, temporality, project and discourse. Ashworth (2003) emphasizes that these segments are no more than the ‘perspectives or analytical moments of a larger whole which is the situated embodiment of the human individual’. Furthermore, IPA is influenced by symbolic interactionism, with its emphasis on the construction of meaning within both personal and social contexts (Denzin, 1995). Symbolic interactionism focuses particularly on the meanings which individuals ascribe to events, and the view that these meanings are only obtained through a process of social engagement and a process of interpretation. This sits well with this study since its task is to bring out these dimensions and show the structural whole that is socially shared while also experienced in individual and particular ways.

Research Design

The goal within this pilot study was to develop a conceptually detailed understanding of individuals, a goal which is not possible to capture in a methodological quantitative format. A qualitative design was suitable firstly due to the exploratory nature of the research, and secondly because there was a limited evidence base. Qualitative research rejects hypotheses in favour of open-ended questions. In order to capture and retain the individuals 'personal accounts', participants (clients and workers) completed a feedback form which served as field notes allowing observation to be noted; half the sample were also informally interviewed using a semi-structured interview schedule based on the Life Star. Rubin and Rubin (1995) recommend that semi-structured interviews are suitable for qualitative exploratory studies that examine areas with a limited research evidence base (such as, people with learning disabilities using the Life Star). Semi-structured interviews provide greater flexibility than structured interviews, generate richer data and also allow the researcher to follow interesting and new areas that arise during the interview (Smith, 2004). Rubin and Rubin (1995) liken the interview to a 'guided conversation'; this conversational flow is central to this type of study as it allowed participants to express themselves freely whilst guided towards a structure.

Specifically, this study aimed to explore the personal experience of clients and workers discussing areas of the Life Star using an Interpretative Phenomenological Approach (IPA) (Smith and Osborn, 2003). Other areas of exploration related to the main research question were chosen because they had not previously been explored at The Grange and were considered to be relevant for potentially informing the training of workers to use the Life Star. In order to carry out the above, the following research question was formulated:

Describe your experience of using the Life Star with people we support at The Grange, including:

- Experience of initial responses when introducing the Life Star;
- Experience of time taken discussing each area of the Life Star with the person you are supporting;
- Experience of engaging the person you are supporting when discussing the Life Star;
- Experience of ease and difficulties when discussing the Life Star;
- Conversations and other observations when discussing the Life Star with people we support.

In order to address the research question, and the areas of interest relating to the research question, a feedback form and semi-structured interview lasting around 20mins was completed. The interview was steered by a feedback form which served as a topic guide. The guide acted as a checklist to ensure all the required topics were covered without the need for standardized questions prepared beforehand (***see appendix 1- feedback form***).

Number and type of participants and how they will be recruited

One must note that when this paper refers to participants, this means both clients and workers at The Grange. As an idiographic method, small sample sizes are the norm in IPA as the large data sets may result in the loss of 'potentially subtle inflections of meaning' (Collins & Nicolson, 2002) and a consensus towards the use of lesser sample sizes is rising (Reid et al., 2005; Smith, 2004). IPA advocates the purposive sampling of small, relatively homogeneous groups (Smith & Osborn, 2003).

A snowball sample involves using initial contacts to identify other potential participants (Henry, 1990). Snowball sampling is a technique that is often used in qualitative research (Coolican, 1999). Cusick (1998) used snowball sampling and found that she was able to gain the trust of the participants more quickly than if she had approached them individually without an introduction from another member of the group. The initial process of snowballing commenced by emailing service managers and staff at The Grange using the staff email list, inviting workers and clients to participate in the pilot research. Alongside this, an information session was held at The Grange discussing the Life Star concept as well as information about the pilot where participants were encouraged to attend. Other participants were then contacted through introduction of initial contacts.

Twelve participants were chosen based on purposive sampling and according to the following inclusion criteria:

1. That they are a worker at The Grange working regularly with a client at The Grange who has been diagnosed with a learning disability;
2. That they work within one of three services: Residential Care, Supported Living or Day Services.

If the answer 'yes' applied to both criterion than participants could take part in the study along with the client they support, totalling twelve pairs.

Procedure

Once participants confirmed they met the inclusion boundaries, information packs (**appendix 2**) were printed in hard copy and distributed to all participants in the worker role. Service managers were also emailed information packs which included information participants would need to know to take part in the pilot. Once this

information had been sent, a face to face conversation and email followed to advise participants and their managers about the process and deadlines for the pilot study.

Participants individually discussed and completed areas of the Life Star with their client. The Life Star was completed either in their own homes or in a comfortable private room at The Grange, depending on what the client preferred. Discussions ranged from 20mins to 1 hour. With participants' consent (*see appendix 3*), discussions were recorded on a feedback form. The discussions were conducted between January 2015 and March 2015, recorded by hand and this data was then transcribed. Discussions were conducted in English by the researcher, using Makaton sign language to aid communication when necessary. Prior to discussions, a briefing session was carried out by workers where clients were offered the opportunity to ask questions and to reconfirm informed consent. After the discussion, a debriefing session was carried out to ensure participants were fully aware of what the pilot was about and clarify any issues they were maybe unsure about. Moran (1998) makes the point that debriefing is viewed as a means of providing social support and emotional assistance. It involves a more comprehensive explanation for the questions asked once the data has been collected; all participants, including workers, were provided with any necessary information to complete their understanding of the pilot. Half of the worker participants also attended a semi-structured interview where they had the chance to discuss their experience of the pilot.

Six participants who were in the role of the worker, were interviewed individually in a private office at The Grange with the project lead, Jaina Bharkhda. The interview

was steered by a topic guide. This guide acted as a checklist to ensure all the required topics are covered without the need for standardized questions prepared beforehand (*see appendix 1*).

Ethical Considerations

The BPS (2004) clearly states that 'participants in psychological research have a right to expect that information they provide will be treated confidentially and, if published, will not be identifiable as theirs'. Confidentiality relates to how the researcher uses the information that has been collected and the ways in which the researcher ensures that others cannot identify the participants. Therefore, all identifying information about the participants was removed from the write up of the study. Transcripts and other research materials was kept securely and participants were informed verbally and in their information sheet that all recordings and identifying information would be destroyed following completion of the research. Anonymity ensures that no one will be able to link the participants to their data. This pilot study recorded information about participants that is non attributable. Accordingly, each participant will be referred to by pseudonym to ensure anonymity.

IPA was carried out on full verbatim transcript obtained from all participants (Smith and Osborn, 2003). In IPA, the idiographic approach begins with a detailed analysis of one individual case at one time. Analysis was carried out using the recommended procedure described by Smith and Osborn (2003).

Analytic procedure

Analysis was carried out using the recommended procedure described by Smith and Osborn (2003). To begin with, transcripts were analysed on a case by case basis.

- 1 The transcripts were each read and listened to several times and initial analytic notes on the transcripts made in the left hand column. These notes summarise the content of the interview and experiences of the interviewee as well as anything that seems interesting or significant such as initial associations or themes.
- 2 The transcripts were then re-read and analysed at a deeper level, using the initial analyses in the left hand column as well as the transcript, to guide the process.
- 3 The right hand column was then used to note emerging theme titles, by clustering together themes with shared meanings. These themes continued to evolve as analysis continued and reorganised or merged together when suitable.
- 4 The process was then repeated several times using the transcript, the notes in the left hand column and the emerging theme titles in the right hand column.
- 5 In keeping with the phenomenological nature of IPA, words or phrases used by the participants themselves were then used as labels for emerging themes.
- 6 The emerging theme titles were then connected and grouped together to form super ordinate themes with sub themes within them.
- 7 At this stage of analysis the interpretation of the transcripts was also influenced by related theoretical and research literature to produce more abstract concepts and psychological interpretations.

Each interview transcript was recorded and analysed using the same process.

Writing up

The final list of themes developed in the last stage of analysis was used as the basis for writing up the results. Quotations and extracts from the transcripts were used to illustrate the core themes derived from analysis and related to research questions.

Quality

In regard to the methodological issues of reliability and validity, several studies have given guidance on what is considered quality and rigour in qualitative research, and more specifically in IPA, (Brocki and Wearden, 2006; Elliot et al. 1999). Lincoln and Guba (1985) propose that the fundamental criterion for qualitative reports is trustworthiness. How, they ask, can a researcher be certain that “the findings of an inquiry are worth paying attention to, worth taking account of?” (Lincoln and Guba 1985). Trustworthiness can be segregated into different components: firstly, credibility, which resembles internal validity in quantitative research and dependability which resembles external validity (Lincoln & Guba 1985, Graneheim & Lundman 2004).

Dependability refers to whether the results are dependable, whether the research process is consistent and carried out with careful attention to the rules and conventions of qualitative methodology. Questions which will be addressed are: Are the research question’s clear and logically connected to the research purpose and design?

'Thick, rich descriptions' increase credibility but also increase dependability since the information of the research process and conclusions indicate whether data is dependable and consistent.

Transferability is the qualitative analogue to the concept of generalisability.

Although generalisability is not relevant to the goals or the methodology of most interpretative work, it is nevertheless important to know 'whether the conclusions of a study...[are] transferable to other contexts' (Miles and Huberman 1994). The importance of context in qualitative studies leads some researchers to doubt that results from one context should be transferred to another; while it may lead others to apply conclusions from their data too casually. This pilot study takes the middle ground. Lessons learned from qualitative studies can be applied to other studies only if the participants are specifically selected to enact experiences that reflect key issues in the research. One important point is that 'the burden of the proof lies less with the original investigator rather than with the person seeking to make an application elsewhere'. The original inquirer cannot know the sites to which transferability might be sought, but appliers can (Lincoln and Guba 1985). Thus to ensure transferability this study includes thorough description of specific settings, circumstances, participants and procedures.

Confirmability is a way of knowing that even as a co-participant in the inquiry, the researcher has maintained the distinction between personal values and those of the study participants. Applying reflexivity contributes to the confirmability of the results. Reflexivity refers to sensitivity to ways in which the researcher process have influences the analysis and data (Spencer et al. 2003).

Reflexivity considers how the professional, personal, cultural and political beliefs and the assumptions and experience of the researcher may impact upon the analysis of the research data. Qualitative researchers acknowledge that the beliefs and assumptions of the researcher will influence how they interpret their data. It is therefore important for the researcher to make a statement of their own beliefs and assumptions in relation to their study. By doing so, the relationship of these beliefs and assumptions with the interview data can be more fully considered and understood by the reader and researcher (Elliot, 1999).

Chapter Three

Analysis

This analysis is structured according to two super ordinate themes: enthusiasm and scepticism, which reflected a tension between experiencing the Life Star positively and also experiencing feelings of uncertainty around its use. A number of themes and subthemes contributed to the construction of each super ordinate theme, and these are summarized in Table 1.

Table 1 – Table of subordinate themes and subthemes

Subordinate Theme	Sub Theme
1. Enthusiasm	1.1 Positivity
	1.2 Keeness
2. Scepticism	2.1 Doubts
	2.2 Privacy
	2.3 Purpose

Enthusiasm

This super ordinate theme reflects how participants understood the Life Star, how they developed their understanding, and how they felt about using it with the worker.

It comprises two sub themes: positivity and keenness.

Positivity

Responses to the Life Star were described by participants as interesting and enjoyable by clients in particular, building the theme of positivity.

“After the next two sessions John began to understand and looked forward to us using it again, he would say ‘this is good’.”

“I like doing this star, it’s fun, can we do it again next week please”

Workers similarly expressed that when using the Life Star with clients, they were surprised with positive responses where they had expected more resistance:

“She was very co-operative and happy to do it. I was impressed with how well she did”

“She was very enthusiastic and I was surprised that she wanted to keep going’

Keenness

Participant’s engagement with the Life Star reflected both a genuine interest and willingness to get involved. The concept of interest was central to both clients and

workers. The Life Star was generally, by the majority of participants, inspiring eagerness:

“She was keen to do the Outcomes Star, she had seen the Star around The Grange and said ‘I’d like to do it’. Having suggested that we just spend 30mins and perhaps do three areas, she was keen to carry on and we spent nearly an hour with herin fact there wasn’t much time to as she was keen to keep going”

“Sasha enjoyed talking about everything once we started’.

“Was very happy to chat and answer the questions”

This recurrence of keenness was continued when deciding on numbers using the Life Star:

“John was very proud to say that he was a ‘6’ but felt he could improve with help and go all the way to a ‘10’.

“I like picking the numbers myself, its good”

Scepticism

The second super ordinate theme reflects the experience of feeling sceptical about the use and value of the Life Star amongst participants. It comprises three subthemes: doubt, privacy and purpose.

Doubt

The theme of doubt occurred in the majority of feedback from participants, and particularly suspicion about what value the Life Star would bring them.

“when I explained to Stuart about the Outcome Star he got bit shocked asking what it is about, why are we doing this, what is the value of this’

It was clear that this participant was surprised to see the Life Star and this was immediately followed by questions about what it brings.

Participants who were in the role of the workers echoed the same concerns:

“I was not sure that Greg could see a benefit for himself, I would hope this becomes clear as progress is made”

“What will happen next, will I do it next week in my keyworker session?”

Privacy

Some participants, including clients and workers raised concerns over privacy.

“We should stress that the information will be confidential and not show to others as this will make for a more honest answer”

“People we support should be informed about it before it goes live”.

Interestingly, other participants took the opposite position asking workers if they could display their star at home.

“My star can go on my notice board after we have finished”

“When can I do another Star to put in my room?”

This demonstrates that this participant viewed the Life Star as ‘her’ Life Star. In this extract, it seems as though she viewed it as something she owned and was ‘hers’ highlighting a need FOR clarity around ownership of the Life Star.

Purpose

“Why am I doing this?”

In this extract, clearly the participant has no knowledge of the purpose of the Life Star. This particular quote was stated at the very start of completing the Life Star highlighting this thought as the first to be mentioned by the client.

“He would say, ‘this is good’ and asked ‘will it help me’?”

“What will happen to it? Will it be thrown away or kept in my file”

The question of where the Life Star will be stored emerged during discussions between the client and the worker demonstrating the importance of communicating

confidentiality. The consequences of completing the Life Star also emerged as there was a lack of clarity about what the Life Star would, or would not, bring to their life.

Chapter Four

Discussion

In this pilot study, we explored the experiences of twelve clients and twelve workers using the Life Star and considered these views in the context of training and implementation at The Grange. The two super ordinate themes that materialized from feedback were: “Enthusiasm” and “Scepticism”. These potentially illustrate a pressure between enjoying the time spent discussing the Life Star whilst holding concerns over the purpose and consequences of the Life Star. The theme “enthusiasm” demonstrated a positive reception of the Life Star tool. Clients vocalised that they enjoyed the experience of talking about various areas of their life while workers agreed that the conversations were helpful in understanding their clients. At The Grange, the person-centred approach is promoted, staff strive to involve the client as closely as possible, this could suggest why clients were keen to be involved. This indicates that implementing the Life Star at The Grange compliments and accentuates the existing Person centred approach.

In addition, participants’ keenness and comments around ownership of the Life Star may be related to Triangle’s underpinning value of empowerment in the Life Star. Whilst the terms ‘ownership’ and ‘empowerment’ differ, they both strongly contrast from traditional assessments where the client is assessed and is almost a passive subject. The Life Star’s emphasis on collaboration seems to promote more choice and control for the client which ultimately leads to empowerment.

Interviews did highlight discrepancies regarding being familiar with the Life Star and being sceptical about its value and purpose, and how these related to each other. The scepticism identified current doubts about the reasoning behind the use of the Life Star, but a major issue in relation to the future was: how will this benefit me? This in turn could suggest that if implemented, possible anxiety and a possibility of increasing questions around where it would be stored. Participants spoke of their positive reactions to the Life Star and interest they had when completing and discussing the Life Star. The positivity was surprising to some worker participants who initially expected lack of engagement. This highlights the responsiveness clients at The Grange can show when introduced to a new tool.

Limitations

The participants included both clients and workers who had been informed verbally (during the information session) and in writing (Life Star information packs) about the Life Star and volunteered to participate in completing the Life Star as well as talk about the experience. However, the understanding of the Life Star by the worker might have differed between workers, and since the workers introduced the Life Star to their clients, we cannot assume the level of understanding is consistent throughout all participants in study. In addition, the client participants in the study all had with a learning disability. Their experience might differ from that of people who do not have a learning disability and some may have cognitive impairments where information processing might be construed less informatively. Furthermore, the term learning disability can include a range of learning disabilities with various abilities and whilst this study comprised a range of individuals with learning disabilities at The

Grange, individuals with learning disabilities in other services outside The Grange may have experienced the Life Star very differently. It is possible that those with higher needs who require constant one to one care may experience more difficulty engaging with the worker to complete a Life Star. In keeping with our qualitative method, we do not seek to generalize but, rather, have attempted to describe aspects of participants' phenomenological experience, identify key areas of meaning, and propose new understandings in the context of using it at The Grange derived from this. The Journey of Change model appeared to resonate with the experience of participants in the present study since there was a keenness to understand all stages and mentioning by participants to want to 'climb' up to a higher number. There is also the potential impact that being a staff member at The Grange myself might have an influence on participants' openness during the Life Star, Killick and Allan (2001) state that being a member of the same organisation or group can help in terms of developing rapport with participants and enabling them to take part in the study in a meaningful way.

Applications

The findings also have implications for training implementation of the Life Star. The present study indicated that participants were enthusiastic and sceptical about using the Life Star. Scepticism was apparent by both the workers and clients. Clear information sessions which are run weekly for both workers and clients could be used to address doubts, concerns and fears around the Life Star. Whilst all workers will undergo training to use the Life Star, an additional component of the training detailing issues around purpose and confidentiality would ensure workers were informed as possible. An information session for clients who have speech and

language difficulty explaining the reasoning behind using the Life Star as well as ownership and data storage would ensure uncertainty is reduced. To conclude, the findings of the pilot study indicate that the Life Star created positive feelings and enthusiasm amongst workers and clients; alongside this, a feeling of scepticism was apparent with doubts and uncertainty about the purpose and value. The study has been useful in understanding how we can develop the Life Star at The Grange and how it can be implemented in a way for all workers and clients to understand it fully and in turn, use effectively.

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Appendix 1



Outcomes Star

Feedback Form

Please work through the Life Star with the person you are supporting. The questions in the table act as guide, feel free to record any other observations or feedback about how the person you supported experienced using the Life Star.

Please describe the overall experience of the person you are supporting when engaging with the Life Star

Please record any initial comments from the person you are supporting when introduced to the Outcomes Star

Please detail how long each area took to discuss with the person your supporting

Please detail which areas of the Outcomes Star were easiest to communicate and engage the person you are supporting

Please detail which areas of the Outcomes Star were the most difficult to communicate and engage the person you are supporting

Please detail which picture cards (star cards) helped the person you are supporting to understand

Appendix 2



Outcomes Star*

General Information

***The actual star that we will be using at The Grange is the Life Star, so we will refer to that throughout our documents**

The Life Star

The Life Star seeks to empower people within a collaborative process of measurement.

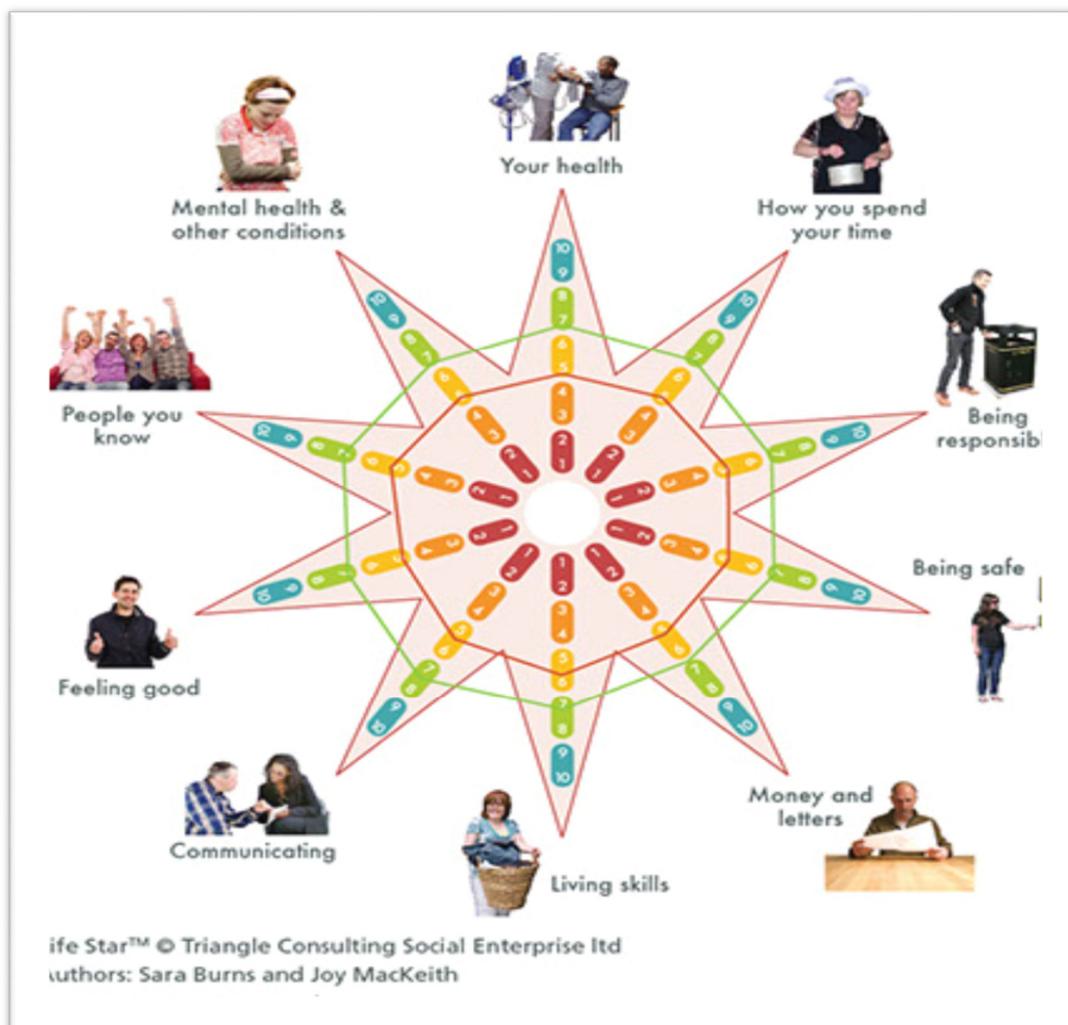
Key Principles

When using the Life Star (see figure 1), the key worker and person we are supporting consider and assess that person's needs together, if the person we support is able to do so.

People we support base their understanding on their knowledge and understanding of themselves. Key workers use 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 comes out of a dialogue between the individual and their key worker. This may include both people shifting their views.

Life Star – Figure 1



Underpinning approach and values

The Life Star approach emphasises the values of empowerment, collaboration and integration.

Empowerment

The understanding underpinning the Life Star is that, for people's lives to change, The Grange needs to encourage the motivation, understanding, beliefs and skills of the person themselves to create that change. This is a two way process; the Life Star is rooted in the belief that the person receiving the service is an active agent in their own life, not a passive sufferer of a disability.

Whilst practical changes in life circumstances (e.g. job opportunities for someone seeking work, appropriate aids and physiotherapy for someone recovering from an accident) are important, they are not enough by themselves. Encouragement to change on the inside is the key active ingredient in the process of service delivery 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 star.

Burns, MacKeith and Graham (2008)ⁱ state that people they supported and key workers in their study reported that the Outcomes Star provides a much more empowering context for their key work. This was felt to be because the two way assessment process lets them be active participants rather than objects of assessment. In contrast, an assessment and measurement process that casts them (the person being supported) as passive objects of the expertise of others (the key worker) can actually reinforce the disempowerment and lack of self-worth.

Collaboration

When using the Life Star, the needs of the person being supported are considered and discussed between the key worker and that individual. The dialogue is based on the person's knowledge and understanding of themselves and the key workers' experience of working with others as well as observations and reflections on this person's behaviour. This measurement is a two way process and 'co-produced'. The intention is that the assessment takes place informally with a conversation between the person and their key worker. It is quite possible that, by talking it through, there might be a change in the views of both the key worker and the individual.

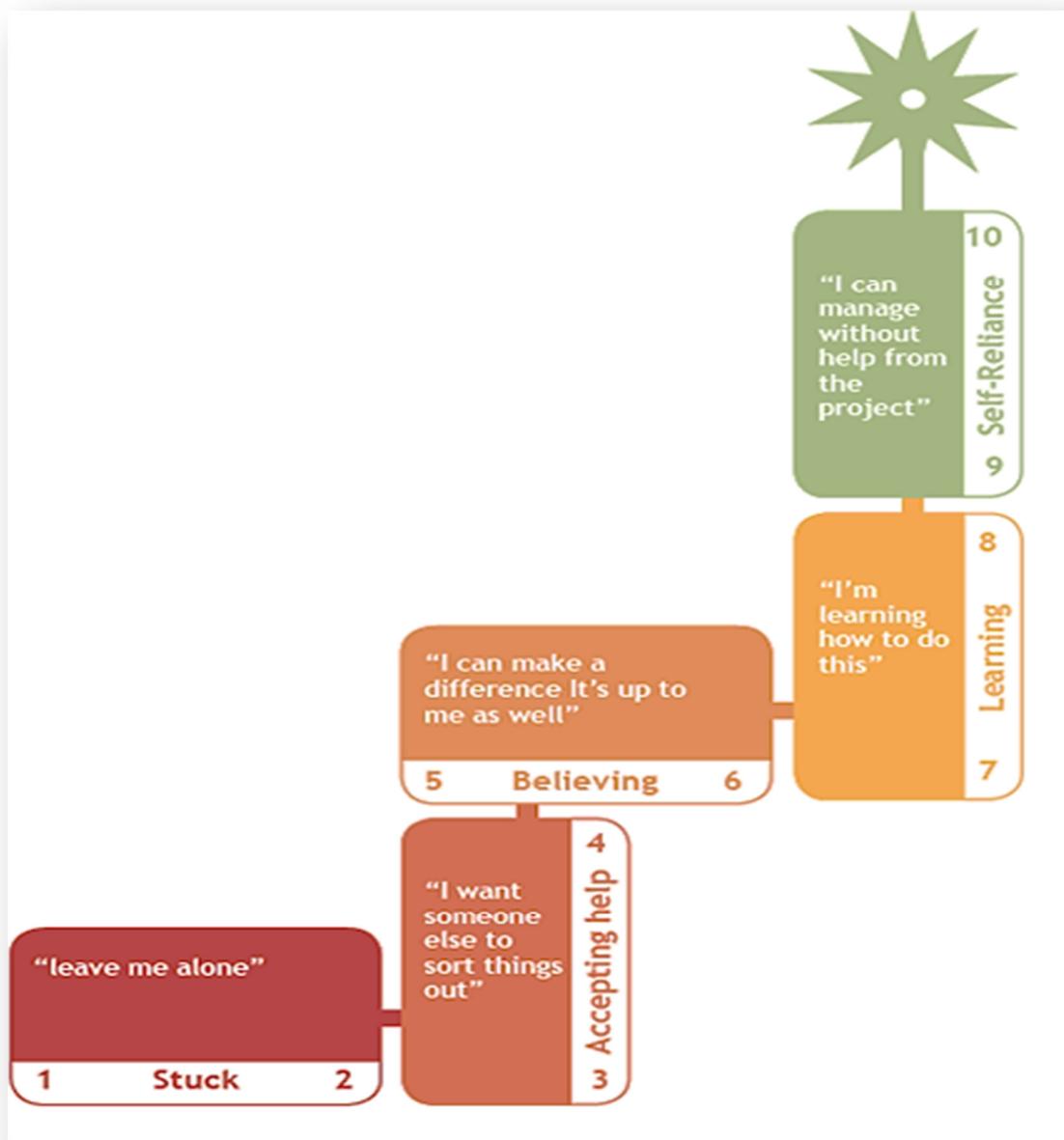
The Life Star differs from traditional approaches to assessment and measurement where the key worker, social worker or professional collects 'data' from the person being supported, and takes that data away to make an assessment on their own.

Integration

When using the Life Star, the process of discussing and assessing the individual and measuring change is an integral part, and is intended to support as well as measure

change. As highlighted above, the process of participating in their own 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 person we are supporting. This assessment becomes part of their action/Support Plan rather than a separate, parallel process. In addition, the assessment dialogue and the journey of change (see figure 2 below) which are integral to the assessment process in the Life Star naturally lead onto the discussion around next steps and action planning. This is why the recommended method for using the Life Star is integral core part of key working.

Journey of Change – figure 2



Main aims of using the Life Star at The Grange

- To enhance the quality of service for people we support
- To demonstrate organisational added-value and impact/evidence of how we help people meet their goals
To get a better and holistic understanding of people we support

Other Benefits of using the Life Star at The Grange

With reduced **budgets and the need to provide results it is more important** than ever that The Grange is able to demonstrate value for money and display how outcomes are measured. We are constantly striving to improve the levels of information we can provide our commissioning authorities.

The Life Star will also enhance the quality of key work. Information collected will give a more holistic and consistent insight into people we support.

Managers can then also view large areas of concern i.e. for example one area that consistently comes up may need to be addressed i.e. friendships. Managers will be aware of support staff with particularly high caseloads.

Next Steps

- Pilot the Life Star to inform training and further development. January 2015 – February 2015
- Report results of the Pilot in February – March 2015
- Project Lead to be trained as an in-house licensed trainer March 2015
- All support staff trained to use the Life Star and use in the context of Annual Reviews from April 2015



Outcomes Star*

Pilot Information

***The actual star that we will be using at The Grange is the Life Star, so we will refer to that throughout our documents**

The Life Star

The Life Star seeks to empower people within a collaborative process of measurement.

Pilot

Aims

The aim of our pilot is to inform future training and development for using it at The Grange. Specific objectives are to:

- establish whether responses and understanding of people we support and key workers differed on various areas of the Life Star;
- to identify any difficulties with communicating how the Life Star works with people we support;
- to identify any difficulties key workers may face in using the Life Star;
- to identify any other issues in applying the Life Star.

Background

The Pilot phase will inform us on how best to implement the Life Star across The Grange.

Funding to move ahead with the introduction of the Life Star at The Grange was approved in June 2014. We recruited a Referrals & Outcomes Co-ordinator as a Project Lead to move forward with its pilot and implementation.

Working Group

A working group was formed to:

- Inform the implementation process;
- Provide support to other support workers who will be using the Life Star from April 2015

Service Selection

The Grange has 3 core services:

- Residential Care
- Supported Living (on and offsite)
- Skills & Activities

The pilot will run through each of these services.

Timetable

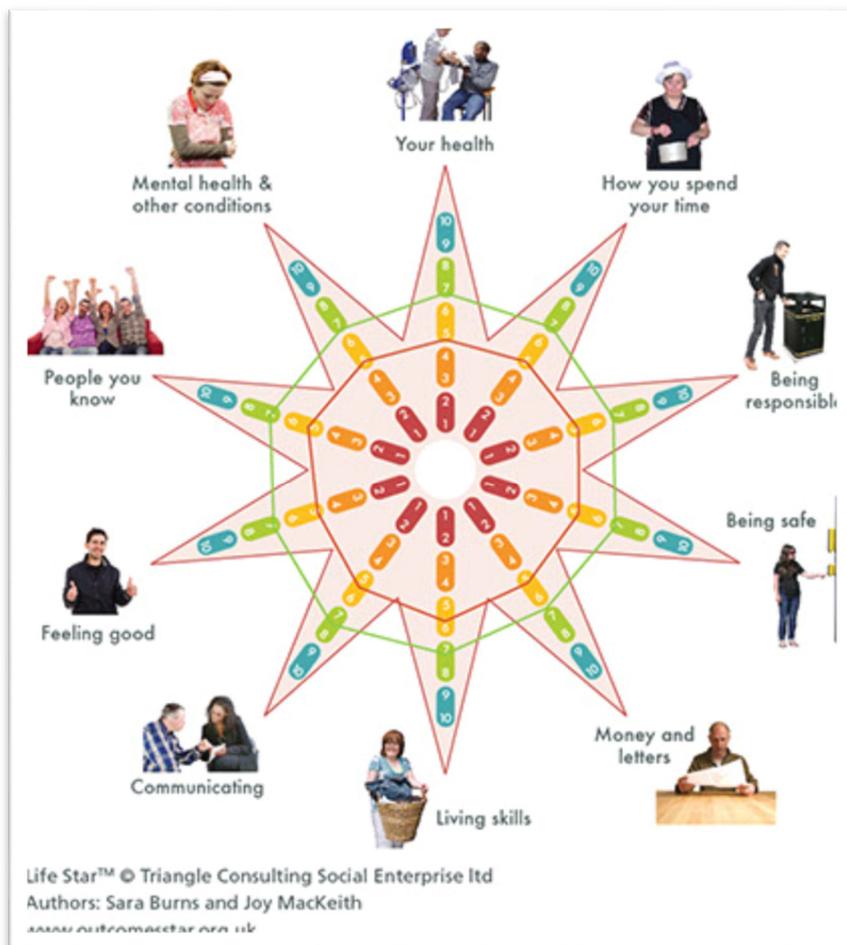
It is recognised that the timetable for the Pilot – less than 2 months from inception to report back – is artificially short. Influencing this timescale is the aim of collecting feedback around responses and recording of the type of dialogue used between the person and their key worker when introduced to the Life Star. The findings of the Pilot will be available and published in March 2015, so as to make a timely contribution to thinking about how the Life Star will be implemented across The Grange in April 2015.

Method

In using the Life Star (*figure 1*), consider and assess each section of it with the person you are supporting. The Life Star does not need to be completed in one session. The decisions for each number in different items on the Life Star will need to be considered by both the person and their key worker to start with. In instances where the individual is unable to make a decision, then that decision will rely more on the key worker's input.

I would recommend completing three sections of the Life Star each week during key worker sessions. This means it will be completed in 3-4 weeks. If the person you support would like to complete more, then feel free to do so. During completion of the Life Star, key workers will need to fill in the Life Star feedback sheet (available in resource pack). Alternatively, information from the feedback sheet can be discussed and recorded face-to-face with the Referrals & Outcomes Co-ordinator. If you prefer to do it this way, please arrange a time and book a meeting with the Referrals & Outcomes Co-ordinator in advance.

Figure 1 – Life Star



Frequently Asked Questions (FAQs)

How should I introduce the Life Star to the person I support?

A short and simple way to introduce the Life Star:

“We are going to have a chat about how things are going for you. It is a time to talk about how different areas of your life are going and both of us can complete a star to describe this. It is a joint team effort.”

It is important to introduce the Life Star in a positive way, to gain interest and confidence in this tool and its use.

Make sure you believe in Life Star yourself first. What do you see as being the benefits of using it? Some of the benefits will be covered in training. You may want time to explore these and any concerns or questions you have within your training or with the Referrals & Outcomes Co-ordinator.

Positive quotes from those using this or a similar outcomes tool include:

“We learnt a great deal more about people we support than we had ever known before. Having the Star gave us a way to ask questions we hadn't been able to ask before.”

“We found that we started to think about the people we support in a really different way.”

In addition to using the written explanation in The Life Star, you could:

Give the person you are supporting a copy of the Life Star in advance. This will probably depend on the individual – how engaged they are in key work and how they relate to written material. You would need to tell them a bit about why The Grange is using the Life Star (detailed in the Life Star General Information sheet in resource pack).

You can tell the person you support how information will be used. Information from their own Star Chart will be used in key work and support planning, and information coming from everyone using the Star will be added up and reported anonymously.

It might be useful to mention that the Star will also serve to help staff know how they are doing with helping the person make positive changes to their life as well as highlight areas where the service could help more.

What if the person I support and I (key worker) don't agree about where they are on their journey?

This is an excellent opening for a rich discussion!

This discussion can help you understand the person you support and their perceptions of where they are and their needs. Likewise, opening it up like this can help the person you support to be realistic about where they are and what they need to do to achieve their goals.

The disagreement may be a result of you thinking that the person you support is doing better than they think. If this is the case, explain why you feel that way. They may appreciate this encouragement.

The disagreement may be the other way round; the person you support may feel they are doing significantly better than you think. In the early steps of the scale, the person you support is likely to be less self-aware and this can result in a higher personal rating. There may also be a 'honeymoon period' when someone new joins The Grange and they may be initially very positive about their life.

In either case, listen to their side of it – you may have missed something!

If, following discussion, you and the person you support still disagree, then both scores can be recorded on the worksheet.

The person you support can choose whether or not to engage meaningfully with the scores on the Life Star; the key worker, however, has a duty of care.

What do people supported by other providers think of the Life Star?

All the feedback from other providers has been very positive, both from people within the services and their key workers. Most popular with those being supported is the visual aspect of the Star; they appreciate being able to see a picture of where they are, including their strengths and any progress made. Furthermore, because there is a clear summary on the table, individuals feel more engaged and clearer about any assessment or review process, unlike with pages of notes. To quote one person: *'I felt fully involved; it was clear and easy to understand and it focused on me as a whole person, not just a problem... It felt like a conversation, felt like the first time someone had really listened to me. You can really get to know someone using the Star, even though you may think you know them.'*

'Generally, where scores are low or decreasing, people being supported have told us they knew anyway that they were not doing so well in a particular area, so seeing this on the Star was either helpful or neutral'.

One organisation asked everyone they supported to complete a short evaluation of the tool and found that 80% were happy to use it. Over half of these found it positively useful and almost all agreed it would help them see progress while in the project. Almost all the remaining 20% were not actively involved in key work.

Won't it demotivate people we support if they see their scores go down?

This can happen. If someone has gone backwards on a scale, key workers are sometimes concerned that seeing this reflected on the Star will have a negative impact. Usually, the individual is only too aware that they have moved further away from their goal and acknowledging this can be a helpful first step in reversing the trend. Within the context of the Star, you can remind people how difficult change is, especially around the middle of the scale. Lapses are likely and change will not always be a linear process.

It is possible that the person you support may self-score lower after their initial assessment. This is often a positive step, showing greater self-awareness and trust in their key worker.

Do we use the Life Star as well as our current paperwork? How does it fit?

Most organisations find that the ten areas covered by the Star are very similar to the areas covered in their existing assessment and review forms, though they are unlikely to be exact. Like many organisations, The Grange has chosen to review and amend its forms once the Life Star has gone live in April 2015, matching the areas as closely as possible. There may be additional areas not in the Star that need to be covered – particularly for risk assessments – that need to be retained.

Everyone is different. Surely we can't fit everyone into a few boxes?

We are all different but there are some common patterns to how we make changes in our lives.

The Life Star describes the common aspects of how we change, but each person will do it in their own particular way. The Life Star does not assume that people will move in only one direction. People may move up and down the scales many times. Also, the Star describes underlying changes of attitude and approach to different aspects of life, not detailed behaviours.

Some of these scales cover very sensitive issues - don't we risk opening up a can of worms?

Since The Grange has decided to use the Life Star, the aim is to help people you support change in all (or most) of the ten areas covered by the Life Star. This means that it is relevant for these areas to be discussed in key work and the Life Star can provide a helpful, focused way to raise issues for discussion. The Life Star actually makes it easier to raise issues, simply because they are there on the table as one of the points on the Star.

However, it is also the case that key workers may want to judge when it is the right time to open a discussion on sensitive issues. Key workers have freedom in making this judgement and can choose to touch only briefly on a topic if they think it would

be unhelpful to go into it in depth. Alternatively they might choose not to challenge someone's assessment until a later point in time. There can be flexibility in how the Star is used.

As a general rule, the relationship with someone you support and what is helpful for them at the time should always be of greater importance than completing the Life Star. The Life Star is a tool to support staff in working effectively with the person they support, not something that should get in the way.

If the person's scores go down, will my performance be in question?

The purpose of the Life Star is to help the person see where they have come from and where to go next. It also helps give The Grange an overview of where we are as a provider of a service in supporting people to make positive changes and highlight which areas may need further attention. It is not about judging the work of an individual member of staff. Highlighting areas where progress is not happening is to identify where we can do better as an organisation.

However, many line managers have found that the Life Star can be very helpful to inform supervision sessions. Completed Stars for a key worker's case load provide a useful snapshot of the key need areas, severity of issues and progress made by people they support. This can be a useful basis for discussion and help identify unbalanced caseloads, good practice and if key workers need more support.

Appendix 3

Written Consent Form

Name of Researcher: Jaina Bharkhda

Thank you for considering being part of this pilot study. I would be grateful if you would read through the following questions and indicate your response to each of them. The purpose of this is to ensure that you are fully aware of the purpose of the research and that you are willing to take part.

1. I have been informed about the purpose of the pilot and have had the opportunity to ask questions about it if I wished
YES/NO

2. I understand that I can withdraw from the pilot during the interview and up to 1 week following it, without giving a reason and that my data will not be included in the research
YES/NO

3. I understand that I am free to choose not to answer a question without giving a reason why
YES/NO

4. I have been informed that the interview will be recorded via hand and I give my consent for this recording to be made.
YES/NO

5. I understand that anonymous extracts from the recording might be used in the research report and that this may be read by others or published later.
YES/NO

I give my consent to take part in the pilot.

Participant

Signed

NAME IN BLOCK LETTERS

Date

Researcher

Signed

NAME IN BLOCK LETTERS

Date

Jaina Bharkhda, The Grange – Outcomes Star Project Lead

Executive Summary

Background

Research demonstrates a growing body of published evidence demonstrating the effectiveness and validity of the Outcomes Star (MacKeith, 2011). The Outcomes Star is a tool which seeks to empower people within a collaborative process of measurement. The Life Star is the version of the Outcomes Star developed to be used with people with learning disabilities. It is this version that is most suitable to use at The Grange which provides residential care, supported living services and skills and activities for people with learning disabilities.

Aims

This pilot study combined two avenues of research; the experience of workers and clients when completing a Life Star, and; these views in the context of future training and implementation of the Life Star at The Grange.

Methods

Twelve clients accessing Grange services and twelve support staff participated in the pilot study. Participants collaboratively completed a Life Star in pairs (one worker with one client) detailing feedback of this experience via feedback forms and semi- structured interviews

Results

Two super ordinate themes emerged from written and verbal data. The first super ordinate theme named 'enthusiasm' reflected how the majority of participants commented on their interest in completing a Life Star; many clients felt it was an enjoyable experience and expressed a level of keenness towards the Life Star to their worker. The second super ordinate theme named 'scepticism', reflected the doubts, concerns over privacy and consequences of completing a Life Star. Clients and workers expressed uncertainty around issues such as purpose and confidentiality of information in the Life Star.

Conclusions

Both themes highlighted a tension between experiencing the Life Star positively and also experiencing feelings of doubt around its purpose. This encapsulates the importance of providing clear information to workers and clients to reduce feelings of uncertainty which, if in excess, could potentially counter balance the feelings of positivity

Recommendations

The study highlights the need to communicate clearer information to both clients and workers about the Life Star. The key findings raise importance to studying the qualitative experience of people completing the Star in the context of people with learning disabilities at The Grange. The pilot provides insightful information about future application, implementation and training of the Life Star at The Grange.