

# Development of the Recovery Star™ (fourth edition)

## Introduction

The Recovery Star is a version of the Outcomes Star, for working with people recovering from mental conditions, whether in a hospital, in a supported environment or in their own home. It has been backed by the Department of Health and is used widely by charities, housing associations, NHS Foundation Trusts and local authorities in the UK, and is also used in Italy, the USA, Canada and Australia.

The Outcomes Star is a suite of over 30 collaborative, person-centred tools for both supporting and measuring change when working with people, including versions for young people, families and people with learning disabilities. Because of this dual role, the Outcomes Star brings together measurement and service delivery and can provide a shared language and framework across departments.

All versions of the Outcomes Star have five- or ten-point scales arranged in a star shape. Each scale has detailed descriptors setting out the attitudes, behaviour and situation typical at each point. Underpinning these scales is a 'Journey of Change' describing five steps towards the end goal that both the service and service user are trying to achieve.

In the case of the Recovery Star the end goal is living well with a mental health condition, rather than necessarily being symptom-free. Some services users will no longer need mental health services – but others may need ongoing support in at least some areas and maintaining stability and managing well with support is a significant achievement.

This document describes the process of arriving at the fourth edition of the Recovery Star, which drew on learning from extensive consultation and engagement with the literature and debates in this area. This edition includes updated guidance, language and structural changes to the outcome areas to update the to align with the environment mental health service users now find themselves in as well as latest research and views on recovery. It incorporates trauma-informed thinking and better acknowledges external factors such as housing and employment.

Triangle will continue to support clients who would prefer to continue using a previous edition.

The Recovery Star has the following resources:

- A review of the supporting evidence for the 4<sup>th</sup> edition
- A review of the psychometric validation of the Recovery Star
- The Recovery Star Chart, Notes and Action Plan
- The Recovery Star User Guide, with accessible and detailed scales for each of the ten outcome areas and a detailed description of the Journey of Change
- Guidance for Workers
- Flashcards for use with service users if needed
- A web application for online completion and reporting at [www.staronline.org.uk](http://www.staronline.org.uk).

Background and further information about the Outcomes Star suite of tools can be found at [www.outcomesstar.org.uk](http://www.outcomesstar.org.uk).

## How the Recovery Star was developed

### Creating the first edition

The prototype of the Outcomes Star was developed by Triangle in 2003 for St Mungo's, a London-based charity providing a wide range of services to homeless people. Focus groups were conducted with more than 80 staff in diverse services for vulnerable homeless adults who identified their intended outcomes, together with the journey that service users travelled towards achieving them. St Mungo's piloted the prototype Outcomes Star, which was then adapted and piloted in ten further organisations. The final version incorporated feedback from these organisations and was published by the London Housing Foundation in 2006.

In 2007, the Mental Health Providers Forum commissioned Triangle to develop a version of the Outcomes Star for the mental health sector. This was carried out in collaboration with nine projects from five mental health organisations, including a floating support service, a supported housing service, day centres, training and employment projects, a residential care home, a residential rehabilitation service and an independent hospital.

Over a six-month period, managers, front-line workers and service users tested the Recovery Star, identified modifications that would help meet the needs of service users with mental health issues, and piloted a draft version with 114 service users. In all services, the Recovery Star data was found to reflect worker and manager expectations of the situation and progress made by clients. In addition to this participative process, the authors drew on service user accounts of recovery from mental health conditions in the academic literature (e.g. Andresen, Oades & Caputi, 2003).

*“The Star is **the** tool that will assist staff to transition from a paternalistic framework filled with assumptions to an informed, collaborative, recovery-focused practice. To see it in action is fantastic.”*

**Recovery Project Officer, Albury Wodonga Health, Victoria, Australia**

### Wide uptake of the Recovery Star and Department of Health support

In the first few years after its publication, the Recovery Star was enthusiastically adopted by statutory and voluntary providers of mental health services, becoming one of the most widely used tools to support and measure recovery. In 2009 the Department of Health featured the Recovery Star in its Green Paper, 'New Horizons: Towards a Shared Vision for Mental Health', concluding that the Recovery Star was 'not only . . . a useful tool for self-assessment and identification of needs, its use over time can demonstrate to commissioners that they are getting the right outcomes from the services that they fund' (p.61).

### The second edition: testing for cultural competence

In 2008, the Mental Health Providers Forum received funding from the Delivering Race Equality in Mental Health Care programme to examine the cultural relevance and competency of the Recovery Star for clients from black, Asian and minority ethnic backgrounds. The participants were staff and service users from six community and voluntary sector mental health organisations providing day services, outreach, floating

support and drop-in centres. Service users were from African, Asian, African-Caribbean, Chinese and mixed-heritage backgrounds, with mental health needs ranging from mild to severe. The research found that the Recovery Star was appropriate for use with clients from BAME backgrounds and identified small changes needed to the scales to take into account the specific needs of these clients. These changes mostly related to acknowledging English language needs and recognising the importance of spirituality and community support for some service users (MHPF, 2009). Illustrations of the Journey of Change stages and the ten dimensions were also produced as posters and postcards to facilitate understanding when there may be language barriers. The second edition was published with these changes in 2010.

### Developing other Outcomes Stars™ in the mental health field

After publishing the first edition of the Recovery Star in 2008, Triangle developed and published a range of other versions of the Outcomes Star for use in the mental health field:

- 2011: The Music Therapy Star for children in music therapy
- 2012: The Life Star for people with learning disabilities and the Spectrum Star for people on the autistic spectrum
- 2013: The Recovery Star Secure for people with mental health issues in secure settings
- 2015: The ADHD Star and the Attention Star for adults and children managing ADHD.

### The third and fourth editions

The third edition of the Recovery Star was published in 2013 with minor changes to the cover, foreword and order forms. There was no change to the scales or to the content of the Organisation Guide.

In 2013 and 2014, Triangle carried out research to assess the face validity and value of the Recovery Star as a keywork and measurement tool, which included:

- Consultation with users via the Outcomes Star newsletter
- A review of the experience of Recovery Star trainers
- Structured interviews with key managers with experience of using the Star.

This research found that the 3<sup>rd</sup> edition had good face validity, was working well as a way of supporting service user recovery, and that managers who were using the data found it helpful as a means of reviewing service outcomes. The following improvements were suggested:

- Make the language more user-friendly
- Clarify distinctions between different points on the Journey of Change (especially at scale points 3 and 8)
- Add a scale about accommodation
- Give safety and risk more attention

- Refer to training as well as work in the Work scale
- Add online social networks to the Social Networks scale
- Include advocacy in the Identity and Self-esteem scale.

Further consultation was conducted between 2015 and 2018 in response to themes emerging in debates surrounding recovery, primarily the issues of defining recovery as living well with the condition- and sometimes with ongoing support, barriers to work and the importance of meaningful use of time. This consultation included two academics in the field, four practitioners – two of which had lived experience of mental health problems, a commissioner and a Triangle expert in mental health. Several mental health organisations, including Recovery in the bin were contacted but unfortunately felt unable to be part of the consultation. The key learning from this process was as follows:

- Meaningful use of time, training and volunteering should be captured rather than focusing primarily on work. Barriers to work should be addressed and there should be an emphasis on work that feels meaningful and suitable for the individual
- Offending should not be a separate outcome area, but should instead be covered in other areas
- The role of external factors and trauma in mental health conditions and recovery should be recognized more explicitly
- The continued use of mental health services to support managing well is an appropriate endpoint for some service users

Triangle's Research Analyst, Dr Anna Good, also reviewed the literature around what recovery means for different people, and the consequences of defining the end point as continuing to use, or not needing mental health services. A literature review was also conducted to evidence the for the Journey of Change and the key issues for service users and service providers in this area.

Based on the findings of this research conducted between 2013 and 2018, a fourth edition of the Recovery Star was drafted which included structural changes to the outcome areas, changes to the wording of the scales. A full description is provided in the appendix, but the key changes are as follows:

- The "Responsibilities" scale, which used to cover complying with the terms of your accommodation and keeping within the law, is now called "Home" and focuses on all aspects of accommodation. Offending is now picked up in the "Use of Time", "Friends and Community" and "Addictive Behaviour" scales.
- The "Work" scale has been broadened to "Use of Time", to acknowledge the fact that paid employment is not a realistic or appropriate option for all those completing the Recovery Star, particularly people with severe and enduring mental health issues. The scale now focuses on having a sense of purpose and something meaningful and satisfying to do in the working week, including but not limited to volunteering and education.
- The "Relationships" scale now covers close relationships in general rather than having the option of completing it for one particular relationship. This makes it

easier to get an overview of how this aspect of the person's life is going and means that Star readings are easier to interpret.

- The “Physical Health and Self-Care” scale is now called “Physical Health”. Self-care is now covered in the “Living Skills” scale.
- The third stage of the Journey of Change is now called **believing and trying** – previously it was just called “believing” – because at step 6 service users are putting that belief into action and trying to make changes.
- Step 3 on each scale now refers both to wanting help and to accepting help inconsistently in that area (previously the focus was sometimes on just wanting help and sometimes on wanting and accepting help).
- It is now made more explicit that self-reliance is not always a realistic or appropriate goal. For some people, especially those with severe and enduring mental health conditions, step 8 is the top of the scale, signalling that they are managing well with the right support. This is important for services to highlight as those people will continue to need their service or other mental health support.
- A number of edits and references are now included to ensure that the Journey of Change and the wording of the scales is more clearly trauma-informed and to acknowledge the importance of external factors and conditions affecting people's recovery.
- Each scale now has “key points” to draw out some important landmarks on the Journey of Change and support consistency in using the scales. The wording of the detailed scales has been simplified to make them as accessible as possible and to further clarify the distinction between the numbers.

Some of these changes could result in differences in where people are placed on some scales. If you are moving from a previous edition of the Recovery Star to this one there will be implications for your data. Please contact Triangle on [info@triangleconsulting.co.uk](mailto:info@triangleconsulting.co.uk) for support on how to manage this process.

For a fuller description of these changes and the research and feedback on the earlier editions on which they were based, please see the Recovery Star supporting documents.

## References

Andresen, R., Oades, L., & Caputi, P. (2003). The experience of recovery from schizophrenia: towards an empirically validated stage model. *Australian and New Zealand Journal of Psychiatry*, 37, 586–594.

Department of Health. (2009). New horizons: A shared vision for mental health. Retrieved 5.8.19 from [www.nwscnsenate.nhs.uk/files/3714/7497/4308/sharedvis.pdf](http://www.nwscnsenate.nhs.uk/files/3714/7497/4308/sharedvis.pdf)

Mental Health Providers Forum. (2009). The recovery star model and culturally competency, BAME Pilot Report. Available from [www.outcomesstar.org.uk/wp.../L\\_The-RS-and-cultural-competency-final-report.pdf](http://www.outcomesstar.org.uk/wp.../L_The-RS-and-cultural-competency-final-report.pdf)

## Appendix

### Improvements made to fourth edition

Scales in the third edition	Issues raised during the review process	Changes made to fourth edition
All scales	Self-reliance is not an appropriate endpoint for some service users. It is important to recognise that maintaining managing well with support is the endpoint for some	The Learning stage in the Journey of Change now states that ‘for some people, the severity of their mental health issues means that they may always need support from mental health services and it is not appropriate to be self-reliant’ ....and that they may need ‘ongoing support to keep managing well and face new challenges’. It also makes the point that maintaining stability at 8 is a significant achievement.
All scales	<p>It is important to recognise the role of societal factors such as housing, poverty, lack of access to services and discrimination.</p> <p>It must also be emphasised that mental health services need to offer an environment and approach that works for the individual</p>	<p>The User Guide and Guidance for workers explicitly acknowledge that while the Journey of Change focuses on the steps the individual can take and the support services can provide, that recovery will also be affected by the services available, the way they are delivered and by a range of societal factors or other conditions beyond their control. These include ‘a lack of access to housing or poor, unstable or unsuitable housing, benefits being withheld, inappropriate pressure to do unsuitable work, poverty or financial difficulty, a lack of services, discrimination or difficulties in getting a disability recognised’.</p> <p>These resources also recognise that there are societal factors that make it harder for things to improve, which the service user and the provider can do little or nothing about, but that these should be recorded when completing the Star and the service may be able to use them to identify gaps in service provision or raise issues with policy makers.</p> <p>This issue will also now be addressed in training for workers using the Recovery Star.</p>

Scales in the third edition	Issues raised during the review process	Changes made to fourth edition
All scales	It is important that the Recovery Star is trauma-informed	The User Guide and Guidance for workers are more clearly trauma informed. For example, emphasizing that it is ‘important that mental health services offer an environment and approach that avoids causing more stress and enables you to feel safe and calm and to rebuild a sense of control. This may include workers being aware of the effects of traumatic events or developmental trauma’. The Journey of Change refers to being able to understand and manage the effects of trauma.
All scales	Distinctions between scales not always clear enough for some users	<p>“Key points” were added to draw out important landmarks on the journey</p> <p>All scales were reviewed, and minor adjustments made to ensure a clear distinction between each scale point. Point 3 of each scale now refers not only to wanting help and change but also accepting help inconsistently. Point 4 refers to accepting help consistently.</p> <p>The title of the middle Journey of Change stage was changed to <b>believing and trying</b> to clarify that it involves an inner change at point 5 and acting on that at point 6.</p>
All scales	Some users wanted “less wordy” scales	Long scale descriptions were shortened in all scales
Managing Mental Health	References to identity issues duplicate the Identity and Self-esteem scale	<p>References to managing mood and behaviour were included as well as symptoms, so that behaviour management is part of this scale if this is an issue</p> <p>References to the person’s identity as a mental health service user were removed and are now covered in the Identity and Self-esteem scale.</p>

Scales in the third edition	Issues raised during the review process	Changes made to fourth edition
Physical Health and Self-care	<p>References to risk-taking and safety needed</p> <p>Self-care would be better placed with Living Skills</p>	<p>The title was changed to Physical Health and issues of personal hygiene and presentation were moved to Living Skills</p> <p>There is now greater clarity on which aspect of health is addressed at each point on scale</p> <p>References to risk-taking and an explicit mention of smoking were added.</p>
Living Skills	<p>Greater clarity needed on the difference between points on the scale</p>	<p>There is now greater clarity on where to place someone who is progressing on some aspects of their living skills but not others</p> <p>Personal hygiene and presentation moved here as they fit better with other living skills.</p>
Social Networks	<p>Not enough references to friendship</p> <p>Needs to refer to online social networking</p> <p>Needs to recognise that some friendships can be exploitative, and the journey can involve moving away from those contacts</p>	<p>The title has been changed to Friends and Social Networks and the top and bottom of scale now include more references to friendship and contact with others (it previously focused on activities and contribution to the community).</p> <p>References to social media were added.</p> <p>References to harmful friendships and activities (at 1) and letting these go (at 7), including friendships linked to addictions or offending.</p>
Work	<p>Work is not always a suitable or realistic goal. This area should include engaging in meaningful activities and not engaging in activities that are unhelpful to recovery.</p>	<p>This area has been changed to Use of time and the end point is coping well and engaging in meaningful activities, which <i>may</i> include 'suitable, satisfying work, volunteering, training or education' or being a full-time parent or carer. Individuals are considered Stuck if they are fit for work but not in work, training, education or volunteering, cannot see any possibility of change and any support on offer isn't working for them.</p>
Relationships	<p>This area had allowed a focus on one relationship rather than all relationships, which was different from other scales</p>	<p>This scale now refers to all close relationships rather than a particular relationship. Reference to relationship with children was included.</p> <p>References to relationship skills were expanded to include learning to deal with difficulties in relationships. Risk of exploitation was added.</p>



<b>Scales in the third edition</b>	<b>Issues raised during the review process</b>	<b>Changes made to fourth edition</b>
Addictive Behaviour	A greater focus is needed on the negative impact of addictions on other areas of the person's life	There is now explicit mention of the negative impact of addiction on other areas of life and links with offending.
Responsibilities	There is too little discussion of accommodation – having suitable accommodation in which the person feels at home is key to recovery and deserves its own scale	This scale was changed to be called 'Home', focusing more broadly on accommodation that supports the person's mental health. It still covers risk of eviction as result of breaking accommodation rules or not paying rent. Offending is now picked up in the Friends and community, Use of time, and Addictive behaviour scales.
Identity and Self-esteem	This area needs to cover self-advocacy	The wording was shortened and definitions of different points on the scale were brought closer to core Journey of Change. A person's ability to advocate for themselves was included.
Trust and Hope		The wording was shortened and definitions of different points on the scale were brought closer to core Journey of Change