Triangle started work on the Outcomes Star in 2003 and the first version, for homelessness, was published in 2006. With more than 20 Stars now in existence, there is a growing body of evidence – summarised overleaf – demonstrating that the Outcomes Star is:

- **Effective as a keywork tool**
- **Valid as an outcomes measure**
- **Based on indicators of sustainable impact**
- **Underpinned by a coherent theory of change and clear values.**

The Outcomes Star is a family of tools designed to both promote and measure client change in a wide variety of contexts, including vulnerable families, mental health, older people and drugs and alcohol. It functions as a keywork tool, supporting effective interventions, and as an outcomes tool, giving management data on outcomes achieved. Because of this dual role, it brings together measurement and service delivery and can provide a shared language and framework across operations and performance management departments.

The Star is widely used in the UK by charities, housing associations, NHS Foundation Trusts and local authorities, and has been backed by the Department of Health, the Big Lottery Fund, Nesta, the National Social Inclusion Programme, the Chartered Institute of Housing, the London Housing Foundation, Homeless Link and the Mental Health Providers Forum.

The Star is also used in France, Italy, Denmark, the USA, Canada and New Zealand. In Australia it is employed by a wide range of agencies including the Department of Human Services, the Salvation Army and the Red Cross.

“Not only is this a useful tool for assessment and identification of needs, its use over time can demonstrate to commissioners that they are getting the right outcomes from the services they fund.”

*Department of Health Green Paper, 2009*
An evidence-based keywork tool
A large and growing body of evidence shows that the Outcomes Star increases the effectiveness and consistency of keywork and promotes client change.

Harris and Andrews (2013) studied the use of three versions of the Star in a crisis intervention project and identified 20 benefits, including:

• “A common approach to case management that is ‘whole of person’ and client centred”
• “A focus on sustainable outcomes, rather than limited hard outcomes”
• For clients: “the opportunity to define their own reality, identify their own priorities and be accountable for them”.

Petersen et al (2014) reviewed the use of the Outcomes Star for Homelessness in the USA and concluded that the tool was effective in guiding homeless people towards self-reliance and could “change the face of the way that shelters provide and share care with the homeless population”.

York Consulting (2013) reviewed the use of the Family Star in a national UK charity and concluded that “the Star helped develop service users’ resilience and helped workers reflect on their practice, particularly in terms of improving outcomes”.

Killaspy et al (2012) researched the use of the Recovery Star in a range of mental health settings and found that 85% of staff and 85% of service users found the tool useful or very useful in care planning.

A validated outcomes measure
Research into the psychometric properties of the Star has shown that it performs well as an outcome measure.

Dickens et al (2012) studied the Recovery Star and found good internal consistency, low item redundancy and good responsiveness.

York Consulting (2013) carried out an evaluation looking at the Family Star and concluded that “Family Star data can provide valuable insights into the extent and nature of changes occurring”. They also found that “Family Star data can be used as a valuable interim indicator of distance travelled towards achieving longer-term outcomes and impact”.

Killaspy et al (2012) studied the Recovery Star and found that it had convergent validity with a measure of social functioning, high acceptability and good test-retest reliability. Inter-rater reliability was below threshold, but this part of the study design used the Star in a way that was contrary to the guidance for the tool and so is not valid. Inter-rater reliability is a product of both the tool design and the way it is applied within a service, and Triangle has developed a validated approach to support organisations to assess and improve their rating consistency (MacKeith 2014). Initial research findings based on the Family Star indicate good inter-rater reliability for the five-point Journey of Change.

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“There are a lot of validated questionnaires out there, but no other tool that fills the space that the Star fills. It is about more than just measuring – it is about how you work with someone and the values and principles that underpin that.”

Dr Gavin Mellor, Director of Operations, Substance

“The Outcomes Star 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 Report, March 2006
Based on indicators of sustainable impact

There is a strong evidence base linking the kind of social and emotional capabilities measured by the Star to long-term impact. A report published by the Young Foundation (McNeil et al 2012) draws together the available evidence relating to young people including Carneiro (2007), Dweck (2000) and Moore and Hamilton (2010) and concludes that “there is a growing consensus around the role that social and emotional capabilities play in the achievement of extrinsic outcomes”.

This evidence indicates that service providers should focus on and measure internal aspects such as skills, beliefs and attitudes as key predictors of long-term, sustainable success.

Theory of Change approach

All versions of the Star are based on a Theory of Change (called the Journey of Change) developed in partnership with front-line staff, managers and service users. Although developed independently, the Theory of Change underpinning many of the Stars is very similar to Prochaska and DiClemente’s Cycle of Change, which is widely used in the field of addictions.

The development process uses a bottom-up approach based on the phenomenological research methodology (Wertz (2005), McCall (1983)). More detail can be found in MacKeith (2012).

Underpinned by clear values

The Star is underpinned by the values of Participatory Action Research – empowerment, collaboration and integration (O’Brien (2001), Carr and Kemmis (1986)). The values are highly consistent with person-centred, enablement and co-production approaches.

The Star casts service users as active co-producers of change rather than passive recipients of help, and focuses the assessment on the service user’s relationship with the problem rather than its severity.

Worker and service users collaborate on the assessment, building a shared perspective on issues and action needed instead of service users feeling it is something that is “done to them”.

Finally, assessment and measurement become an integral part of keywork, rather than being additional tasks that can be resented by workers as a distraction from the real work.

“The Outcomes Star has enabled people to talk about things in a visible and tangible way. By putting several dimensions in one picture, it gets away from more limited and linear ways of thinking and helps people see the bigger picture.”

David Carrington, independent consultant and chair of the Inspiring Impact Board

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References


Harris, L and Andrews, S (2013) Implementing the Outcomes Star well in a multi-disciplinary environment, RMIT University, published by The Salvation Army, Crisis Services Network, Victoria, Australia


MacKeith, J (2014) Assessing the Reliability of the Outcomes Star in Research and Practice, Journal of Housing, Care and Support, 17, 4


“The Outcomes Star is based on a well-evidenced research legacy and offers a rapid and flexible assessment of multiple domains that can be used as a standalone measure or an adjunct to objective measures.”

David Best, Associate Professor of Addiction Studies, Monash University