



Triangle  
Consulting

## Research Report

# Using the Outcomes Star: Impact and good practice

September 2008

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## Using the Outcomes Star: Impact and good practice Research summary

During May and June 2008, Triangle Consulting interviewed managers in 25 organisations that had been using the Outcomes Star (which we will refer to as the Star), with the majority using it for at least two years. The purpose of the research was to find out what the impact of using the Outcomes Star was on service delivery and the lessons that had been learnt about effective implementation of the Star. This is a summary of the key findings, conclusions and learning.

### 1) Impact of the Star on Service delivery

**All 25 organisations reported that key-work had improved as a result of using the Star**

Interviewees reported that most workers and clients enjoyed using the Star and that as a result of using the Star the quality of key-work had improved in the following ways:

- It was more focussed on service user change
- It was more systematic and consistent
- It covered a wider range of issues and covered them in greater depth

The Star helps staff focus on the agreed support plans so they don't get too entrenched in the day-to-day issues brought in by their clients and lose sight of the bigger picture...

**Croftlands Trust**

The reasons given for these benefits were that the Star:

- Hands the process back to the service user
- Focuses on the whole person, not just the problem
- Gives people a sense that change is possible and ideas about what the next step might be
- Gives a visual picture of where someone is and makes progress visible
- Gives a sense of the journey and a shared language for talking about that journey

The overall result was said to be that service users were more motivated and engaged and that “workers talk less and clients talk more”

We absolutely love it! ... it is a fantastic tool to illustrate, motivate and demonstrate change. We have seen benefits for service users and workers through improved key work, for line managers in supervision, for senior management and in our reputation with our funders.

**Humbercare**

### **Star data helps organisations learn about what works**

Only one-third of the 25 organisations interviewed had analysed Star data for a project or service. Even fewer had drawn learning from the data about what was working (and not working) in their service delivery.

Those that had used the data in this way found the results invaluable, for example:

- One organisation found that 63% of clients in their substance misuse service showed no improvement in meaningful use of time. As a result managers encouraged workers to create stronger links with structured day services. The project anticipates that this will improve their outcomes in this area
- Another organisation looked at their outcomes across four hostels and found that:
  - 62% of clients made positive progress and another 11% remained stable
  - Performance varied between hostels. One hostel achieved positive change for 92% of clients. On the basis of this key aspects of good practice in this hostel were identified so that they could be applied elsewhere
  - Women in mixed hostels made less progress than men. As a result of this finding, further research was carried out to explore how to serve women clients better.

A key barrier to analysing data and drawing out learning in this way was a lack of IT to carry out the analysis. It was anticipated that the on-line version of the Outcomes Star and database would help in overcoming this barrier.

### **Commissioners are positive about the Star**

Interviewees reported that their commissioners were interested in receiving outcomes data and regarded the Outcomes Star as an example of positive practice. However, very few were specifically requesting Star data.

Interviewees reported little or no concern about the move to National Indicators within Local Area Agreements. Those who were familiar with the NIs locally were confident they could provide the data.

I have always felt under some pressure to demonstrate that what we do works... Now we can.

## **2) Effective implementation of the Outcomes Star**

**Those motivated by improving key-work and service delivery found implementation more successful than those motivated by external pressures**  
The most common reason that organisations had chosen to use the Star was to support key-work and/or for organisational learning (internal motivation). A significant but smaller number had implemented that Star because of the need to evidence outcomes to commissioners (external motivation). The organisations that

had implemented the Star for internal reasons were much more likely to report that implementation had been successful.

The Star is one of the few tools that are useful for both clients and staff and helps us demonstrate what we're doing - it ticks a lot of boxes. It is person-centred and whole life.

**Norwich City Assertive Outreach team**

### **Implementing the Star requires a change management process**

Several - particularly large organisations - reported that implementing the Star required more time than initially anticipated that had tried a number of different approaches before realising the scale of what was required to ensure effective rollout of the Outcomes Star. Key aspects were:

- Helping key-workers to integrate the Star into their ways of working - this required training and making links between the Star and other models and approaches being used (e.g. the Cycle of Change and Motivational Interviewing)
- Adapting paperwork so that it didn't duplicate the Star
- Finding ways to inform service users about the Star and involved them in implementation
- Implementing appropriate IT for analysing data and designing reports and deciding what information should be reported and to who (including project managers, board and commissioners)

Many found that running a pilot was invaluable in demonstrating benefits and highlighting issues to be addressed.

My advice is to see implementation as a change management process. It is vital to communicate to key-workers how it will help them to do their job and help the organisation make its case to the outside world. It is also vital to integrate the Star fully into key-work processes and training.

**St. Mungo's**

### **Initial resistance from workers was a common challenge but usually overcome quickly**

Two-thirds of organisations report a level of initial resistance from key-workers. Common themes and concerns within this were:

- It will take too long
- The perception of giving people a "score" or "judging" them
- It risks de-motivating some clients
- It is intrusive
- There is already too much paperwork

However in three quarter of the organisations where this was an issue, the resistance had been entirely or mainly overcome. Interviewees reported that the following were key in winning workers over:

- Taking time to allow people to realise the benefits
- Allowing people to express reservations and ask questions
- A flexible approach at first, including encouraging people to ‘just give it a try’ in their own way and see how it goes
- Involving service users in the process (as they were often more open to the Star approach)
- Being clear that the organisation was committed to using the Star.

**Ongoing input is needed to ensure that the Star is used well**

Interviewees reported that implementation was an on-going process. Key issues were:

- Ensuring that the Star was used with all service users
- That it was used well
- That the scores chosen accurately reflected the service users current position

In order to address these interviewees reported that it was important that the Stars were discussed in supervision and team-meetings so that the approach was kept alive. In addition regular reviews of how the Star was being used, training for new staff and top-up training for existing staff were seen to be important.

My advice to anyone who is thinking about doing this would be that it will probably take more time than you think but the investment repays itself.... What we now have is better key-work, more client-focussed services and real evidence which we can use with commissioners.

**Single Homeless Project**

The full research report contains nine case studies, including good practice examples of implementing the Star, combined with abundant evidence of its effectiveness.

## Introduction

### Background to the research

The Outcomes Star started life as the St. Mungo's Star, developed by Triangle Consulting for St. Mungo's in 2003. Following interest in and adoption of the Star in a number of homelessness organisations, and subsequent feedback, Triangle redeveloped the tool as part of the London Housing Foundation (LHF) Impact through Outcomes programme. The new Outcomes Star was then published on-line in December 2006, as the centrepiece of the newly launched LHF Homeless Outcomes website. It is published under a Creative Commons licence and can be downloaded free of charge from [www.homelessoutcomes.org.uk](http://www.homelessoutcomes.org.uk), complete with guidance in its use and a one-day training course. Management of the website is now carried out by Homeless Link.

During 2007 the Outcomes Star was downloaded 7,000 times and all the supporting material around 3,500 times. Since its publication, both LHF and Triangle were frequently contacted by people around the UK and abroad who had found the Star and were grateful and enthusiastic. Those at conferences and training days also described the positive impact for their organisations, saying how much clients appreciated the tool, the importance of the simple visual, enabling clients to engage better in their own process as well as providing useful data for learning. This information, however, was purely anecdotal and so in 2007, LHF commissioned Triangle to carry out some research into the impact of using the Outcomes Star.

The aim of this research, reported here, was to gather more systematic information from those using the Outcomes Star about the impact it had at various levels in their organisation. While this was the primary aim of the research, Triangle was also aware of varied practices in implementation, and requests from those new to the Star to learn about effective implementation. As a secondary aim, therefore, the research set out to gather and collate evidence of good practice in implementation.

### Research method

Telephone or face-to-face interviews were carried out with representatives of 25 organisations; 20 were using the Outcomes Star and five the Rochdale Client Centred Dial, a local variant of the Star. The majority had been using the Star<sup>1</sup> for a substantial length of time, some for three years. The sample was drawn from organisations which had contacted Triangle or LHF during 2007, usually with questions about the Star.

#### Organisational size and type

The 25 organisations interviewed for the research varied in size. In most cases (23) the Star was being used across the organisation and so the data reported here refers to impact across the organisation. In the other cases the information

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<sup>1</sup> The Star and Dial are collectively referred to as the Outcomes Star for the purposes of this report

collected refers to one or more projects that were part of a larger organisation.  
Overall:

- 13 were medium-sized organisations with a number of services (most with 3-6 services and 50 - 200 clients)
- seven were single service organisations
- Three were very large organisations with thousands of clients
- Two were one project using the star within a larger organisation

The main service types were both accommodation based and floating support, roughly equally distributed. The sample also included training and development, crisis intervention and assertive outreach projects.

### **Client groups**

Organisations covered a range of client groups. 11 describe their clients as single homeless. However within and in addition to this, respondents specified that they worked with the following client groups:

- Nine with young people
- Seven mental health
- Four offenders/probation clients
- Four substance misuse
- Three homeless families
- Two with older adults
- Two high risk (through outreach work)
- One with each of women fleeing domestic violence, learning disabilities and brain injured adults

### **Use of the Outcomes Star**

Of the 25 organisations in the research, one was just starting out and:

- Over two-thirds (17) say the outcomes star is used well throughout the organisation
- Four use it in some projects only
- Three describe use as patchy within projects (some workers do, some don't)

Findings on how organisations use the data from the outcomes star shows that it is individual rather than project-level data that is used most:

- All use Star data as a basis for support planning with clients
- Only just over one-third (nine) collate the results within and/or across projects
- Six report outcomes to the board or senior management teams, though generally to a fairly limited extent
- Three are reporting or have reported outcomes from the star to their funders

In addition, this research draws on the findings from 28 service user feedback questionnaires completed by service users during the pilot of the Mental Health



(MH) Recovery Star in five MH organisations. The Recovery Star is an adaptation of the Outcomes Star so feedback can be seen to apply roughly equally to both. Finally, five service users were interviewed to gather some direct feedback from them about the Star and their views on its impact for them.

## Section 1: Impact of using the Outcomes Star

This section presents the changes experienced by organisations through using the Outcomes Star. It is divided into three main sub-sections covering:

- Impact on key-work,
- Impact on organisational learning and service design
- Impact on relationship with commissioners.

Some organisations have experienced benefits at one of these levels, some at all three. For example, a senior manager at **Humbercare** said:

We absolutely love it! The manager of our young people's service says it is a fantastic tool to illustrate, motivate and demonstrate change. We have seen benefits for service users and workers through improved key work, for line managers in supervision, for senior management and in our reputation with our funders. We are a massive fan.

### 1.1 Impact on key-work

#### **All report improved key-work when using the Star**

All those interviewed who had implemented the Star said that key-work had improved as a result. The main areas of improvement were increased focus in key-work, opening new areas of discussion and greater service user engagement in their own process of support. This sub-section presents this impact in detail.

#### **Increased client engagement**

The majority of those interviewed described some increased client engagement in their support planning which they directly attributed to the Star. For example, Norwich City Assertive Outreach team and a number of other organisations had prompted non-engaging clients to engage when a worker completed the Star based on their knowledge and impressions of that person and shared it with their client, asking whether it was an accurate picture. In a number of cases, this prompted clients to start engaging where they had not done so before, if only to correct the worker's impression of them - an invaluable starter for discussion - or because they were encouraged by seeing that they were doing well in certain aspects of their life and were drawn into talking about why those were working well.

**The net result is workers talk less and service users talk more.**

Before we introduced the Star the support we had in place wasn't that fantastic and the documentation wasn't fantastic either. Now everything we do, how we do it and why we do it is geared around the Star - the Star is support work. It's made the support we give much more systematic and that means the quality is better. It also brings a consistency which is important to us because we work on a number of different sites. The best thing is that it hands the process back to service users. We ask them what it is they want to work on first and it puts them in the driving seat. (Swindon Supported Housing)

Croftlands Trust in Cumbria found that one of the first effects they saw was both a measurable increase in client engagement and also length of stay. Since they introduced the star and motivational interviewing at the same time, they concluded that it was impossible to say which was responsible for increasing engagement or whether it was a combination of the two, but were clear about the value of the Star in increasing client engagement.

This increased engagement is attributed by those interviewed to the fact that many service users like the Star and in particular the clear visual aspect. For example, analysis of feedback from 28 service users piloting the Recovery Star showed that two-thirds (18) enjoyed completing the Recovery Star with their worker and most of the remainder saw it as no worse than any other approach. Only three service users said they did not enjoy the process. One of the service users interviewed described how the Star encouraged him to engage in his own process:

The language is very plain and simple - there was no medical jargon for me to get my head around. Because it is so visual I could see where I was and where I was going which you just can't do with a traditional support plan. And whereas before it had felt like the key-worker was telling me what to do, this felt like a joint process. For the first time it felt like they were seeing me as a person rather than as a problem and that really built my confidence.

**Demonstrating and reinforcing progress**

An almost universal impact given in the research was in providing concrete evidence for worker and service user alike that progress had been made, thereby encouraging both workers and service users and enabling them to celebrate positive changes. Service user feedback on the Recovery Star showed that just over half said that the progress they made from their first to second Star was encouraging. Some workers found the Star enabled them to demonstrate to despondent service users that they had made progress, even though they had forgotten where they had come from and did not feel that they were doing well. Quotes include:

The process of positive change can be a bit like hair growing - you can't see it happening to yourself, but it is often noticed by others. The Star helps the client see and measure the progress.

**St. Christopher's, Greenwich**

They can see the changes they have made in the time they have been with us and that gives them a real boost. They are so proud of what they have achieved they put the Star on their fridge where everyone can see it.

**Swindon SH**

It is more transparent for staff to see a person has gone from A to B. From a manager's point of view, you can see that the service is working. You can see the individual benefit; you have the starting point and the end point.

**Humbercare**

In initial training, staff tend to express anxiety about the Star showing how their clients have slipped back. However, in the research there were no examples of this being negative - generally where people had slipped back they were aware of it and demonstrating this on the Star was either neutral or helpful. One of the service users interviewed had recently returned to the hostel from prison, where he had come off drugs and made some radical changes, including in his motivation. He wanted to do the Star again in his next key-working session, saying:

Before I was on drugs and it was up and down, now it should be a full circle. I am keen to see where I am and how far I have come.

Another had a long history of drug addiction and homelessness but had been clean for 19 months at the time of the interview and was waiting for move-on accommodation from a hostel. He said;

The Star is helpful. It shows how far I have come. It is a very different shape now. It has helped to motivate me. It gives me a sense of direction - that I can do it. Seeing it visually helps, to see that I am changing, that things are happening, that there is a light at the end of the tunnel.

**Identifying goals**

All those using the Outcomes Star were using it as a basis for support planning with individual clients and found it helpful in identifying areas to work on and specific goals within those. The Star also has an impact in enabling some clients to identify small steps towards their goals because they can see where they are, where they have come from and where they are headed. For example, of the 28 service users giving feedback on the Recovery Star:

- 26 said that the descriptions of the steps on the journeys helped them to describe where they were
- 24 reported that their completed Star reflected where they were at the time
- 14 said that the descriptions of the next steps on the journey helped them to understand what they needed to do next

Within this, Stuart one of the service users interviewed for this research and included as a case study gave his take on how and why the Star was helpful to him:

The Star made a massive difference to me because it showed me that there were things I could do to become the person I wanted to be - a more rounded person with a more rounded star. But the Star showed me that there were things that I could do and goals I could achieve. When you are ill the thought that you can be well seems very daunting but the Star breaks it down into baby steps and you start to feel: Yes, I can do this. That really built my confidence and gave me hope.

### **A more holistic approach**

This was another key area raised by the majority of those interviewed, that the Star encourages workers to look at the whole person. This also leads for some to a better assessment of need through getting a fuller picture. It also links well to the Recovery Approach used by St. Mungo's and some other organisations, as the principle is to focus on what is working rather than hone in on the problem area. Quotes include:

Because the Star shows all the key aspects of a person's life it requires workers to think about the whole person, not just the immediate problems that person is experiencing - and that is an improvement straight away.  
**St. Mungo's**

Service users love [the Star] too. No one has taken the time to really find out all about them before.  
**Swindon SH**

### **Using the Star has led to a fundamental change in casework**

It means that we look at the client holistically - rather than just talking about the things that are easy to talk about we look at everything. This was difficult for workers at first because they didn't feel comfortable asking about the more difficult areas but the result has been very positive. The services are more client-focussed because the Star makes us think about the client and what is changing for each individual. Because it helps to pin-point where service users are making progress and where they are not it has helped staff to start thinking creatively about how to get greater improvements as well. **SHP**

### **Opening discussion of new areas**

Linked to this, the majority of those interviewed described interesting conversations with service users, including breaking the ice with new people and also finding out things they had not know about long term clients, even after years of working with them. For example:

We have had interesting conversations with many service users. By completing the Star they find they have high scores in some areas and we

can discuss how they can learn from those areas to tackle difficulties in their lives.

**Julian Housing**

There are also specific areas in which workers appreciate the excuse provided by the Star to raise issues they might otherwise struggle to introduce:

Because the headings are clear, it is a good lead in to talk about areas that we need to cover but might otherwise find difficult to raise - because it is there, we talk about it.

Because self care is part of the [Star] we do raise it with young people, where before it was embarrassing and difficult to address.

### **Increased focus in key work**

Another key impact, organisations find the Star enables them to keep to the agenda in key-work sessions, rather than spend time on areas raised by clients that may not move things forward, such as complaints about the food or décor. Quotes include:

The Star helps staff focus on the agreed support plans so they don't get too entrenched in the day-to-day issues brought in by their clients and lose sight of the bigger picture...

**Croftlands Trust**

When discussing areas with clients, you stay focused on that area... with the [Star] it is easier to tell the client we will come back to issues they are raising later; prior to that we went all over the place.

Within this focus and more holistic view, the Star encourages staff to be more proactive in their work with clients:

It also shows both improvement and where people need more support; it reinforces to staff the progress made and helps engage clients in their own process. It helped us develop and improve our needs assessment and reinforced to staff the importance of really engaging with service users.

**Croftlands Trust**

### **More systematic and consistent key work**

A number of organisations were aware that they had key-workers with a range of skills and experience and, especially for the larger organisations, had an on-going struggle to bring the working practices of the less effective workers closer to a standard. A number of those interviewed said that the Star helped introduce more consistency in working practice and to raise standards of workers where needed. For example:

Because it is a very structured way of working, it has led to a more uniform way of working between staff.

## 1.2 Impact on organisational learning and service design

This research found that impact on organisational learning and service design was less than on key-work, primarily because only around one-third (nine) of the organisations interviewed were collating data from the Outcomes Star across a project or organisation. Even fewer - five - had ever used the resulting data to learn about what was working and identify areas for improvement. Not knowing how to collate the statistics was a block to analysing the data in some case; others had not really thought of it or had not felt need or interest. St. Mungo's and Croftlands Trust were among the case study organisations which have actively collated and interpreted the data to learn about their services more broadly - what works, what doesn't, what could be improved.

### Improving services

Although we don't have an IT system to analyse the data we have worked with Triangle to look in depth at the Star data in four of our hostels alongside information about service user age, gender etc and the interventions they have received. This produced some very helpful findings. For example we discovered that women make less progress than men in mixed hostels. This has confirmed and validated what we already suspected and as a result we are doing some work to look more closely at what women's needs are. We also learnt that many service users started to move backwards if they stayed in our hostels for longer than a year which has added an increased momentum to an existing project to ensure that there are clear move-on options within our larger hostel. **St. Mungo's**

Croftlands found that the Star data confirmed much of what they suspected and proved that their work was strong in some areas and weaker in others. For example, one of the areas in which there were least positive outcomes in the substance misuse services was in effective use of time, with 25% of clients in one service going downhill and a further 38% showing no improvement. The managers at Croftlands decided this was not acceptable. As a result, they asked service managers to think more about the link between their service and structured day services and back to work services, to be more proactive and make those links stronger to ensure service users were constructively engaged during the day.

However, they also found that 73% of their clients improved their management of their mental health and a further 17% remained stable. They were initially concerned about the dip in mental health for 10% of their service users but, using the Star data, were able to drill down and identify those people that had slipped backwards. The service primarily works with people in transition and they saw from the data that those that had dipped were then readmitted to acute mental health services. This reassured them that they were assessing people correctly and that some people coming to them needed a higher level of support than they could provide, so they slipped back and were readmitted elsewhere and this was probably the appropriate outcome for them at the time. The manager said:

Now we are able to show improvement going back 18 months or two years. There has been a clear improvement for the majority of service users across all the Outcomes Star areas. It's also interesting how this varies between services and analysis of the data has raised questions that we have looked into.

St. Christopher's project in Greenwich was another project that had collated project level data and there the manager said:

In all areas of the Star the Greenwich project is showing progress. We can also see that some areas are very closely linked, like offending and drugs.

In addition, one organisation said that the Star helped them benchmark between services. For another, using the Star had helped to highlight the importance of communications skills within key-work and as a result had affected the criteria they use when recruiting new key-workers.

St. Mungo's is probably the organisation that has done most work with the Star and Star data at an organisational level and the following two good practice examples are from them:

**Understanding service users' needs**

The clear journey of change has given us a shared language for talking about client need - it has opened up lots of conversations at management level and helped us to consider and understand client need and how we respond to it. It has helped us to be really clear about what the role of different projects is - where on the journey they take people in and where on the journey they are aiming to get people to. It helps us tailor our work to the individual by helping us to understand better where the individual is on their journey and what they need to take the next step. **St. Mungo's**

### **The Star as a thorough basis for support planning**

We now make a clear link in our guidance and training between where someone is on the Star and the kind of interventions that are most appropriate. For example, if someone is right at the beginning of the journey, they are not likely to engage in formal key-work so it is more appropriate to engage them informally when opportunities arise. We stress the importance of giving a realistic score. Before we delivered the new training staff would sometimes suggest a higher score because they didn't want to seem too judgemental. In the training we stress that it isn't about judging someone it is about making sure that they get the kind of intervention that is going to work for them. **St. Mungo's**

## **1.3 Impact on relationship with commissioners**

15 of the 25 organisations interviewed in the research were asked about what impact, if any, using the Star had had on their relationship with commissioners and more generally about the role that outcomes were playing in the commissioning process locally. For those 15 organisations, the findings were:

- 11 said their commissioners were interested in the fact that they were measuring outcomes. All of those liked the Outcomes Star and were impressed that it was being used. This includes all five Rochdale organisations plus six of the 10 organisations in other authorities
- Only three of those asked were actually being asked to provide Star data to their commissioners, and then only to a limited extent (i.e. for one project or to one or two commissioners only).

The same respondents were also asked about the move to Local Area Agreements (LAAs) monitored through the new set of National Indicators (NIs) and whether they had considered - or even prepared for - the effect this could have on their service. Only three of those asked (20%) were aware of the LAA NIs and of those:

- All had looked up the relevant NIs in their local areas
- Two of the three said they were confident that not only could they provide the requested data, it might also open opportunities for them; the third had not yet got to the point of exploring this
- None of those interviewed were worried about the impact of LAAs and possible pressures that it might bring to evidence contribution to NIs.

For example, Humbercare found that some of the local authorities there had decided on their new NIs and others not but was not concerned, saying:

We know we will be able to demonstrate our outcomes and are not concerned about the move to NIs. The Star is a good tool for us to personalise outcomes data and demonstrate our outcomes. It can give both the flavour and more detail.



A few organisations reported active benefits in relation to their commissioners as a result of using the Outcomes Star, including raising their profile as a voluntary sector provider. Quotes include:

Within a context where the voluntary sector can be seen as amateur, it has been good for us because the statutory services and funders are also interested. The Star links nicely to the Supporting People outcomes; these are the areas agencies are increasingly being asked to demonstrate...

We are now looking at how we can use outcomes from the Star more to show our funders that we are effective. We do use the Supporting People outcomes form, but this is only on case closure and due to the nature of our work, we do not close many cases.

**Julian Housing**

We have started to share outcomes data with commissioners including Supporting People, Social Services and the Primary Care Trust and have had very positive responses. For example, one said they wished they had that kind of information for other services they commission as well. This reflects well on us as a voluntary organisation. We anticipate project level outcomes data being increasingly useful in discussion and negotiation locally:

**Croftlands**

**Cross checking with hard outcomes**

In our services in East London and the Prolific Priority Offenders (PPO) project the data we have collected has been incredibly useful in evidencing the progress that service users have made during their time in the service. For example in the PPO project the Star data clearly showed many clients making strong progress. In addition crime in the areas covered by the project went down by 35%. When we cross-checked our Star data with the police it was clear that those who had made good progress had stopped (or significantly reduced) offending and those who had not made progress on the Star were still offending. **SHP**

Humbercare work across three local authorities; all three ask for outcomes data and are interested in distance travelled outcomes. They found that Hull City Council were very impressed that they were using the star - they gave them a level A in their QAF. The manager said:

Outcomes have always been talked about but not really been scrutinised - that scrutiny is coming and now we have got more than a year of results and we are ready for it.

And Croftlands:

I have always felt under some pressure to demonstrate that what we do works; we are constantly asked why someone should use our service rather than another and it has been very hard to demonstrate our effectiveness

apart from using discharge information. Now we can, plus the star data we feel comes directly from service users, which gives it more gravitas; it demonstrates where they are and the progress they have made.

## Section 2: Process, implementation and challenges

This section covers:

- the process of implementation of the Star within those organisations interviewed
- the challenges arising, how they were overcome or being worked with and
- how those organisations are planning to develop their use of the Star in the future.

It includes good practice examples within each of the sub-sections.

### 2.1 The Process of Implementation

The research explored the different stages of implementation, from the initial motivation to use the Outcomes Star onwards:

#### **The initiative was most often from a senior manager not CEO**

The research found that the initiative for introducing the Star most commonly came from a senior manager. Out of the 25 organisations interviewed, the findings on who drove the introduction and implementation were:

- 17 a senior manager
- Five the chief executive
- Two quality or monitoring and evaluation lead
- One other.

#### **Most were motivated by internal organisational reasons**

The reasons for introducing the Star varied but were more often motivated by internal improvements rather than external learning. Around half of those interviewed were primarily or entirely motivated by wanting to improve their key-work systems, so for benefits for work with individual clients, not by the potential of collated outcomes data. Some organisations had more than one reason; usually this occurred when external verification was one of two or more motivations.

Overall:

- 10 introduced the Star to support or improve key work or key work systems
- Nine did so to better verify outcomes externally
- Seven to enhance internal learning
- One to meet specific funding requirements
- One to involve the board.

The five Rochdale organisations are excluded from the above breakdown on the grounds that this was a particular context and motivation for introducing the Star, so five organisations from that one authority would skew the figures. In Rochdale the original initiative came from the local authority and the five organisations were among 15 or so in Rochdale which had started down the path of developing and introducing a Star because of the requirement of Supporting People. However, by the end of the pilot period, all those interviewed had decided to continue using the Star regardless of commissioner requirements because of the benefits in key-work. Their on-going motivation can therefore be defined as improving key-work.

The following quotes illustrate the range of reasons:

We wanted to use something our clients could engage with and which could involve clients right from the word go. The Star is one of the few tools that are useful for both clients and staff and helps us demonstrate what we're doing - it ticks a lot of boxes! It is person-centred and whole life.

**Norwich City AO**

I have had a personal curiosity about how to measure and demonstrate outcomes for service users since working in the substance misuse field in the early 1990s. My main motivation was to learn more as an organisation about where we were and were not having an effect and use that learning to improve services.

**Croftlands**

When Supporting People came in it was a bit of a wake up call for us. Now we knew our work would be compared with others we felt a pressure to look at how well we were doing and find ways to show that our work was making a difference.

**Swindon Supported Housing**

Not everyone was agreement. Some people wanted to design their own model. But tools that had been used previously were not as good and the Star has a high standard of presentation and was ready to go so we decided to go with it.

**St Christopher's project in Greenwich**

### **Implementation takes time to do well**

The majority of those interviewed had taken time with implementation and several - particularly the large organisations - had tried a number of different approaches before realising the scale of what was required to ensure effective roll-out. The case studies provide illustrations of the different approaches organisations took to implementation. The most common first step was to train key workers with 15 of the 25 organisations having done this. The majority of them used the free training pack downloaded from the homeless outcomes website. Overall:

- 15 provided training for all key-workers; the remainder introduced the Star more informally through line managers

- 11 piloted the Star in some way. Others got people to try it out informally rather than using formal training or a pilot
- Six involved their service users, either helping choose a system or in training in use of the Star
- In addition to the five organisations in Rochdale, three had adapted the Star themselves to some extent, though at least one had reverted back to the original Star by the time of the interview
- Integration into paperwork/ wider client systems was also part of the process for many.

In relation to involving service users, Swindon Supported Housing initially looked around at what support tools were available and found three possible tools. They decided to let the service users choose the tool that worked best for them. They consulted 12 clients; every single one chose the Star. In Rochdale, the development of local Star tool was initiated and managed by Supporting People within homelessness, but in a later wave, a number of mental health organisations came on board and were trained. Two of these organisations are included in the research sample. They invited service users to participate in initial Star training and found that their responses to the Star were often different from - and more positive than - the staff, which effectively cut across many of the concerns being raised by staff in the training.

#### **Our first move was to get the Support Officers enthused**

Introducing “another piece of paper” is a sure way to turn people off. There was a lot of discussion initially; people were sceptical. I presented the Star as potentially time-saving, and having the benefits of being visual and not using many words or long questions. It was agreed that we would let the Support Officers try it out themselves, to evolve a method that suited them. We also agreed to secure a ‘retrospective reading’ as well as the current position, so as to show immediately how service users had progressed since arriving at the project and give the tool and data some meaning.

One month later, at a Team Meeting, feed-back from Support Officers was very positive. They reported that Service Users really liked it, and became significantly motivated when they had completed it. It was clear also that the Support Officers themselves were very keen, and saw its value. There has been no pressure from me to secure readings. But whereas before there were misgivings now Support Officers are automatically feeding the data in to me without me asking.

**Greenwich**

#### **Implementation is an on-going process**

A number had trained all staff and then assumed that the Star was being used consistently, only to find out later that this was not the case. They realised that more on-going integration of the Star was needed, into:

- Support planning and review paperwork
- Ways of working with clients
- Supervision, including checking of case files

- Discussion within team meetings
- Top-up training for new staff and those who had not intuitively taken to the Star.

For example, at St. Mungo's:

We thought that staff would just pick up and run with it but now we realise that the Star needs to be fully integrated into our support planning materials and training. We have now adopted the recovery approach in all our work and the Star fits very well with this because it is about what people can do, not just their problems. So we have integrated the Star into our new support planning approach at the same time.

At the time of interview, only one-third of organisations contacted were collating Star data on clients across a project or organisation and even fewer were really using that information for organisational learning or reporting to funders. This aspect of implementation of the Outcomes Star was seen very much as part of an on-going process or next steps by most of those interviewed, even where they had made a start.

#### **Time, flexibility and listening to staff were all important**

There were some common themes across organisations that had implemented the Star successfully:

- **Taking time to allow people to realise the benefits** so that key-workers saw the Star as something that was going to make their job easier and better, rather than just another burden. Some did this through formal training, some through discussions in team meetings
- **Allowing people to express reservations and ask questions.** The Star represents a significantly new way of working and some respondents found that staff needed to have their concerns and questions heard - in one case where this didn't happen, resistance to the Star persisted for quite some time but disappeared when a full discussion took place
- **A flexible approach at first.** Organisations who allowed the more enthusiastic workers to 'just give it a try' found that this approach worked very well. These workers came back to the team with very positive experiences which then enthused others and feedback from their clients provided concrete evidence of the viability, benefits and popularity of the Star
- **Involving service users in the process.** Organisations who did this found that not only did it mean that service users understood and had a say in what was happening, but that their support also added to the credibility and legitimacy of the tool within the service.

For example, the manager interviewed at Croftlands said:

Workers were unsure at first but my approach was to give the Star to those workers likely to be most open and encourage them to just have a go with it in their own way. Almost immediately, positive feedback from those

workers and their service users encouraged others to try it too. Now I can guarantee that whenever I visit a project, one or more of the service users will pull out their completed star to show me the progress they have made.

**Three-quarters said that implementation was going well**

When those in the 25 organisations were asked how satisfied they were with the way the Star was being used within their organisation:

- 15 said it was going very well
- Four described it as going quite well
- Four more said that implementation was patchy i.e. some workers were using it while others do not
- The remaining two organisations reported that they still had a lot of work to do.

The data shows a correlation between the size of organisation and how satisfied respondents were with implementation. None of the very large organisations reported that use of the star was going “very well”. Two reported that it was going “quite well” and the third reported that there was still a lot of work to do. In contrast the majority of medium/ multiple service organisations and both the individual projects within larger organisations said that it was going “very well”.

There was also a correlation with time since the Star had been introduced. In all the medium and small organisations that had introduced the Star at least 18 months before the research, implementation was described as going well. This is one indication of the need for time when introducing the Star.

**The Star work best where motivations are internal to the organisation**

The research revealed a marked correlation between motivation for using the outcomes star and how satisfied respondents were with how the Star was being used. Generally satisfaction was a lot higher in organisations that were motivated by internal learning or improving key work than in those motivated by the need to verify their outcomes externally.

For example, among the 16 organisations who reported that implementation was going “very well”, 14 were primarily motivated either by internal learning or improving their work with clients; in the other two the main motivation was external verification but internal motivations came a very close second. Similarly, looking at the nine organisations primarily motivated by external verification, implementation was only going very well in one of them. These findings are detailed in the table below.

Implementation of the Star is going..	Motivated by external factors	Motivated by Internal learning	Motivated by improving key-work
Very well	1	4	5
Quite well	3	1 <sup>2</sup>	
Patchy	3		1
A way to go	2		

<sup>2</sup> Just embarking on the process of implementation

## 2.2 Key challenges in implementing the Star

This sub-section presents information collected on the challenges faced by organisations introducing the Outcomes Star.

### **The majority experienced resistance from key-workers**

Around two thirds of organisations nationally experienced resistance from at least a proportion of front-line workers when they first introduced the Star. Overall:

- 13 reported initial resistance from key workers
- 14 had difficulties with data analysis
- Four said there was simply too much else happening to give the star the energy needed
- Poor or inappropriate use of the Star was also a challenge for a number of organisations, often due to lack of key worker skills or resistance to the Star
- Only one organisation reported either resistance from service users or lack of buy in from the top as challenges to implementation.

None of the five organisations from Rochdale had experienced any significant resistance from workers when introducing the Star. This they attributed to their involvement from the outset in an 18 month development and piloting process for a local Star variant, a process which allowed workers to feel fully involved and that their concerns were heard and taken into account. It is more representative, therefore, to look at the picture nationally, excluding the Rochdale context. There, 13 of 20 organisations experienced resistance initially - around two-thirds.

### **There were common themes in resistance from key-workers**

There are some common themes that occur again and again in key-workers initial resistance to the Star, including:

- It will take too long
- It is intrusive, including fears that service users will object to certain scales
- Objections to the perception of giving people a “score”, which some interpreted or perceived as “judging” people
- Fear that the Star will de-motivate those nearer the start of the journeys
- There is already too much paperwork

Resistance from key-workers was either expressed in initial training or in not fully engaging with using the Star with service users. For example, one of the service users interviewed said that his worker had completed the Star for him, saying “here, you don’t need to worry about this, I’ll do it for you - just sign here”, without offering a joint process.

### **IT emerged as a barrier to fully using Star data**

Before the London Housing Foundation and Triangle Consulting launched the Outcomes Star they carried out research into the IT systems used by homelessness organisations and concluded that, due to the wide variation, the best approach to

IT would be for organisations to integrate the Star data into their own systems. This would mean that Star data could be cross-analysed with client characteristics and interventions, and avoid having parallel IT systems. However, a year after the launch it was clear that IT was a barrier for many organisations and this has been confirmed by this research. 14 cited this as a difficulty and a further two were not collating Star data. For example, in relation to IT, SHP found:

We were ready to roll it out but wanted to get the technology in place before we did this so that service users could complete the Star on-line and we could analyse results at the touch of a button. That is where things got stuck.

A number of the smaller organisations did not have IT systems in place that could be modified to incorporate Star data; they just had basic databases of core client information with limited analysis capacity.

### **Inaccurate Star readings were harder to identify but present a challenge**

Several organisations reported inconsistencies or unlikely data emerging, such as clients with substantial needs being marked with 10s on the scales. It is difficult to determine how prevalent this is as a challenge as it tended to emerge only for those organisations which analysed their data across the service - around one-third of the sample. Where more detail is available, this is due to key-workers:

- Not understanding the journey of change underpinning the Star so doing an open “where are you on a scale of 1-10”, based on satisfaction or severity of problem
- Lacking confidence to challenge their clients’ views of where they were on the scales, including lack of motivational interviewing skills, so simply recording what clients said even if this was far from reality
- Linked to this, the perception that a client-centred approach meant going entirely by what their clients thought
- Marking their clients higher on the Star on the grounds this would boost their confidence or out of fear of negative reactions
- Not wanting to cover some scales for fear of “opening a can of worms” that they could not then manage.

### **Other barriers were less of an issue**

Three organisations had already been through a considerable amount of organisational change when the Star was first introduced, or were under pressure in applying for or losing contracts and this detracted from energy being put into the Star. The majority of those were in London.

## **2.3 Overcoming difficulties and meeting challenges**

### **The majority of difficulties were overcome**

This was particularly true in the case of key-worker resistance, which in most cases was overcome fairly quickly. This is a useful finding for organisations embarking on the Star as it implies that resistance can logically be anticipated but should not present a major cause of concern as it can be overcome quite readily. IT issues



took longer to resolve and were on-going for a number of organisations at the time of the research.

Overall, the table below shows the number of organisations who had experienced and overcome difficulties by the time of the research:

Challenge or difficulty	Total	Entirely overcome	Mainly overcome	Making progress	Still a barrier
Resistance from key workers/ front-line staff	13	4	5	2	1
IT/data analysis issues	15		11		4
Too much happening	3		2		1
Service user resistance	1	1			
Lack of buy-in from top	1				1
Other	1				1

The “other” barrier was the pressure on one organisation from completing the Supporting People outcomes form in a small service with a high turnover of clients, which left insufficient time to use the Star.

The above table does not include figures for the challenge of the Star being used inaccurately, as these are not available. However, all the organisations interviewed which were aware of this issue were actively addressing it and were making progress or described it as mainly overcome.

**Allowing the Star to sell itself helped overcome resistance from key-workers**

Interviewees, particularly in the larger organisations, commented that they hadn’t recognised sufficiently that implementing the Star is a change management task - once they recognised the need to approach it in this way they had more success.

Successful strategies here included:-

- Encouraging key-workers to simply try using the Star - maybe initially with a few more willing service users - and seeing for themselves how it was received and how well it works
- Identifying people who were willing to give the Star a try and then using feedback from them and their service users to encourage others
- Encouraging some or all key workers to just have a go with it in their own way
- Giving out the message that the star is here to stay so people do need to take it seriously rather than see it as something that management will forget about
- Listening to workers and addressing their concerns
- Actively marketing the star, including persuading people of its value within care planning

- Embedding the star in internal system so that it is integral to ways of working.

For example, Humbercare have their own internal assessment paperwork, support plans and exit forms plus the star. They had some initial resistance from key workers and struggled with data analysis to start with. However, according to the manager, they are a learning organisation and the managers embrace change. Also:

The staff know it's not going anywhere; that the Star is here to stay. They also know it makes their job easier.

Generally, a “softly, softly” approach combined with this strong message was most effective, allowing time for the Star to sell itself to key-workers, through the responses of their clients and the value to them. The implication is that managers can have confidence and be open to allowing people to test the tool in their own way. It works, and the majority of key-workers realise that quite quickly when given a chance.

#### **Most had substantially addressed IT issues**

Those who had overcome problems with data analysis had used a number of strategies and most had mainly overcome the difficulties, though none had completely solved them.

- Rochdale Council developed a bespoke system themselves for organisations to enter Star data; this was at an early stage at the time of this research
- Using a simple excel spreadsheet call the Number Cruncher available from Triangle Consulting
- Through modifying LINK - a client record database developed by Resource Information Service
- Very few organisations had adapted their existing software to incorporate the Outcomes Star.

By the time of the research, LHF and Triangle had realised the need for an off-the-shelf IT solution to support the Outcomes Star and the newly developed Outcomes Star system was just becoming available on-line. This is managed and promoted by Homeless Link and can be accessed via the [homelessoutcomes.org.uk](http://homelessoutcomes.org.uk) or Homeless Link websites. Seven of those interviewed said that they would benefit massively from the Outcomes Star System and were keen to use it; several signed up as pilot users before the launch of the system by Homeless Link on 21 October 2008.

#### **There are good practice examples for ensuring appropriate use of the Star**

This was a significant issue for organisations who had realised that at least some workers used the Star inappropriately, as it pointed to larger issues of key-worker skills and effectiveness and could not be instantly resolved. However, many had introduced effective strategies and there are a number of good practice examples in the case studies and summarised in this section, including:

- Further training

- Launching the new version of the Outcomes Star with its clearer depiction of the journey of change
- Incorporating discussion of the Star into client review meetings and other forums
- Greater integration of Star scores within support planning

**The Star is a fixed item in Supervision sessions**

And it is often on the agenda at Team Meetings. We use the completed Stars in Reviews, to see where we can close the door on things in a support plan and/or when to give things a higher priority. When we do that based on the completed Star, we have found it takes very little time to re-model the Support Plan to fit with what the client and the worker need to concentrate on. When people get close to 10's, we use the Star to negotiate with the client the prospect of sign off from the Service. **Greenwich**

A St. Mungo's manager said:

Using the Star well means asking open questions and listening carefully to what people say. Some people struggled with this and this helped us to identify a clear training need.

Managers and staff at St. Christopher's in Greenwich found:

Our clients are not always the easiest to engage with, but we found that if you get your timing right, the Star works very well. Workers need to be experienced and also flexible about when to do the Star and how to engage with the client. For example, to postpone if someone was going through a bad experience that was not representative of their overall progress.

**Training and time is needed to ensure consistency in scoring**

Early on we found that some service users had very high scores on the Star and realised that this was because some service users were not making very realistic assessments of where they were and staff were just agreeing with the service user assessment rather than entering into a discussion and sharing their own perceptions. However, training has helped considerably, as has the new version of the Outcomes Star which is much easier to use. Staff now find it much easier to understand the underlying journey of change and scoring. It has also been important to ensure that the Star is discussed regularly within teams. Now we find that scoring on the Star is more accurate, consistent and realistic. **Croftlands**

## 2.4 Looking to the future

Interviewees were asked what they were planning to do next in their implementation of the Star. Of the 25 organisations:

- 13 plan to get outcome reports or improve their reporting of outcomes
- Nine plan to extend use of the star to more projects
- Five plan to feed outcomes data into learning and planning
- Two plan to embed the process more generally.

Four organisations talked about carrying out an internal review, including staff consultation, and checking the consistency of use of the star, integrating it more into line management and other working practices.

A further three emphasised wanting to use the data more fully, including one expressing concern about the possibility that the data would not show client change. Other future steps included aligning more closely with the LAA NIs and presenting the star and outcomes star system at a conference.

### **Key for us is to keep the Star dynamic and live**

We have to keep it on the team agenda. It is a dynamic tool and needs a level of input and discussion within the team. You can't just introduce a tool like the outcomes Star and leave it. You need to constantly check how it's going. It needs ongoing training and discussion and to be a feature of quarterly development sessions, finding out how people are getting on with it and discussing why some service users are not engaging and how it might be possible to pitch the Star differently to maximise engagement. **Julian Housing**

To finish, some words of advice from the organisation that commissioned the original version of the Star and has been implementing the Outcomes Star for longest - St. Mungo's:

My advice to anyone who is thinking about using the Outcomes Star is to see the implementation as a change management process. It is vital to communicate to key-workers how it will help them to do their job, and also that it will help the organisation as a whole to make its case to the outside world. It is also vital to integrate the Star fully into key-work processes and training. It has taken us a while to do all this but now we have we are really starting to see the benefits.

And another long-term Star user, SHP:

My advice to anyone who is thinking about doing this would be that it will probably take more time than you think but the investment repays itself. We had to deal with resistance from staff... Re-working our key-work materials... training key-workers... But what we now have is better key-work,

more client-focussed services and real evidence which we can use with commissioners and that is worth its weight in gold.

And a service user:

To any key-worker who is about to use the Star I would say it's great. The language is straightforward, it will help you build a better relationship with your service users and you will see tangible improvements for them.

To any service user who might have the chance to use the Star I would say - go for it. It can change your life and make you realise that there is a world out there and you can be part of it.

### Section 3: Case studies

There are nine case studies included in full in this section, to cover a range of types of organisation and client group and illustrate different approaches to implementation, the challenges and how they were overcome. In alphabetical order, these are:

Organisation	Client group	Service type	Illustrates:
Alabaré Christian Care centres, Salisbury	Various: MH, YP and LD	Residential, Floating Support, training & development	How initial manager and staff resistance was overcome. The need for the star to be an integral and on-going part of the agenda in supervision, staff meetings etc
Norwich: Julian Housing and statutory service	Chaotic, mixed needs	Assertive outreach	That the Star can be used in an outreach setting. Effect on the relationship between voluntary and statutory and issues with multiple data collection demands
Croftlands Trust, Cumbria	Across social care but Star with D&A and MH	MH crisis D&A service	Successful implementation leading to increased client engagement and organisational learning from outcomes data
Humbercare	Various, including D&A, offenders	Floating support	Why they are a “massive fan” of the outcomes Star, including benefits in key-work, supervision, management and relationship with funders
St. Christopher’s, Greenwich	YP (16-25)	Floating Support	Good practice in on-going integration of Star in key-work, supervision etc. That YP like the Star. Star data shows progress
St. Mungo’s, London	All	All	The extent and length of the change management process necessary to introduce the Star into a very large organisation and clear benefits in improved key-work
Single Homeless Project (SHP), London	D&A, offenders, YP, MH	All	That implementation of the Star can take a long time but it is worth it. Hurdles overcome, learning and benefits for clients, workers and reputation with funders

Swindon Supported Housing (stat)	Vulnerable adults	Supported Housing	Using the Star for 4 years. Has made key-work more systematic and better quality.
Tulip: Stuart, ex-service user	MH	Day centre	How using the Recovery Star was fundamental in him turning his life around and moving from SU to support worker

MH: Mental health  
 LD: Learning disability  
 YP: Young people  
 D&A: drug and alcohol misuse

## **Alabaré Christian Care Centres, Salisbury**

Alabaré run a large number of homelessness projects across the southeast and southwest of England, including around 150 bed spaces plus floating support and training and development projects. They work with a range of clients, including learning disabilities, mental health and young people. The outcomes star has relatively recently been rolled out across all the accommodation based projects and is due to be implemented across the organisation over the coming months. A number of initially resistant hearts and minds have been won over and implementation continues to be a learning process, as described here by senior operational manager Janet Herring:

### **The Star ticks a number of boxes**

Our primary motivation for going in search of a tool was that we were pleased with what we seemed to be achieving in our projects but how do we demonstrate it? Once we started using the Star, we realised its value in looking at goal setting with our clients, that it enabled people to put more goals in and to make support planning more meaningful. That was an incredibly valuable consequence of introducing the star, but the driver was evidence and external verification, including being able to complete the supporting people outcomes form; we wanted something that was meaningful to a service users and to be able to tell someone else we were making a difference. For us, the outcomes star therefore answered quite a few conundrums.

### **There was considerable opposition at the start**

A first step was to take both the outcomes star and another tool we were considering to the middle management team and present both with a recommendation to go with the star. At that time, half of the middle management team were vehemently against the star, some even describing it as a breach of human rights. However we did reach agreement to try it.

### **Service users really like the Star**

At the evaluation of the pilot we found that a lot of people really like the star. It has gone down really well with our service users. For example we have one nine-bed service for women with complex needs. There, one of the women filled it out with her worker and then spent some time looking at her completed star and said:

I see, my life is all jagged at the moment and I'm here because you are trying to help me be a more well-rounded person.

### **Positive service user response won over management hearts and minds**

As a result of such responses, those managers who did have initial concerns have since changed their minds. Indeed, because of contact with one project which absolutely loved it, one of the staunchest critics is now the star's foremost champion in the organisation. They have been open in recognising that their initial response was due to putting their own value based on to the star, not the clients. We find that once people do the star with clients, they come round to it. For instance, some of our staff had initial concerns around giving clients a "score", but



we emphasise the steps of the star and when people see the visual aspect of it and the way clients respond, they come around.

### **Internal training and integration of the Star went well at first**

After the agreement to go ahead with the Star, we downloaded the Star training course available on [www.homelessoutcomes.org.uk](http://www.homelessoutcomes.org.uk) and used that to run internal training with all staff. That went incredibly well and people seemed to really have a grasp of it. We then integrated the outcomes star into our ways of working with clients so it is completed within the first 28 days and at three-month review. It can then be completed again whenever the client and worker think it's appropriate but must be completed at the end, as the client is leaving the service. Our experience is that the first star is not always that accurate because the process of completing it and looking at areas of life are mixed up with the crisis that brought the person to us in the first place. The three-month reading is more realistic and onwards from there gives us a good picture of progress.

### **Some workers really “get it”, others don't**

However, what we have now found is that certain staff are brilliant at doing the star with clients whilst others are not. In some projects, staff have entered the star data onto the number cruncher Excel spreadsheet and that has revealed a lack of consistency in the scoring, with some staff entering unrealistically high scores for service users even as they first arrive in the project, for example. As a result, we looked into what was actually happening and found that we have some real outcomes star champions and others who simply haven't grasped it at all. Some clients really, really latch onto it and others don't and we found a lot of this was around the key worker.

### **Staff need on-going discussion, checking and training**

I realised that that we had been so pleased by the way that staff embraced the star during the training; we had not built in any mechanism for checking by line managers within supervision or ongoing discussion of the star to ensure consistency of use. We have now identified those staff that need further training in the star and are setting up systems to ensure that the star is integrated into supervision and team meetings and that there is a continual process of checking and ensuring it is understood and used consistently. For us the next steps are checking, auditing and embedding the star and once we have a good enough sample of sufficiently consistent data to be confident of what it says, we will analyse and report those results.

### **Our commissioners are fascinated by what we're doing with the outcomes star**

For example in our review with Wiltshire county council they said they wanted to have distance travelled measures embedded. You can see their eyes shine a light up when we talk about the Star; it definitely gives us brownie points.

National indicators have now been agreed in all the areas we cover, with a different set of 35 indicators in different local authority areas. What we are finding is that these local area agreements also give us opportunities to talk about ways in which we are contributing that we might not otherwise have thought to raise, such as getting young people involved in volunteering. Because this links to a

particular national indicator in one area, we can now show the contribution of this project.

## Use of the Star in assertive outreach in Norwich

The assertive outreach teams of Julian Housing (voluntary) and Norwich City NHS (statutory) work with some of the most complex and difficult to engage people in the area; people who don't want a service. With small case loads of 10 clients per worker, they aim to engage people, stabilise mental health, reduce hospital admissions and address other key issues. Ben Curran first introduced the Outcomes Star within the assertive outreach team of Julian Housing two years ago, and recommended it to Jane Lambert, Team Manager of the statutory service because of their success with it. Here, Ben and Jane describe their experience:

### Ben Curran, Julian Housing

#### **We sought an outcomes tool to benefit service users**

The Director of Practice Development at Julian Housing is an outcomes champion. Taking her lead, we set out to find a tool that would make sense to our clients - people not keen to engage with formal processes - and enable staff to measure outcomes. Essentially, we wanted a service user tool, something meaningful to our clients, to enable us to help them better. Obviously we also have funding requirements and needed something to report our outcomes to funders, but our primary motivation was to benefit service users.

Within assertive outreach, the Star is now integral to the support plan; the Star Chart is on the front sheet, we have adopted the ladders [depicting the journey of change within each outcome area] and then have a section for what the client wants to prioritise based on their Star.

#### **There were issues getting the team to embrace the Star**

Some staff used to say that service users didn't like paperwork but actually we found that it was the staff who didn't like paperwork! Service users were actually very enthusiastic about the Star. However all staff have now embraced the Star as standard. They like the fact that it is visual. We still need to keep reminding staff to look back with people at their previous Star so it is not just done as a stand-alone measure. And we make sure that we market the Star to service users so that they can use it as an effective engagement tool and motivator.

We spent some time adapting the Star within our team, tweaking it to better measure the outcomes of our particular client group and leaving some of the outcome areas blank so that service users could decide what to measure. However, we have had only varying degrees of success in encouraging clients to use the blank scales and have now decided to revert back to the original Outcomes Star so that we can use the outcomes Star system [online database]. We have so far struggled to produce outcomes data across the team and the OSS is fantastic, just what we need.

#### **The Star increases focus and opens interesting conversations**

Through using the Star, our work with service users and as a team has become more focused. Plus we have had interesting conversations with many service users.

By completing the Star they find they have high scores in some areas and we can discuss how they can learn from those areas to tackle difficulties in their lives.

### **The Star has raised our profile as a voluntary organisation**

Within a context where the voluntary sector can be seen as amateur, it has been good for us because the statutory services and funders are also interested. The Star links nicely to the supporting people outcomes; these are the areas agencies are increasingly being asked to demonstrate. We are now looking at how we can use outcomes from the Star more to show our funders that we are effective. We do use the supporting people outcomes form, but this is only on case closure and due to the nature of our work, we do not close many cases.

### **Key for us is to keep the Star dynamic and live**

We have to keep it on the team agenda. It is a dynamic tool and needs a level of input and discussion within the team. You can't just introduce a tool like the outcomes Star and leave it. You need to constantly check how it's going. It needs ongoing training and discussion and to be a feature of quarterly development sessions, finding out how people are getting on with it and discussing why some service users are not engaging and how it might be possible to pitch the Star differently to maximise engagement.

Our team has pioneered the use of the Star within Julian Housing and the director of service development is now very interested in using it across the organisation.

### **Norwich City assertive outreach team**

Over the years, we have tried a number of tools and measures but none quite fitted our clients. We get very involved with people, looking at their whole life. Many have complex social needs and we get involved on practical levels too.

### **The Star is good for both clients and demonstrating achievements**

We wanted to use something our clients could engage with and which could involve clients right from the word go. The Star is one of the few tools that is useful for both clients and staff and helps us demonstrate what we're doing - it ticks a lot of boxes! It is person-centred and whole life.

### **Time-consuming CPA documentation is a barrier to implementation**

At the moment some team members are using it and some aren't. As a statutory organisation we are subject to the Care Plan Approach process. Currently this is a very bureaucratic system and the documentation is vast, very time consuming, and geared more to problems than strengths. We now, as part of National Targets, also have to do the HONOS outcome measurement. However, we had looked at this about 7-8 years ago and decided it wasn't a very client-centred tool. It is staff-led, and does not fit well with what we do. Certainly the staff in the team who are doing both prefer using the Outcome Star.

It is likely that these heavy documentation demands have effected how much the Star is used. In addition, we did not organise staff training initially in the star and suspect that is also a reason why we had a rather a faltering start. Further, one

staff member was supposed to lead on the implementation but they didn't do it and then left the organisation, so the process was not very organised. However, we are now making the outcomes star standard practice within our team.

**Both clients and staff members find the Star useful**

It opens interesting discussions with people about trying to get to a common, shared understanding of what the problems are. And it is very visual. One approach that has been very useful for us is where the worker has completed the Star initially and shown it to the client and used it to prompt clients to start engaging where they had not done so before.

**The Star identifies strengths which can be built on**

The Star helps us demonstrate that we provide a good quality service with results as good as or better than what is expected. It also helps us and our clients to see that we're moving forward and things are getting better, whether that is minutely or in leaps. It is also good for people to look at their whole life and see what's going well and what is causing problems and see what needs to change for the rest of their life to shift. The current paperwork is very problem orientated and the Star identifies where things are going well so it means we can use someone's strengths and skills from one area to tackle another. And where things are not changing, the Star helps us identify what we can look at to get things moving.

We have been involved in a big review process and pressures related to that have been occupying people. But we are gradually winning people over and showing that the Star is useful with the clients not just as a paper exercise. For example it be a very helpful tool to complete it before a care planning meeting or it can be used as a basis for discussion about a forthcoming care planning meeting.

**The Star really fits with our ways of working**

It really helps us to focus on the next three or six months with someone. It's going to be a slow process for us; I have considered making the Star compulsory and decided against, at least for now. But other teams are now interested and we are presenting the Star at the national assertive outreach conference in July.

## **Croftlands Trust, Cumbria**

The Croftlands Trust first introduced the Outcomes Star nearly 2 years ago. The organisation works with people across social care, including people with mental health and/or drug and alcohol issues, brain injured adults and older adults. The star is used consistently in two substance misuse services and the mental health crisis service. Here, Mark Barrett describes the process of implementing the Star and a difference he has seen it making:

### **We were motivated by wanting to learn as an organisation**

I have had a personal curiosity about how to measure and demonstrate outcomes for service users since working in the substance misuse field in the early 1990s. My main motivation was to learn more as an organisation about where we were and were not having an effect and use that learning to improve services. We went in search of a tool, came across the Outcomes Star and were really impressed. The first step was getting people to try it and integrating both the star and motivational interviewing theory and practice into our ways of working.

### **We let people just have a go, in their own way**

Workers were unsure at first but my approach was to give the Star to those workers likely to be most open and encourage them to just have a go with it in their own way. Almost immediately, positive feedback from those workers and their service users encouraged others to try it too. Now I can guarantee that whenever I visit a project, one or more of the service users will pull out their completed star to show me the progress they have made.

### **We noticed a measureable increase in client engagement**

One of the first effects we saw was a measurable increase in client engagement and length of stay. Since we introduced the star and motivational interviewing at the same time, it is impossible to say which is responsible for increasing engagement or whether it is a combination of the two. However, it is clear that the Star helps staff focus on the agreed support plans so they don't get too entrenched in the day-to-day issues brought in by their clients and lose sight of the bigger picture. Further, it also shows both improvement and where people need more support; it reinforces to staff the progress made and helps engage clients in their own process. It helped us develop and improve our needs assessment and reinforced to staff the importance of really engaging with service users.

### **Project level outcomes data is absolutely brilliant**

Now we are able to show improvement going back 18 months or two years. There has been a clear improvement for the majority of service users across all the Outcomes Star areas. It's also interesting how this varies between services and analysis of the data has raised questions that we have looked into.

The Star data has confirmed much of what we suspected and proved that our work is strong in some areas and weak in others. For example, one of the areas in which there were least positive outcomes in the substance misuse services was in effective use of time, with 25% of clients in one service going downhill and a further 38% showing no improvement. We decided this was not acceptable. As a

result, we asked service managers to think more about the link between their service and structured day services and back to work services, to be more proactive and make those links stronger to ensure service users were constructively engaged during the day.

### **73% of clients improved their management of their mental health**

And a further 17% remained stable. However, we were initially concerned about the dip in mental health for 10% of service users. The Star data enabled us to drill down and look at those people that had slipped backwards. This service primarily works with people in transition and we saw from the data that those that had dipped were then readmitted to acute mental health services. This reassured us that we were assessing people correctly and that some people coming to us needed a higher level of support than we can provide, so slipped back and were readmitted elsewhere.

### **Training and time is needed to ensure consistency in scoring**

Early on we found that some service users had very high scores on the Star and realised that this was because some service users were not making very realistic assessments of where they were and staff were just agreeing with the service user assessment rather than entering into a discussion and sharing their own perceptions. However, training has helped considerably, as has the new version of the Outcomes Star which is much easier to use. Staff now find it much easier to understand the underlying journey of change and scoring. It has also been important to ensure that the Star is discussed regularly within teams. Now we find that scoring on the Star is more accurate, consistent and realistic.

### **Our commissioners want this kind of data for all projects**

We have started to share outcomes data with commissioners including supporting people, social services and the primary care trust and have had very positive responses. For example, one said they wished they had that kind of information for other services they commissioned as well. This reflects well on us as a voluntary organisation. We anticipate project level outcomes data being increasingly useful in discussion and negotiation locally. For example we are in a process of change here in Cumbria; there will be a reduction in inpatient beds and discussions are taking place about opening more projects similar to our mental health crisis projects in other parts of the county. We are feeding our outcomes data into these discussions.

### **Now we really can demonstrate that what we do works**

I have always felt under some pressure to demonstrate that what we do works; we are constantly asked why someone should use our service rather than another and it has been very hard to demonstrate our effectiveness apart from using discharge information. Now we can, plus the star data we feel comes directly from service users, which gives it more gravitas; it demonstrates where they are and the progress they have made.

## Humbercare

Humbercare supports over 180 service users in their own homes, covering all ages and including services for drug and alcohol misuse clients, probation/offenders, young people and others. They have been using the Outcomes Star for over a year and here senior manager Mike Mercer describes the process of implementation and explains why Humbercare is a “massive fan” of the Star:

For us the motivation for using the Outcomes Star was to raise our standards internally. We wanted to enable staff to use a tool that was easy and which would benefit clients because it was useful and productive in support planning. We decided we would rather go with something tried and tested than develop our own. We looked at the Star and decided it was good. We took it to our senior team. They were dubious at first but came round. We then had a short training day and discussed it - actually more a shared learning process than training.

### **Initial resistance was soon overcome**

We have our own internal assessment paperwork, support plans and exit forms plus the star. There was some initial resistance from key workers and we struggled with data analysis to start with. However we are a learning organisation and the managers here embrace change. The staff know it's not going anywhere; that the Star is here to stay. They also know it makes their job easier. Their resistance was not major anyway and they have not been overloaded with new initiatives in recent years, so introducing the star was not that difficult.

### **We absolutely love it!**

For example, the manager of the young people service says it is a fantastic tool to illustrate, motivate and demonstrate change. We are a massive fan. We have seen benefits for service users and workers through improved key work, line managers in supervision, for senior management and in our reputation with our funders.

### **In key-work, the Outcomes Star has resulted in staff raising their game**

It is more transparent for staff to see a person has gone from A to B. From a manager's point of view, you can see that the service is working. You can see the individual benefit; you have the starting point and the end point. All the feedback has been positive. People can see the changes. It does not promote competition between staff but makes them more proactive and makes them more aware of support planning and reviewing.

### **We are ready for commissioners to scrutinise our outcomes**

We're just in the process of putting the star information on a database that we have put together ourselves. We have already used the data for benchmarking internally between our services, but this will make it much easier and also enable us to report the data to our funders. Hull City Council is very impressed we are using the star - they gave us a level A in our QAF. We work across three local authorities and they all ask for outcomes data and are interested in distance travelled outcomes. Outcomes have always been talked about but not really been scrutinised - that scrutiny is coming and now we have got more than a year of results and we are ready for it. Looking ahead, some of the local authorities here



have decided on their new national indicators and others not. However, we know we will be able to demonstrate our outcomes and are not concerned about the move to NIs. The star is a good tool for us to personalise outcomes data and demonstrate our outcomes. It can give both the flavour and more detail.

**We need to ensure consistency and good practice in using the star**

The next steps for us are further staff consultation on the benefits of using the Star and to ensure that all staff are using it in the same way so that there is consistency across projects. This ongoing consultation is particularly important as the Star is always done off-site due to the nature of our work.

## St Christopher's, Greenwich

Martin Wright is manager of St Christopher's project in Greenwich. St Christopher's Fellowship is a national children's charity and the Greenwich project provides up to two years floating support to around 60 young people aged 16 to 25. The service is only five years old and was conceived and built with an explicit outcomes focus. Around 320 young people of been through the service since it started. Here Martin describes the process of choosing and implementing the Outcomes Star and the affect this had on the project:

I was already focused on Outcomes when we started, and work with young people lends itself to an outcomes focused strategy, so we started on that basis. We began by developing a tool ourselves, and then rejecting it. People at Head Office were looking for some form of outcome measurement and literally picked the Star off-the-shelf. Not everyone was agreement. Some people wanted to design their own model. But tools that had been used previously were not as good and the Star has a high standard of presentation and was ready to go so we decided to go with it. .

### **Our first move was to get the Support Officers enthused**

Introducing "another piece of paper" is a sure way to turn people off. There was a lot of discussion initially; people were sceptical. I presented the Star as potentially time-saving, and having the benefits of being visual and not using many words or long questions. It was agreed that we would let the Support Officers try it out themselves, to evolve a method that suited them. We also agreed to secure a 'retrospective reading' as well as the current position, so as to show immediately how service users had progressed since arriving at the project and give the tool and data some meaning.

One month later, at a Team Meeting, feed-back from Support Officers was very positive. They reported that Service Users really liked it, and became significantly motivated when they had completed it. It was clear also that the Support Officers themselves were very keen, and saw its value. There has been no pressure from me to secure readings. But whereas before there were misgivings now Support Officers are automatically feeding the data in to me without me asking.

### **We realised the need for flexibility when using the Star**

Our clients are not always the easiest to engage with, but we found that if you get your timing right, the Star works very well. Workers need to be experienced and also flexible about when to do the Star and how to engage with the client. For example, to postpone if someone was going through a bad experience that was not representative of their overall progress. We also learned that it is helpful to start the Star at a point where you know progress has been good, thus seeking for the good points to outweigh the not-so-good.

### **The Star fits nicely with our Solution-Focused Approach**

I.e. let's not keep looking just at the problems, but at what is going well for the Service User, and what can be learned and so used in other areas. The process of positive change can be a bit like hair growing - you can't see it happening to

yourself, but it is often noticed by others. The Star helps the client see and measure the progress.

**The Star is a fixed item in Supervision sessions**

And it is often on the agenda at Team Meetings. We use the completed Stars in Reviews, to see where we can close the door on things in a support plan and/or when to give things a higher priority. When we do that based on the completed Star, we have found it takes very little time to re-model the Support Plan to fit with what the client and the worker need to concentrate on. When people get close to 10's, we use the Star to negotiate with the client the prospect of sign off from the Service.

**In all areas of the Star the Greenwich project is showing progress**

We can also see that some areas are very closely linked, like offending and drugs. We send the data to head office but do not calculate averages across the whole project.

**Service Users refer to the Star as “well cool”.**

One Service User, who prior to sign off completed her fourth reading which comprised all 10's from what had been 3's, 1's, 4's & 2's said : “If some had told me two years ago that this is where I would be today, I wouldn't have believed them.”

The next step for us is to look at rolling it out across all of St Christopher's as an organisation.

## St Mungo's

In 2002 St Mungo's commissioned Triangle Consulting to develop a tool to measure distance travelled across all its projects ranging from street outreach to hostels to floating support. The result was the St Mungo's Star - the original version of the Outcomes Star. Liz Harper, Head of Performance describes how they have integrated the Star into all their key-work processes, the difficulties they have encountered on the way, and how the Star has ultimately helped improve their work in many unexpected ways:

We wanted to be able to evidence to the outside world that our projects were making a real difference to people's lives and at that stage there weren't any tools out there that would enable us to do this which is why we developed the Star. The process of developing the tool went very smoothly and we were delighted with the result. It has been the process of implementation that has proved more challenging than we anticipated.

### **Implementation was more challenging than we thought**

We thought that staff would just pick up and run with it but now we realise that the Star needs to be fully integrated into our support planning materials and training. We have now adopted the recovery approach in all our work and the Star fits very well with this because it is about what people can do, not just their problems. So we have integrated the Star into our new support planning approach at the same time.

We now make a clear link in our guidance and training between where someone is on the Star and the kind of interventions that are most appropriate. For example, if someone is right at the beginning of the journey, they are not likely to engage in formal key-work so it is more appropriate to engage them informally when opportunities arise. We stress the importance of giving a realistic score. Before we delivered the new training staff would sometimes suggest a higher score because they didn't want to seem too judgemental. In the training we stress that it isn't about judging someone it is about making sure that they get the kind of intervention that is going to work for them.

Another difficulty has been getting the right IT in place to record the Star data alongside all the other information we need. We could use a stand-alone system for the Star but the danger is that we are then managing too many IT systems. For that reason we are persevering with an integrated IT system but at present we are not able to analyse the star data we have except for manually.

### **There have been unexpected benefits**

But despite the difficulties the Star has had a very positive effect within St Mungo's - particularly in the delivery of services - it has had an impact in all sorts of ways that we hadn't anticipated.

### **Seeing the whole person**

Because the Star shows all the key aspects of a person's life it requires workers to think about the whole person, not just the immediate problems that person is experiencing - and that is an improvement straight away

### **Being a good listener**

Using the Star well means asking open questions and listening carefully to what people say. Some people struggled with this and this helped us to identify a clear training need. It has also had an effect on our recruitment - we now select for good communications skills to a greater extent than we did before. So the Star has made clearer to us what the job of key-work is about and what skills are needed to do it well.

### **Understanding service users' needs**

The clear journey of change has given us a shared language for talking about client need - it has opened up lots of conversations at management level and helped us to consider and understand client need and how we respond to it. It has helped us to be really clear about what the role of different projects is - where on the journey they take people in and where on the journey they are aiming to get people. It helps us tailor our work to the individual by helping us to understand better where the individual is on their journey and what they need to take the next step.

### **Improving services**

Although we don't have an IT system to analyse the data we have worked with Triangle to look in depth at the Star data in four of our hostels alongside information about service user age, gender etc and the interventions they have received. This produced some very helpful findings. For example we discovered that women make less progress than men in mixed hostels. This has confirmed and validated what we already suspected and as a result we are doing some work to look more closely at what women's needs are. We also learnt that many service users started to move backwards if they stayed in our hostels for longer than a year which has added an increased momentum to an existing project to ensure that there are clear move-on options within our larger hostel.

### **It's a change management process**

My advice to anyone who is thinking about using the Outcomes Star is to see the implementation as a change management process. It is vital to communicate to key-workers how it will help them to do their job, and also that it will help the organisation as a whole to make its case to the outside world. It is also vital to integrate the Star fully into key-work processes and training. It has taken us a while to do all this but now we have we are really starting to see the benefits.

## Single Homeless Project

Single Homeless Project runs 50 supported accommodation services in London for vulnerable young people, people with substance misuse problems, high risk offenders and people with mental health issues. In 2004/5 they decided that they needed to be able to measure the outcomes of their work. Toni Warner, Deputy Director, describes the journey to being an outcomes focussed organisation, its highs and lows, and what the outcome has been four years on.

We decided to start measuring outcomes because we knew that commissioners and central government would soon start asking for this information and we wanted to be ready when they did. We wanted to be one step ahead and setting the agenda rather than just responding. We also wanted to get a clearer sense for ourselves of what we were achieving. We knew our services were making a difference but we couldn't quantify it.

### **The first step was a consultation with all of our staff**

With the help of Triangle Consulting we held workshops with all the teams to identify what the intended outcomes of their service were and the indicators that showed that progress was being made. On the basis of this we decided to use the St Mungo's Star (the Outcomes Star had not been published at that stage). We piloted it which went very well but also highlighted the need for a version with more client-friendly language. Once we had made the necessary alterations we were ready to roll it out but wanted to get the technology in place before we did this so that service users could complete the Star on-line and we could analyse results at the touch of a button. That is where things got stuck.

### **Outcomes went on a back-burner for quite a while**

We explored a number of options and went down a number of blind alleys. There were also other things that took our attention away from this initiative - particularly putting in service bids when a number of our services were put out to competitive tender. So outcomes went on a back-burner for quite a while. In early 2007 we starting using the Star in particular high support services (for example a new Prolific Priority Offenders project) where there was a specific need for outcome information and in our projects in Newham and Waltham Forest where the commissioners had specifically asked for this information but did not pursue it right across the organisation.

### **Eventually we found the space to focus on the initiative again**

We decided not to wait for the technology to be in place but we did re-draft all of our key-work materials to place the Star right at the heart of the work we do with clients. Then on 2<sup>nd</sup> January 2008 we went live and started using the Outcomes Star for new clients across all projects in the organisation. At the same time we are developing LINK, the database that we use to record client information, to include Outcomes Star information and will be piloting the new system in three projects from July.

The whole process has taken much longer than we anticipated but it has definitely been worth it. In East London and the Prolific Priority Offenders (PPO) project the

data we have collected has been incredibly useful in evidencing the progress that service users have made during their time in the service. For example in the PPO project the Star data clearly showed many clients making strong progress. In addition crime in the areas covered by the project went down by 35%. When we cross-checked our Star data with the police it was clear that those who had made good progress had stopped (or significantly reduced) offending and those who had not made progress on the Star were still offending.

#### **Using the Star has led to a fundamental change in casework**

It means that we look at the client holistically - rather than just talking about the things that are easy to talk about we look at everything. This was difficult for workers at first because they didn't feel comfortable asking about the more difficult areas but the result has been very positive. The services are more client-focussed because the Star makes us think about the client and what is changing for each individual. Because it helps to pin-point where service users are making progress and where they are not it has helped staff to start thinking creatively about how to get greater improvements as well.

#### **Hard outcomes are needed too**

As well as the Star we have also found it important to become systematic about collecting hard outcome information as well. We have identified 80 hard outcome indicators that we are collecting in different projects. Some of them are necessary for contracts that we have with Drug Action Teams, some of them are required for SP contracts and some are internal ones which we have identified as being important to collect. We are starting to look ahead again and think about the Local Area Agreement stretch targets within the boroughs that we are working in. We know that we will need to demonstrate that we are contributing to the achievement of these targets and so we are giving thought to how we will do this. We also plan to use the outcome data we are collecting for research and service improvement - we see lots of scope for development here.

#### **It takes time but is well worth it**

My advice to anyone who is thinking about doing this would be that it will probably take more time than you think but the investment repays itself. We certainly had to deal with some resistance from staff which was a headache. Re-working our key-work materials took time too and it is an extra thing that we need to train key-workers on. But what we now have is better key-work, more client-focussed services and real evidence which we can use with commissioners and that is worth its weight in gold.

## Swindon Supported Housing

Swindon Supported Housing is local authority run service for 120 families and vulnerable single people. They have now been using the Star for all clients for 4 years having come across the early St Mungo's version in 2004. Wendy Usher the scheme coordinator describes how it has transformed their approach to key-work

### **When Supporting People came in it was a bit of a wake up call for us**

Now we knew our work would be compared with others we felt a pressure to look at how well we were doing and find ways to show that our work was making a difference. We looked around at what support tools were available and found three. We decided to let the service users choose the tool that worked best for them. We consulted twelve clients and every single one chose the Star.

### **Listening to initial staff concerns about the Star is important**

Although the service users liked the tool there was resistance from some staff at first. But that disappeared once we trained everyone. We used the training manual that is published along with the Star and it worked a treat. What made the biggest difference to staff was being allowed to express their concerns and having them addressed which the training allowed us to do really well.

Now the staff are fully on board. They love the Star and the service users love it too. No one has taken the time to really find out all about them before. They can see the changes they have made in the time they have been with us and that gives them a real boost. They are so proud of what they have achieved they put the Star on their fridge where everyone can see it.

### **More systematic and higher quality key-work**

Before we introduced the Star the support we had in place wasn't that fantastic and the documentation wasn't fantastic either. Now everything we do, how we do it and why we do it is geared around the Star - the Star is support work. It's made the support we give much more systematic and that means the quality is better. It also brings a consistency which is important to us because we work on a number of different sites. The best thing is that it hands the process back to service users. We ask them what it is they want to work on first and it puts them in the driving seat. The net result is workers talk less and service users talk more.

### **Star data can help make the case for smaller caseloads**

We don't currently analyse the data to build a picture of what we are achieving across the service because we don't have the IT to do this. But as soon as the Outcomes Star System is available we plan to do this. Then we will be able to identify the strengths and weaknesses of the service and will use this information to make the case for funding to address the weaknesses. We want to use it to compare the outcomes for workers with different case loads. We know that when workers have too high a case load they can't give service users the level of support they need to really move on. We are hoping that when we analyse our outcomes data it will give us the evidence to support this. Just using the Star has already increased the awareness of the managers above me of what is involved in supporting vulnerable people. The data should increase this again.



**We are also looking forward to having specialist Stars**

We need versions that are tailored to the needs of young mothers, women fleeing domestic violence and people with addiction issues. That will help us identify and respond to the specific support issues that they need. We think the Star is fantastic; we can't be too positive about it.

## **Stuart Coulsell, ex-service user now support worker, Tulip**

Stuart Coulsell was a service user at Tulip mental health day centre when the project decided to participate in an initiative to develop a mental health version of the Outcomes Star. Stuart completed the Star three times as part of the pilot as well as participating in workshops to amend the Star for service users with mental health issues. Here he describes what it was like to use the Star and how it helped him through his recovery and into work:

Before using the Star the help I received from the project was very responsive. If I was in crisis the staff would give me support and that was great, but when I wasn't in a crisis I was left alone. Because I was calm and settled, I didn't attract their attention but in fact a lot of the time I was very low.

### **The Star made a massive difference to me**

Because it showed me that there were things I could do to become the person I wanted to be - a more rounded person with a more rounded star. I had written myself off - I saw myself as a dead man walking, someone going nowhere. But the Star showed me that there were things that I could do and goals I could achieve. When you are ill the thought that you can be well seems very daunting but the Star breaks it down into baby steps and you start to feel: Yes, I can do this. That really built my confidence and gave me hope.

### **Seen as a whole person**

The language is very plain and simple - there was no medical jargon for me to get my head around. Because it is so visual I could see where I was and where I was going which you just can't do with a traditional support plan. And whereas before it had felt like the key-worker was telling me what to do, this felt like a joint process. For the first time it felt like they were seeing me as a person rather than as a problem and that really built my confidence.

### **The Star as part of Recovery**

Now I am working as a support worker in a drop-in centre for people with mental health problems and we are about to start using the Star. Because the Star helped me so much I am really looking forward to using it with the service users here. In the role of key-worker it will help me to feel more professional in my work. It will bring a focus and direction to the conversations that I have and I will feel that I am taking part in someone's recovery rather than just keeping them calm and out of trouble.

To any key-worker who is about to use the Star I would say it's great. The language is straightforward, it will help you build a better relationship with your service users and you will see tangible improvements for them.

### **Go for it!**

To any service user who might have the chance to use the Star I would say - go for it. It can change your life and make you realise that there is a world out there and you can be part of it.