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# **Review of Outcomes Tools for Homelessness Sector**

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Consulting

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## Introduction

Service providing agencies are increasingly finding themselves under pressure to measure the outcomes of their services and as a result there are an increasing number of outcomes tools available. But which is the most appropriate for your organisation? This review and its companion '**A Practical Guide to Outcomes Tools**' are designed to help you decide. Both are published on the London Housing Foundation's Outcomes resource website [www.homelessoutcomes.org.uk](http://www.homelessoutcomes.org.uk).

This is by no means a comprehensive review of all the tools available. The review focuses on those tools that are most commonly used in homelessness organisations, that are reasonably contemporary and are available for other organisations to use.

Although both documents have been developed specifically for the homelessness sector, we believe that they will have wider relevance. It is also important to note that inclusion in this review does not constitute a recommendation by the London Housing Foundation or Triangle Consulting.

## Choosing the right tool

The most important thing to consider when selecting an outcomes tool is its purpose. Some are designed solely to provide evidence of outcomes achieved by a service and are most appropriate for research exercises, reporting to funders and benchmarking. Some tools do this, but are designed to support the key-work process as well, for example by introducing topics for conversation in key-work, helping clients to get a sense of the journey they are on, and providing an overview of needs and progress. These are particularly useful when the intention is to use a tool with all clients, and the organisation wants to measure outcomes as an integral part of their work with clients, rather than as a separate exercise.

The table below summarises the tools according to these two categories and main target groups. We recommend that you use this to identify 2-4 tools that broadly fit your requirements and then look at the detailed entries to choose the most appropriate for you. You can also use the criteria provided in this document to make your own judgement about the suitability and quality of tools not listed here.

## 1. Tools which aim to support key-work and evidence service outcomes

Tool	page	General <sup>1</sup>	Substance misuse	Young People	Mental Health	Employability and learning
Alcohol Spider	10		+			
Bridges	12			+		
Employability Map	21					+
Measuring Change <sup>2</sup>	30	+				
New Horizon <sup>3</sup>	33			+		
Outcomes Star	35	+				
P3 <sup>4</sup>	37				+	
Penrose	40				+	
Rickter	43	+				
Soft Outcomes	45					+
SOUL	48					+

## 2. Tools which are particularly strong on evidencing outcomes, with less emphasis on client development

Tool	page	Elderly	Substance misuse	Young People	Mental Health	Employability and learning
CISS	14		+			
CORE	16				+	
CUES	19				+	
EROSH	24	+				
MANSA	26				+	
Maudsley addiction profile (MAP)	28		+			
SpiritLevel	51			+		

<sup>1</sup> This covers homeless people generally, including mental health and substance use outcomes. Other headings are where a tool is designed for a more specific target group.

<sup>2</sup> An in-house tool but the agency which developed it are happy to discuss wider use

<sup>3</sup> As above

<sup>4</sup> As above

## Guide to entries

There are two things to consider when choosing an outcomes tool. The first is whether the tool meets your particular needs. The second is how good it is. Each entry has two tables which address these points.

The terms used in the tables are explained below. For a fuller explanation please see 'A Practical Guide to Outcomes Tools'.

**Table 1. Fit with your needs**

Primary Purpose (1)		<i>Evidencing service outcomes or both evidencing service outcomes and supporting key-work</i>
Type of question (2)		<i>Concrete questions, defined scale or subjective scale</i>
Explicit journey of change? (3)		<i>Yes</i>
Intended Client Group		<i>E.g. Alcohol misuse clients</i>
Suitable for use with other client groups?		<i>Yes</i>
Support Materials	Training	<i>One day's course run by x agency</i>
	Manual	<i>Yes</i>
	IT tools	<i>Basic Excel spreadsheet available</i>
	Other	
Charge for use?		<i>No. Copyright agency Y</i>

### 1. Primary purpose

As described above, some outcomes tools are designed solely to provide evidence of outcomes achieved by a service, whereas others are designed to support the key-work process as well.

### 2. Type of Question

**Concrete questions** refers to factual questions about the client's situation at a particular moment in time. For example:

- Is the client registered with a GP?
- Does the client have a support need in relation to drugs and alcohol?
- How many times has the client visited an Accident and Emergency department in the last six months?

**Subjective scales** refers to questions about how the client feels in relation to an area of their life.

The different points on the scale are not precisely defined – it is more about how the client feels in relation to that area. For example:

- On a scale of 1-5, how satisfied are you with your housing situation, where 1 is very dissatisfied and 5 is very satisfied?
- I feel confident and motivated: always, often, sometimes, infrequently, never

**Defined Scales** refers to questions about where the client is on a journey of change towards an end outcome. The different points on the journey are defined so that if two clients are both said to be at point 3 on a scale of 1-10 it implies that

they have achieved the same landmark(s) on the journey. This is more fully explained in 'A Practical Guide to Outcomes Tools'.

Most tools contain just one of these question types but it is possible to include more than one.

### 3) Journey of change

Tools using defined scales have to describe the different points on the journey towards the desired end outcome. Some tools base these descriptions on worker and client experience of what the steps tend to be. These tools do not have an explicit journey of change. Other tools draw on worker and client experience to develop an explicit model of the steps involved in the change process. The definitions of different points on the journey are then based on this model of change.

Where there is an explicit journey of change, this provides a consistency across scales and an overall coherence that is absent in tools which are not based on an explicit journey of change. It can also support clients in moving along their journey by drawing attention to the particular benefits and challenges of each stage of the journey and helping them have a sense of what to expect.

**Table 2: Quality of tool**

<b>General</b>	
Quick and easy to use	* to *****
Thorough process of development	* to *****
<b>Supporting key-work</b>	
Client-friendly language and presentation	* to *****
Visual summary for clients	* to *****
Easy to link with action-planning	* to *****
<b>Evidencing outcome</b>	
Meaningful data	* to *****
Reliable data	* to *****

#### Quick and easy to use

In some cases it is important that a tool is quick and easy to use. However, speed of use may be less appropriate where tools are designed to be used as part of the key-work process. These tools may take some time to complete but are designed to facilitate the worker and client in talking about areas they need to discuss anyway, and possibly to delve deeper than in a standard key-working session. In this case more stars are not necessarily better.

5*	Quick and easy to use – may be completed by either worker or client on their own with little explanation required.
----	--

4*	Easy for both client and worker to comprehend, can be done quickly (i.e. within 20 mins), but may generate additional discussion which leads to a longer session.
3*	Takes 30 mins or more, may require worker to refer to other documents for explanation etc, in addition to any surrounding discussion.
2*	Lengthy, complex, even with training is quite difficult to use.
1*	Not comprehensible to most workers and/or clients.

### Thorough process of development

Ideally the development of a tool should involve:

- Consultation with front-line workers and clients about the intended outcomes of the services in which the tool is to be used, landmarks in the journey towards these outcomes and the observable behaviours which indicate progress on the journey
- Consultation with managers and possibly funders regarding the information they require to assess and manage the services
- Piloting and subsequent modification of a draft tool with all the service types and client groups that the tool is to be used with
- Research to demonstrate the reliability of the data
- Where possible the tool should be validated by comparing its results to those of previously validated tools
- At least two further years of use with further reviews and modifications to the tool within that time.

Scale for star ratings:

5*	Widely tested in a number of organisations with reviews and modifications taking place a number of times. Academically validated by correlating with other measures.
4*	Widely tested in a number of organisations with reviews and modifications taking place a number of times. Validated by practitioners, rather than academically.
3*	Developed in consultation with clients and workers. Piloted, and modified after piloting.
2*	Developed with some consultation but no piloting or modification.
1*	Developed without consultation or piloting.

### Client-friendly language and presentation

Is the material presented in a way that is accessible to your client group? In general the tool should have clear and straightforward instructions and the language should be in plain English, avoiding professional jargon. There may also be special considerations for your particular client group e.g. learning disabilities or visual impairment. Some tools can be completed on-line which can offer benefits such as spoken instruction and more engaging visual presentation which can be important for some client groups.

5*	Accessible in a range of media, i.e. via sight, sound and/or feel, with appropriate language, translatable as necessary etc.
4*	Paper-based but clear layout and graphics make it accessible to most clients and feedback shows it to be client-friendly.

- |    |   |
|----|---|
| 3* | Largely written, but care has gone into testing and re-testing language for client use. |
| 2* | Reasonably comprehensible to literate English speakers.                                 |
| 1* | Very difficult to understand.   |

### Visual summary for clients

When the client has completed the tool, is there a visual summary which provides an at-a-glance overview of where the client is in relation to all the different outcome areas covered? This can help both client and key-worker to pinpoint areas of strength and issues to be addressed. It can also be very helpful when the tool is used a second time in giving a clear picture of change. When there is an IT package which enables this summary to be produced on screen it can make using the tool even more engaging for the client.

- |    |  |
|----|--|
| 5* | A clear visual summary of progress over time that is accessible to the client and provides an instantly understandable metaphor for progress. Visual tool is computerised. |
| 4* | A visual summary showing overall picture but not computerised.   |
| 3* | A visual summary but complex and needs some explanation – e.g. multiple line graphs.   |
| 2* | Occasional graphs can be drawn out from data, but not really used by key workers.  |
| 1* | No visual summary available.   |

### Easy to link with action-planning

Does the tool link easily with action-planning within key-work? Ideally the outcome areas measured by the tool would be the same areas that the key-worker and client will be focusing on in action-planning. Having used the tool to identify the client's current position in relation to each area, key-worker and client could then identify priorities for action. This could include agreeing where the client would like to be on the scale in a few weeks' or months' time, and agreeing the actions needed to get them there.

- |    |   |
|----|---|
| 5* | Leads straight into goals and action planning – fully integrated documentation. |
| 4* | Can be used alongside action planning with limited duplication.                 |
| 3* | Can be linked to action plans but duplicates existing paperwork.                |
| 2* | Not really designed for this – can be used with some effort.                    |
| 1* | Not appropriate.  |

### Helps motivate clients

Is the tool designed to assist the key-worker in motivating the service user? Whilst we recognise that this will be partially dependent on the skills of the key-worker, it is much easier with some tools than others.

- |    |   |
|----|---|
| 5* | If used well can really help clients gain a sense of hope, purpose and vision, and provide practical steps forward. |
| 4* | Clients find it generally encouraging.  |
| 3* | If used well can be helpful.  |
| 2* | Not really designed for this – can be used with some effort.  |

1\* Not appropriate – clients don't see results.

### **Meaningfulness of data**

If the tool tells us that a client has a particular score for a particular outcome (e.g. they score 3 on self-care and living skills), do we know what this means in terms of the behaviour and attitudes and skills the client shows? If the tool is based on a set of subjective scales the answer will be no. If the tool is based on a defined scale or a set of concrete questions, then the answer will be yes.

- 5\* A specific score indicates a concrete behaviour – e.g. not drinking or maintained accommodation for at least six months.
- 4\* A specific score gives a very clear indication of the kind of behaviour and attitudes the client is showing.
- 3\* A specific score is broadly indicative of behaviour.
- 2\* A specific score gives specified (detailed?) information about the person's subjective experience (e.g. feel low and unmotivated most days).
- 1\* A specific scores gives broad information about a person's subjective experience (e.g. feel low).

### **Reliability of data**

If the tool was used by a number of different members of staff, would it give the same results? Tools based on concrete questions are likely to be the most reliable. Defined scales which are underpinned by a theory of change are likely to be more reliable than those which are not.

- 5\* Reliability of tool has been tested and results published in peer-reviewed journal.
- 4\* Tool is tested in practice, has been reviewed to improve reliability, and reliability ensured through case discussion, training and supervision.
- 3\* Most workers, given adequate skills and training, will produce scores within a certain band.
- 2\* Little reliability.
- 1\* No reliability.

### **Sensitivity of data**

If a client makes an important change will it register on the tool? Scales of 1-3 or even 1-5 are not very sensitive. Scales of 1-10 are reasonably sensitive, yet it is still possible for clients to take a step forward that would not register on the scale. Scales developed specifically for a particular type of project are likely to be more sensitive than scales developed to cover a wide range of projects.

- 5\* A defined scale of at least 10 points that is targeted at a specific type of project.
- 4\* Scale of around 10 points designed for a wide range of projects.
- 3\* 5 point scale designed for a specific project.
- 2\* 3 point scale for target group or 5 point scale for wide range of projects.
- 1\* 3 point scale designed for wide range of projects.

## The Alcohol Outcomes Spider

### Fit with your needs

Primary Purpose		Both improving key-work and evidencing service outcomes
Type of question		Defined scale
Explicit theory of change?		Yes
Intended Client Group		Alcohol misuse clients
Suitable for use with other client groups?		Yes, particularly drug misuse clients
Support Materials	Training	One-day course run by Alcohol Concern
	Manual	Yes
	IT tools	Basic Excel spreadsheet available
	Other	
Charge for use?		No. Copyright Alcohol Concern

### Quality of tool

<b>General</b>	
Quick and easy to use	***
Thorough process of development	****
<b>Supporting key-work</b>	
Client-friendly language and presentation	***
Visual summary for clients	****
Easy to link with action-planning	*****
Helps motivate clients	*****
<b>Evidencing outcome</b>	
Meaningful data	****
Reliable data	****
Sensitive data	*****

### 3) Outcomes measured

The Alcohol Outcomes Spider measures eight outcomes:

- Internal journey
- Social contacts/networks
- Managing physical health
- Mental and emotional health
- Occupation
- Crime and community safety
- Family/relationships
- Alcohol consumption/dependency

## **4) Description**

### ***Development process***

The Alcohol Outcomes Spider was developed in 2004 through collaboration with 40 alcohol services around England. Development took over one year, including a pilot phase and subsequent revision. The process was called 'Evidence of Outcomes' and was Alcohol Concern's response to requests from the field for an accessible outcomes measurement tool specifically for work with alcohol misuse clients. This process was facilitated and the tool developed by Sara Burns (partner in Triangle Consulting) on behalf of Alcohol Concern and is based on early versions of the Outcomes Star (developed by Triangle Consulting during 2003/04).

Alcohol services taking part in Evidence of Outcomes included community, residential and day services. It was their experience which informed the outcomes and journey of change underlying the tools and each spent 3-4 months piloting a final draft (September – December 2004) and provided feedback through a third and final round of meetings.

### ***Description of the tool***

The Alcohol Outcomes Spider is the same format and principle as the Outcomes Star, but measures eight outcome areas each on a scale of 1-8 (where the Star uses ten 10-point scales).

## **5) Comments**

### ***Supporting Client work***

Pilots of the Spider found that, like the Star, the visual nature of the tool was a key strength in supporting client work; it was described as engaging and easy to use as well as clearly demonstrating change. The Spider also works well as a therapeutic tool for many agencies, particularly with cognitive behavioural/solution focused therapy, 12-step and some other approaches. A drawback of the Spider for supporting client work is that it has not been developed to the same extent as the Star, so the scales and design/layout aspects are less client-friendly.

### ***Providing outcomes information across a service***

Overall, the pilots found that the Alcohol Outcomes Spider did measure client outcomes that were described as relevant and useful by participating agencies, and seen to reflect the changes brought about. It provides collated data across a service in an accessible format using a simple Excel spreadsheet.

## **6) Contact details**

Alcohol Concern  
64 Lemon Street  
London E1 8EU  
Tel: 020 7264 0510

Website: [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

## Bridges to Progress

See also Bridges to Employability, Bridges to Independent Living

### 1) Fit with your needs

Primary Purpose		Both supporting key-work and evidencing service outcomes
Type of question		Defined scale
Explicit journey of change?		Yes
Intended Client Group		Young people
Suitable for use with other client groups?		Yes
Support Materials	Training	1.5-day course for B to E
	Manual	Yes
	IT tools	
	Other	
Charge for use?		B to P is free download, B to E costs £260 to license

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	***
Thorough process of development	****
<b>Supporting key-work</b>	
Client-friendly language and presentation	****
Visual summary for clients	***
Easy to link with action-planning	****
Helps motivate clients	****
<b>Evidencing outcome</b>	
Meaningful data	**
Reliable data	**
Sensitive data	***

### 3) Outcomes measured

The basic tool measures up to 49 possible areas, too many to list here.

### 4) Description

#### **Development process**

Originally developed through an EU-funded project with a group of agencies working together with young people in the 1990s. The tool appears to have been widely used, especially in Scotland, with young homeless and people suffering from mental health problems, though given the wide variety of outcome areas, it can be used with a wide range of people.

### **Description of the tool**

This is essentially a key-working tool, for which action-planning and follow up are key. It measures up to 49 possible areas, known as 'standards'. These provide a menu from which to help the client choose the areas they most need to work on in order to achieve their overall goals. The scoring is based on a simple 1-6 system, as shown below. One persons' six in a particular standard will not be the same as another's – it depends on their overall goal and their starting point.

#### ----- Scoring Systems

The original system scores levels of progress from 1 to 6 with a deliberate focus on keeping the scores mutually exclusive. Zero is not used as it is likely to be experienced as being too negative, and nor are any negative scores for the same reason. An even number is used because of the tendency in people, where there is an odd number, to select the middle one. To promote rigour and to avoid an easy opportunity for ill-thought out responses, the middle course of an odd-numbered system has been rejected. A client either has or has not achieved the level. There should not be a grey area.

Score 1	There is demonstrably no recognition of a problem or there is a severe lack of skill to deal with a clear area of deficit.
Score 2	The individual has recognised and accepted the need to address an area of deficit but has not yet developed the skills to do so.
Score 3	The individual has been involved in drawing up a plan of action to address his/her areas of need and begins to work towards accumulating evidence to demonstrate the acquisition of the necessary skills.
Score 4	The individual is fully involved in evidencing his/her growing competence.
Score 5	The individual has demonstrated competence in relation to an area of deficit and has sustained this competence over a period of time.
Score 6	The individual is deemed to be fully competent and operating consistently in a way that demonstrates self-reliance.

Initial readings are taken at the first assessment meeting, and subsequent scores are noted whenever there is clear evidence of change. This might be weekly, monthly, or just whenever it happens. They place considerable emphasis on noting detailed evidence.

### **5) Comments**

As with most outcomes tools it does show regression, so they do not advocate using it where this is not going to support the client, nor do they see it as something that should be applied to all clients as standard.

Good motivational interviewing and listening skills are required, and they would not recommend it as a suitable tool if most key-working is carried out by untrained volunteers.

Inferences can be drawn from the data presented from BTP. However, collating data needs to be done with extreme caution, as the scores are all relative. It would be possible, though, to summarise how many clients had moved on in different areas, and for an agency to see which standards staff are achieving greatest change in. Consistency agency-wide needs to be monitored carefully – they recommend appointing someone to verify and review scoring patterns to ensure that key-workers are consistent, particularly at initial assessment.

### **6) Contact details**

#### **Copyright, licensing and cost**

Bridges to Progress is freely available to download from their website

[www.bridgesproject.org.uk](http://www.bridgesproject.org.uk)

Bridges to Employability is available under licence after a one and a half day's training at a cost of £260pp (2007)

For more information about Bridges to Independence (in production) or other questions contact:

[F.Langskail@bridgesproject.org.uk](mailto:F.Langskail@bridgesproject.org.uk)

## Christo Inventory for Substance Misuse Services (CISS)

### 1) Fit with your needs

Primary Purpose		Evidencing service outcomes
Type of question		Defined scale
Explicit journey of change?		No
Intended Client Group		Substance misuse clients
Suitable for use with other client groups?		No
Support Materials	Training	No
	Manual	No – all guidance on the back of the questionnaire
	IT tools	Yes, but analysis carried out centrally by Christo Research Services
	Other	
Charge for use?		No, but copyright clearly forbids change of wording

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	*****
Thorough process of development	***
<b>Supporting key-work</b>	
Client-friendly language and presentation	***
Visual summary for clients	*
Easy to link with action-planning	*
Helps motivate clients	*
<b>Evidencing outcome</b>	
Meaningful data	****
Reliable data	***
Sensitive data	**

### 3) Outcomes measured

The Christo Index measures on 10 outcomes areas:

- social
- health
- psychological
- drug use
- HIV risk
- occupational
- criminal
- use of structured support
- compliance
- working relationships

#### **4) Description**

##### ***Development process***

CISS was developed by Dr George Christo of Christo Research Systems.

##### ***Description of the tool***

The tool consists of a simple one-page questionnaire, which is used at the start of treatment, at points during treatment, and on exit. Guidance clearly states that the tool can be completed by the worker without the client present if necessary. Each of the ten areas is given a severity score of 0, 1 or 2. These scores can then be added to give an overall score between 0 and 20 at any given point in time, and over time.

#### **5) Comments**

CISS was one of the earlier outcomes measurement tools made widely available as it was developed in the late 1990s.

##### ***Supporting Client work***

CISS can be completed by the client but is not designed as a basis for client work and no visual summaries are available.

##### ***Providing outcomes information across a service***

The main appeal of CISS when it was developed was the simplicity and speed with which it can be completed (3-5 minutes if by workers familiar with a client). The format does support production of service level and individual data showing progression in the ten outcomes areas. According to Christo Research Services, the results are sensitive to change and the results can also be benchmarked. However, a possible drawback is that having only three scale points increases the effect of variation in interpretation and scoring between workers (and clients), which can reduce the reliability of the data.

#### **6) Contact details**

Response Drug Service  
457 Finchley Road  
London  
NW3 6HN  
Email: [DrGeorgeChristo@breathemail.net](mailto:DrGeorgeChristo@breathemail.net)

## CORE Clinical Outcomes in Routine Evaluation

### 1) Fit with your needs

Primary Purpose	Evidencing service outcomes	
Type of question	Subjective scale	
Explicit journey of change?	No	
Intended Client Group	Clients in psychological therapy services	
Suitable for use with other client groups?	Not very	
Support Materials	Training	
	Manual	Yes
	IT tools	Yes
	Other	User groups and benchmarking database available. Services/therapists can compare their outcomes with an overall average
Charge for use?	No – use under strict copyright but no charge	

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	****
Thorough process of development	*****
<b>Supporting key-work</b>	
Client-friendly language and presentation	****
Visual summary for clients	*
Easy to link with action-planning	**
Helps motivate clients	**
<b>Evidencing outcome</b>	
Meaningful data	****
Reliable data	****
Sensitive data	****

### 3) Outcomes measured

The CORE Outcomes Measure covers a range of core aspects of 'client distress' within four main outcomes areas:

- subjective well-being (4 items)
- commonly experienced problems or symptoms (12 items)
- life/social functioning (12 items)
- risk to self and others (6 items)

Each item is presented as a specific statement in relation to each of these four outcomes areas. There are 34 items/statements in total: a mix of positive and negative. For example, items in relation to life/social functioning include:

- Being able to cope when things go wrong
- Feeling unable to talk to other people
- Having someone to turn to
- Feeling criticised
- Feeling of having no friends

#### **4) Description**

Overall, CORE is a comprehensive tool which integrates service evaluation, quality measures and audit with outcome measurement and benchmarking. The majority of aspects of the tool are practitioner-completed but the CORE Outcomes Measure is client self-reported. This summary is focused on this measure.

##### ***Development process***

CORE was developed by the CORE System Group (CSG) and included working closely with a range of stakeholder groups from counselling, psychiatry, psychotherapy and clinical psychology. Validation included comparing the scores for almost 2,000 people from both clinical and non-clinical samples. This showed appropriately significant differences between the two populations.

The CSG have supported dissemination and take-up of the tool through an accessible website, membership option, user manual and free use, combined with IT support for analysing the data and benchmarking.

##### ***Description of the tool***

The CORE Outcomes Measure is a two-page questionnaire for clients listing 34 brief statements about how clients have been. It is designed for completion before the start of treatment and in the penultimate session. For each, clients are asked to tick one of five boxes to say how often they felt the way described by the statement *over the previous week*. The boxes are headed 'not at all', 'only occasionally', 'sometimes' etc.

Each box on the scale of frequency has a numerical value from 0-4, where 0 represents the most positive response and 4 the most severe. Once the CORE Outcomes Measure has been completed by the client, the practitioner completes the relevant boxes to produce a total and average score, both overall and within the four main outcomes areas listed above. These scores can then be compared over time to calculate numerical changes and also entered in the database for benchmarking.

In addition, CORE includes the following tools:

- A range of shorter versions of the CORE Outcomes Measure for on-going monitoring and as a screening measure; five, ten and 18-statement versions are provided
- Goal Attainment forms to be completed by the client about their goals before therapy, and the extent to which the service supported them to achieve those goals
- Therapy Assessment forms and an End of Therapy form to be completed by practitioners retrospectively at the end of sessions, with the idea that this practitioner reporting is used alongside client self-reporting through the CORE Outcomes Measure. This includes a 4-point scale of severity of difficulties for the client, related to a list of identified problems/concerns, such as depression, anxiety and stress.

## **5) Comments**

### ***Supporting client work***

The wording on the CORE Outcomes Measure is clear and client-friendly and the layout is brief and accessible. However, it is designed for self-completion rather than specifically for discussion with the client, and is said to provide an indicator of global distress rather than assessment or diagnosis. There is a recommendation that the risk scores could be used by practitioners to trigger discussion of risk, but overall the main benefit would appear to be for the service rather than client work.

Most other aspects of CORE are practitioner-completed. There is no overt emphasis on joint completion, discussion or agreement of where the client is and no overt journey to show progress. The change in average scores will give some indication but this is not particularly client-friendly or accessible in format.

### ***Providing outcomes information across a service***

Clear total and average scores and their change over time provides services with accessible service and client level outcomes information. The option of benchmarking substantially enhances the value of CORE in providing outcomes (and other) outcomes information across a service. This benchmarking includes the option to compare like with like in terms of service type and client group. No information was available on the number of services and practitioners using CORE, but work has gone in to encouraging take-up and the greater the numbers using CORE, the more relevance and value the benchmarking has.

CORE is also tested and validated, which could increase its value as a service level tool if, for example, funders are keen to see validated data.

## **6) Contact details**

All enquiries regarding the CORE system should be addressed to:

CORE Information Management Systems Ltd  
47 Windsor Street  
Rugby CV21 3NZ  
Tel: 01788 546019  
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## CUES Carers' and Users' Expectations of Services.

Although, as its name suggests, this is not really an outcomes tool, it could be used as one and we have therefore included and rated it as such. It is described by Rethink as an outcomes tool.

### 1) Fit with your needs

Primary Purpose		Measure users' experience of mental health services
Type of question		Subjective scales
Explicit journey of change?		No
Intended Client Group		Mental health services users (also version for carers)
Suitable for use with other client groups?		Not really
Support Materials	Training	Yes
	Manual	Leaflet
	IT tools	Can be analysed centrally
	Other	Training plus data analysis service
Charge for use?		Only for materials and processing

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	****
Thorough process of development	*****
<b>Supporting key-work</b>	
Client-friendly language and presentation	****
Visual summary for clients	*
Easy to link with action-planning	**
Helps motivate clients	*
<b>Evidencing outcome</b>	
Meaningful data	**
Reliable data	*****
Sensitive data	**

### 3) Outcomes measured

CUES measures 6 areas of quality-of-life

- Where you live
- Money
- Help with finances
- How you spend your day

- Family and friends
- Social life

and ten other measures largely relating to service standards. It is designed to provide one-off snapshots of user priorities and what they think about the service, rather than outcomes, but it could be used as an outcomes tool, within the limitations of a 3-point scale.

#### **4) Description**

##### ***Development process***

CUES was developed and tested by The Royal College of Psychiatrists Research Unit, The National Schizophrenia Fellowship and the Royal College of Nursing Institute, introduced in a paper published in 2001, funded by the Department of Health. The development process has been rigorous in terms of testing and comparison with other measures (e.g. results correlate well with the Health of Nations Outcomes). It emphasises self-completion by users, asking users what they value, and the emphasis they place on different aspects. It has been tested for re-testing reliability, by people completing it a few days later to check its vulnerability to mood swings, and found to be very reliable. It has not been tested for outcomes.

##### ***Description of the tool***

The tool consists of a questionnaire with 16 normative statements. Each is followed by a question which asks people to rate their experience on a 3-point scale from 'as good as this' to 'much worse than this'. The next question asks them to rate how satisfied they are with the situation, and the third part is a freeform space for any other comments. It is completed by the client, and has been tested for ease of use. There is now both a carers' version and a users' version.

For example, for money the statement reads: 'You should have enough money to pay bills, stay out of debt and not miss meals. You should not have to feel isolated or cut off from society because of lack of money'. The first question asks 'How does your money situation compare with this description?' with options: 'as good as this', 'worse than this', 'very much worse than this'. The second question asks 'Do you have enough money to meet your needs?' with options: 'yes', 'unsure', 'no'. The final question is a freeform response: 'What are your most serious money problems?'

#### **5) Comments**

##### ***Supporting client work***

This may help client work, as it does elicit information about what is important to them, and where they are most satisfied. However, the greatest emphasis is on information about the service and the user's relationship with the service, rather than information about the user.

##### ***Providing outcomes information across a service***

This is designed to be collated, and the Royal College offers a benchmarking service to allow instant comparisons with other trusts. NB this is comparing levels of satisfaction rather than outcomes data.

#### **6) Contact details**

You can download the question leaflet (free) at [http://www.mentalhealthshop.org/products/rethink\\_publications/cues.html](http://www.mentalhealthshop.org/products/rethink_publications/cues.html).

## The Employability Map (TEM)

### 1) Fit with your needs

Primary Purpose	Both supporting key-work and evidencing service outcomes	
Type of question (see glossary)	Defined scales	
Explicit journey of change?	No	
Intended Client Group	People preparing for work or training	
Suitable for use with other client groups?	No	
Support Materials	Training	Yes
	Manual	Yes
	IT tools	No
	Other	No
Charge for use?	No, but there is a charge for mandatory training course	

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	****
Thorough process of development	***
<b>Supporting key-work</b>	
Client-friendly language and presentation	****
Visual summary for clients	***
Easy to link with action-planning	****
Helps motivate clients	****
<b>Evidencing outcome</b>	
Meaningful data	***
Reliable data	***
Sensitive data	****

### 3) Outcomes measured

- Motivation/sense of direction (hope, sense of direction, energy, initiative, willingness to make choices)
- Lifestyle (eating, sleeping, health, addressing destructive behaviours like substance misuse)
- Readiness for work (presentation, hygiene, reliability, ability to get on with others)
- Basic skills (English, reading, writing, maths)
- Skills for finding work (phone manner, appropriate dress, interview skills, application forms, confidence)

## 4) Description

### **Development process**

When OSW reviewed the outcomes tool (Individual Progression System – IPS) that it required its contracted providers to use with clients, it found that the tool was not providing useful outcomes information and was also felt to be intrusive and difficult to use. OSW decided to stop using IPS and with funding from the London Housing Foundation commissioned Triangle Consulting to develop a new tool.

Drawing on review of the old tool, Triangle’s brief was to develop a tool that clients and workers would find easy to use, that would sit naturally within client work, and would provide outcomes information for OSW. The tool was piloted with a number of providers and modified from workers’ and service users’ feedback.

OSW now use the tool as part of their contract monitoring with service providers, such as St Mungos, the DePaul Trust and Thames Reach. The tool is also used by other service providers who do not receive funding from OSW.

### **Description of the tool**

The tool consists of a two-page form. The first page contains five, 10-point scales, one for each outcome area. Client and worker discuss each of these scales and plot the client’s position on each. The scales are presented in the following format:

Motivation

(Hope, sense of direction, energy, initiative, willingness to make changes)

Zone 1 Unmotivated			Zone 2 Some motivation			Zone 3 Motivated			
a	b	c	a	b	c	a	b	c	Fully motivated

The second page provides space for written comments on each scale.

The behaviour and attitudes for each point on the scale are described in separate tables, for example:

<i>Zone 1</i>	<b>Unmotivated</b>
a	<b>No motivation</b> to work or develop new skills. <i>‘Things are fine as they are’ ‘There’s no point’</i>
b	<b>A glimmer of dissatisfaction</b> with the status quo. <i>‘I sometimes get bored and wish I had something to do’</i>
c	<b>Wants to make changes</b> but at a loss to know where to start. <i>‘I would like to work/train but there is no chance for me’</i>

## 5) Comments

### **Supporting client work**

Workers and clients have reported that the tool can be helpful in opening up areas for discussion. The clearly defined scale points can help worker and client be precise about the client’s current situation and needs and the visual form can give a quick overview of the client’s situation. However, achieving these benefits depends on the

worker having a good understanding of the tool and good skills in relating to the client which is why attending the training course is a condition of accessing the tool. The tool is completed manually and so does not provide the quality of graphics of tools such as SpiritLevel. However, OSW are considering developing software which would make it possible to complete on-screen.

***Providing outcomes information across a service***

The results can be aggregated across a service or a group of services to provide summary outcomes information across a service. The user guide contains guidelines for how to do this using an excel spreadsheet and OSW is considering developing software which would analyse the data.

**6) Contact details**

Ima Miah  
Off the Streets and into Work  
Fourth Floor  
The Pavilion  
1 Newhams Row  
London  
SE1 3UZ.  
Tel: 020 7089 2722.

A six-page introduction to the tool is available at  
[www.osw.org.uk/librarydocs/OSW\\_Employability\\_Map\\_Flyer\\_October\\_2004.pdf](http://www.osw.org.uk/librarydocs/OSW_Employability_Map_Flyer_October_2004.pdf)

## ERoSH Outcomes Tool

### Essential Role of Sheltered Housing

#### 1) Fit with your needs

Primary Purpose		Evidencing service outcomes
Type of question		Subjective scales
Explicit journey of change?		No
Intended Client Group		Tenants in sheltered housing
Suitable for use with other client groups?		Yes, other clients for whom maintenance/prevention is a goal rather than increased independence
Support Materials	Training	No
	Manual	Guidance is available for providers on using the tool
	IT tools	Spreadsheet available
	Other	
Charge for use?		No

#### 2) Quality of tool

<b>General</b>	
Quick and easy to use	***
Thorough process of development	***
<b>Supporting key-work</b>	
Client-friendly language and presentation	***
Visual summary for clients	*
Easy to link with action-planning	*
Helps motivate clients	*
<b>Evidencing outcome</b>	
Meaningful data	***
Reliable data	***
Sensitive data	****

#### 3) Outcomes measured

The questionnaire measures seven themes/outcome areas:

1. Quality of life
2. Health
3. Social networks and involvement
4. Skills and hobbies
5. Environment
6. Dealing with finances and administration

## 7. Cultural and religious needs.

### 4) Description

#### ***Development process***

The ERoSH outcomes tool was devised by sheltered housing consultant, Imogen Parry, and commissioned by ERoSH and the Office of the Deputy Prime Minister. The questionnaire has undergone a consultation process and has been piloted by 100 tenants from eight sheltered housing organisations across the country.

#### ***Description of the tool***

The tool consists of a two-page questionnaire plus front sheet for basic client data. It includes a series of 26 statements within the seven outcome areas and tenants are asked to tick one of five options on an agree/disagree scale.

### 5) Comments

#### ***Supporting client work***

Results are not fed back to tenants and the tool is not designed as part of a client work process. It may, of course, raise issues that tenants then raise with workers, but this is not an integral part of the tool.

#### ***Providing outcomes information across a service***

The EroSH tool includes a spreadsheet so that quantitative data can be generated on individual tenants, schemes and providers, thereby enabling services to evidence and learn from their outcomes and also have the option of benchmarking against other services. A possible limitation is that the tool relies exclusively on self-completion by tenants, which may affect the reliability of some of the results. Further, some may require practical help from staff to complete the tool, which may lead to reticence to give negative responses. A few questions are hypothetical.

### 6) Contact details

ERoSH  
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Chippenham  
Wiltshire SN15 1WZ  
Tel: 01249 654249  
Email: [info@shelteredhousing.org](mailto:info@shelteredhousing.org)

Website: [www.shelteredhousing.org](http://www.shelteredhousing.org)

## Manchester Short Assessment of Quality of Life MANSA (v2)\* Quality of Life Assessment

### 1) Fit with your needs

Primary Purpose	Evidencing service outcomes	
Type of question	Subjective scales with some concrete questions	
Explicit journey of change?	No	
Intended Client Group	Mental health though appropriate to wide range of client groups	
Suitable for use with other client groups?	Yes	
Support Materials	Training	No
	Manual	Scoring advice
	IT tools	No – advice on using SPSS
	Other	
Charge for use?	No	

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	****
Thorough process of development	****
<b>Supporting key-work</b>	
Client-friendly language and presentation	***
Visual summary for clients	*
Easy to link with action-planning	*
Helps motivate clients	*
<b>Evidencing outcome</b>	
Meaningful data	****
Reliable data	****
Sensitive data	****

### 3) Outcomes measured

'A brief operational measure of quality of life', it includes eight life domains: social relationships, safety, leisure, finances, family, accommodation, living situation and work.

### 4) Description

#### **Development process**

Sherrill Evans and Peter Huxley prepared the second version, and together with



## Maudsley Addiction Profile

### 1) Fit with your needs

Primary Purpose	Evidencing service outcomes	
Type of question	Concrete questions with subjective scales	
Explicit journey of change?	No	
Intended Client Group	People with addiction problems	
Suitable for use with other client groups?	No	
Support Materials	Training	No
	Manual	Yes
	IT tools	No
	Other	
Charge for use?	No	

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	****
Thorough process of development	****
<b>Supporting key-work</b>	
Client-friendly language and presentation	***
Visual summary for clients	*
Easy to link with action-planning	*
Helps motivate clients	*
<b>Evidencing outcome</b>	
Meaningful data	*****
Reliable data	****
Sensitive data	****

### 3) Outcomes measured

Substance use  
 Health risk behaviour  
 Physical and psychological health  
 Personal/social functioning

#### **4) Description**

##### ***Development process***

The Department of Health's 'Task Force to Review Services for Drug Misusers', which reported in 1996, highlighted the importance of research on treatment outcomes. It was to meet this need that Map was developed in 1998. Although other tools existed they took up to 45 minutes to complete and so Map was designed specifically to be quick to use - it is estimated that it can be completed in 12 minutes. It is intended to be used at the beginning and end of the intervention being researched and researchers can add additional questions on other areas of interest.

##### ***Description of the tool***

The interviewer completes a questionnaire with the client who is asked to recall their feelings and behaviour over the last 30 days. There are a number of questions in each outcome area, in a range of formats, for example:

- How many days in the last 30 have you injected drugs?
- How often in the last month have you experienced the following health problems...? never, rarely, sometimes, often, always
- How many days in the last month have you experienced conflict with your partner, relations or acquaintances?

The tool consists of a single PDF document which contains the following:

- Questionnaire for use with clients
- Information on how the tool was developed
- Guidelines on use
- Result of field testing of the tool

#### **5) Comments**

##### ***Supporting client work***

The tool was not designed to support client work and is unlikely to fulfil this role. However workers may find that the very specific nature of the questions is useful in getting a clear picture of the client's need on joining the project.

##### ***Providing outcomes information across a service***

The tool will provide very concrete information about the progress that clients across a project make. Because it has been validated in field tests and published in an academic journal, research based on this tool is likely to have a high level of credibility.

#### **6) Contact details**

Available free online from [www.dass.stir.ac.uk/DRUG/pdf/Map.pdf](http://www.dass.stir.ac.uk/DRUG/pdf/Map.pdf).

Users are required to quote the following reference: Marsden, J. Gossop, G. Steward, D. Best, D. Farrell, M. Lehmann, P. Edwards, C. and Strang, J. (1998) The Maudsley Addiction Profile (MAP): A brief instrument for assessing treatment outcome, *Addiction* 93(12): 1857-1861

## Measuring Change

### 1) Fit with your needs

Primary Purpose		Both supporting key-work and evidencing service outcomes
Type of question (see glossary)		Defined scales
Explicit journey of change?		No
Intended Client Group		Developed for use in wide range of settings including mental health, learning disabilities and addiction
Suitable for use with other client groups?		Yes, suitable for wide range of client groups
Support Materials	Training	Yes, £595 for in-house course for up to 20, but not compulsory
	Manual	Yes
	IT tools	No but there are plans to develop them
	Other	Tool can be modified to suit an organisation's specific needs
Charge for use?		Yes

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	****
Thorough process of development	***
<b>Supporting key-work</b>	
Client-friendly language and presentation	****
Visual summary for clients	**
Easy to link with action-planning	*****
Helps motivate clients	****
<b>Evidencing outcome</b>	
Meaningful data	****
Reliable data	***
Sensitive data	**

### 3) Outcomes measured

Well-being  
 Living with different types of people  
 Basic skills  
 Education, Work, Training  
 Using other services  
 Being part of the community  
 Confidence in making choices and decisions

Social activity  
 My health  
 Daily living skills  
 Being safe  
 Money, bills and benefits  
 Personal behaviour  
 Me and my family

## **4) Description**

### ***Development process***

The tool was developed by Carr Gomm in-house between 2005 and 2007 with the aim of developing a way of measuring outcomes that would satisfy the needs of both external stakeholders and clients. The starting point was drawing together the strategies and reporting requirements of all Carr Gomm's major stakeholders, including the Department of Communities and Local Government (then the Office of the Deputy Prime Minister) and the Department of Health. On the basis of this a number of key outcomes areas and indicators were identified. Service users were consulted on these and the way in which the information should be collected, and on the basis of this initial research a draft tool was designed. It was piloted in a range of services with different client groups and then refined in the light of the feedback. There was further consultation with other provider agencies before the tool was finalised.

### ***Description of the tool***

For each outcome area there is a 5-point scale and each point on the scale is described. For example, point 2 on the 'Living with different types of people' scale is:

'I can sometimes be with people who are different to me, but I don't feel comfortable with them and I avoid them if I can. I understand the need to change the way I talk about people who are different to me'.

During a key-work session clients decide which of the outcome areas listed above they wish to work on (they are not expected to work on them all). They then identify which point on these scales they are presently on and which point they would like to be on. The points are called stepping stones and clients mark their position on a stepping-stone picture. Clients can complete the form on their own or with a key-worker but it is intended that their responses be discussed in key-work.

The tool consists of the following:

- Stepping-stones form on which client records their position on a single outcome area
- 5-point scales for each outcome area
- Six-page document aimed at clients explaining what each outcome area is about
- A longer document providing guidance to worker using the tool

Carr Gomm has plans to develop a software package to support the tool which would enable clients to complete the tool on-screen and results to be collated automatically.

## **5) Comments**

This is a very client-friendly tool which has been developed to work in a wide range of settings with a wide range of clients. Because the licence allows organisations to modify the tool in line with their own needs and it is suitable for a range of client groups, it is very flexible and may suit agencies who wish to customise and/or use the same tool with a wide range of clients.

### ***Supporting client work***

The tool has been developed to be a core part of the key-work process and in our opinion is well designed to do this with clear explanations for clients and an attractive

visual presentation. The tool allows clients to set their own goals and so measure success in their own terms. If the client's goal is maintenance then it is clear that staying at the same point on the scale constitutes success. However, because clients do not give themselves scores on all outcomes areas it does not provide them with an overview of where they are in all areas.

***Providing outcomes information across a service***

The tool will provide some useful outcomes information about the areas that clients have chosen to work on, their starting points on those areas, and how much progress they make. It has also been designed with an eye to the reporting requirements of funders. Because clients set their own goals using the tool it is possible to report on how many clients have achieved their goals – this is particularly helpful where the goal is maintenance and other tools would not necessarily capture this as success. However, because clients are not asked to complete all sections of the tool, it will not provide comprehensive information about the overall starting need and overall progress made by clients. The tool's 5-point scale makes it accessible and easy to use but may mean that more subtle changes are not registered.

**6) Contact details**

Carr Gomm  
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7 Pembroke Grove  
Clifton  
Bristol  
BS8 3DA  
Tel: 0845 053 5356  
Email: [Consult@carr-gomm.org.uk](mailto:Consult@carr-gomm.org.uk),

## New Horizon

(information supplied through interview rather than direct testing)

### 1) Fit with your needs

Primary Purpose	Both supporting key-work and evidencing service outcomes	
Type of question	Defined scale	
Explicit journey of change?	No	
Intended Client Group	Young people at day centre	
Suitable for use with other client groups?	Possibly	
Support Materials	Training	In-house
	Manual	No
	IT tools	Uses the RIS Link system
	Other	
Charge for use?	Only used internally currently	

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	****
Thorough process of development	***
<b>Supporting key-work</b>	
Client-friendly language and presentation	****
Visual summary for clients	**
Easy to link with action-planning	****
Helps motivate clients	****
<b>Evidencing outcome</b>	
Meaningful data	***
Reliable data	***
Sensitive data	***

### 3) Outcomes measured

Accommodation/housing, education, employment and training, health, life skills and social development.

### 4) Description

#### ***Development process***

The tool is designed for work with young people in a day centre, developed by New Horizon for their own work, funded by London Housing Foundation. It is also used for some outreach work.

### **Description of the tool**

The tool involves three main parts – an assessment, an action plan, and a review. The assessment involves the user and key-worker agreeing a narrative about where the person is on the five areas above, and giving themselves a score of 1 - 5 for this. These scores are intended to be objective, and a lot of thought has gone into describing what each score might look like.

E.g. Accommodation/housing:

- Clients at level 1 may present as: Sleeping rough, fleeing domestic violence, pregnant, with dependent children, care leaver, diagnosed mental health
- Level 2: Threatened with homelessness, in inappropriate accommodation, in specialist drugs, alcohol project, threatened with eviction, in custody, sofa surfing
- Level 3: Referred to HPU, in short-term hostel, in emergency night shelter, in temporary accommodation, being assessed
- Level 4: In long-term low/medium/high support hostel, in Foyer, in HPU accommodation
- Level 5: Shared supported housing, shared housing, in own accommodation – statutory or private

The data is then input and summarised, producing project reports and individual bar charts etc. Reviews are completed approximately every two months, though this depends on the frequency of use of the centre. The first assessment is done after three visits.

### **5) Comments**

As with all the tools it takes training and a degree of skill to use well. Staff also need to be reminded to use it and they have a designated person to chivvy people up and input all the figures. It doesn't provide all the information funders need – some often want more specific outcomes, so despite it being linked into action planning and being very much the way they work, it can still seem like an administrative burden. They use LINK, as do many London agencies, and have used RIS to set up their outcomes collection, thus getting over the IT obstacles that many agencies still face.

While the levels are all carefully defined, they still see it as possible that a client's score may not fall clearly within a particular level, which is why we have given them 3\* rather than 4\* for meaningful data.

### **6) Contact details**

Dean Harris  
New Horizon Youth Centre  
Tel: 020 7388 5560

## Outcomes Star

This also covers the **St Mungo's Outcomes Star** and the **Rochdale Dial**, as these are both earlier versions of the Outcomes Star as currently available.

### 1) Fit with your needs

Primary Purpose		Both supporting key-work and evidencing service outcomes
Type of question		Defined scale
Explicit journey of change?		Yes
Intended Client Group		Homeless, drug and alcohol use, young people
Suitable for use with other client groups?		Yes
Support Materials	Training	Yes
	Manual	Yes
	IT tools	Available early 2008
	Other	
Charge for use?		No

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	***
Thorough process of development	****
<b>Supporting key-work</b>	
Client-friendly language and presentation	****
Visual summary for clients	*****
Easy to link with action-planning	*****
Helps motivate clients	*****
<b>Evidencing outcome</b>	
Meaningful data	****
Reliable data	****
Sensitive data	****

### 3) Outcomes measured

The Outcomes Star has ten outcome areas, covering internal motivation, social networks, managing money, offending, mental health, physical health, living skills, meaningful use of time, managing tenancy, and substance abuse. The Rochdale Client Centre Dial has three additional scales designed for services working with parents and domestic violence.

#### **4) Description**

##### ***Development process***

The Outcomes star was first developed in 2003 with St Mungo's through an extensive process of research and testing. A small number of other agencies expressed an interest at this stage and also tested the tool. In 2005 and 2006 Triangle worked with a range of agencies through Rochdale Supporting People to develop what became known as the Rochdale Dial. This was initially different from the star, but after testing became very similar and much of the learning from Rochdale was incorporated into the new Outcomes Star. The Outcomes Star is now being widely used, and further development is likely to come from new user feedback and learning.

##### ***Description of the tool***

The tool involves ten scales, set out as a star, each with ten steps. Each step on the scale is individually described, and is available in two forms – detailed scales for key-worker reference, and one sentence 'ladders' for work with clients. The information is recorded on a Star form, which records whose views are being noted. Successive readings can then show progress visually to the client and be recorded numerically for service level analysis.

#### **5) Comments**

##### ***Supporting client work***

The tool is designed to fit the major key-working areas and can be used imaginatively with motivational interviewing skills to support client progress. It requires good coaching and related skills to really use effectively, plus adequate training. It also provides an excellent supervision tool.

##### ***Providing outcomes information across a service***

Data collected can be used to review progress across a service, and to explore differences between services. St Mungo's is currently leading this, as so far a lack of effective IT support (and numeracy training) in the sector has limited the extent to which data is actually being analysed and used. Triangle is currently working with St Mungo's helping them to compare results from the Star to their key work experience, and to look at collated results by service. To date this has shown the Star results to be meaningful and useful at both individual and service levels. At the present time reliability has not been specifically tested, and appears dependent on adequate training.

#### **6) Contact details**

Email: [Info@triangleconsulting.co.uk](mailto:Info@triangleconsulting.co.uk)

Website: [www.triangleconsulting.co.uk](http://www.triangleconsulting.co.uk)

The full tool is downloadable from: [www.homelessoutcomes.org.uk](http://www.homelessoutcomes.org.uk)

## P3 Outcomes Tool

### 1) Fit with your needs

Primary Purpose	Both supporting key-work and evidencing service outcomes	
Type of question	Subjective scales and concrete questions	
Explicit journey of change?	No	
Intended Client Group	Clients with mental health problems	
Suitable for use with other client groups?	Yes	
Support Materials	Training	No
	Manual	Yes
	IT tools	No
	Other	
Charge for use	Only used internally currently	

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	***
Thorough process of development	***
<b>Supporting key-work</b>	
Client-friendly language and presentation	****
Visual summary for clients	****
Easy to link with action-planning	****
Helps motivate clients	***
<b>Evidencing outcome</b>	
Meaningful data	****
Reliable data	****
Sensitive data	***

### 3) Outcomes measured

The tool measures outcomes in four areas, each of which are subdivided into two or three sub-areas:

Health

- Physical health
- Drink and drugs
- Mental health

#### Leisure and Employment

- Leisure activities
- Education and training
- Work

#### Finding and Sustaining a Tenancy

- Managing money
- Maintaining where you live

#### Personal and Social Skills

- Relationships with friends and family
- Independence, confidence and motivation

### 4) Description

#### ***Development process***

The P3 outcomes tool was developed by Charities Evaluation Services to provide a tool that could both assess needs and evidence outcomes. All front-line staff and managers took part in a consultation to identify the outcomes that P3 aims to achieve and the indicators of these outcomes. From this they developed and piloted a tool, which was launched after some refinement in January 2006.

#### ***Description of the tool***

The tool consists of two forms:

##### **1) Staff form**

This is designed to be completed by staff. It is similar to a needs assessment form and contains a range of concrete questions about the client's current situation and needs. For example:

*'Where is the client living now?'* (18 multiple choice options including Bed and Breakfast, Care home, Hostel, Squatting, Prison etc)

*'What services does the client access or need to access?'* (a list of services and different standard options for each: not known, not needed, already using before P3, referral made etc)

##### **2) Service-user form**

This is designed to be completed by service-user and staff together. It contains two kinds of question:

a) Concrete questions, for example:

*'Have you tried to find a course since you last filled in this form?'* (multiple choice options: no, made enquiries, made application, attended interview, got place)

b) Subjective scales, for example:

*'Overall, how able do you feel to start a new course?'*

Completely    Mostly    A little    Not very    Not at all

The final page of the form comprises a Summary Wheel on which the answers to the main subjective scale questions can be plotted to give a visual summary of the client's current situation, very much like the Outcomes Star.

There is also a short version of the service-user form designed to be used in short-term services or situations where it is not appropriate to complete the long

form. This short version only includes the subjective scale questions and the Summary Wheel.

## **5) Comments**

This was developed as an in-house tool for P3 so materials are designed specifically for their use but could easily be adapted for another organisation. The P3 Outcomes Tool was designed to both support key-work and evidence outcomes, and it provides a visual overview of the client's situation. It also covers broadly the same outcomes areas as the Outcomes Star (general and mental health version).

### ***Supporting client work***

A strength of the P3 tool is that it incorporates a needs assessment. A weakness is that it is not based on an explicit theory of change and so does not provide clients with a clear map of the change process and where they are in relation to it. However, it provides a visual summary for clients of their current situation and links very directly to action planning.

### ***Providing outcomes information across a service***

The P3 tool incorporates concrete questions about the client's situation as well as the client's position on a number of scales. This means that it is possible to provide both 'hard' and 'soft' outcomes data. However, as the P3 scales consist of five points they will not measure change as sensitively as a 10-point scale.

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## The Penrose Outcomes Tool

### Fit with your needs

Primary Purpose		Both improving key-work and evidencing service outcomes
Type of question		Defined scale
Explicit theory of change?		Yes (the Cycle of Change)
Intended Client Group		Offenders including those with mental health issues or those with personality disorders
Suitable for use with other client groups?		Yes
Support Materials	Training	No
	Manual	No
	IT tools	No
	Other	No
Charge for use?		Discuss with Penrose

### Quality of tool

<b>General</b>	
Quick and easy to use	****
Thorough process of development	***
<b>Supporting key-work</b>	
Client-friendly language and presentation	***
Visual summary for clients	**
Easy to link with action-planning	*****
Helps motivate clients	***
<b>Evidencing outcome</b>	
Meaningful data	****
Reliable data	***
Sensitive data	***

### 3) Outcomes measured

The Penrose Outcomes Tool measures five outcome areas, each of which is broken down into a further three or four areas. These areas correspond very closely to the areas measured in the Communities and Local Government outcomes form for short-term services.

- 1) Financial Health
  - Income/benefits in place
  - Managing debt

- In paid work
- 2) Enjoying Life/Achievement
    - In training/education
    - Happy with how spend time
    - Positive social networks
  - 3) Being Healthy
    - Good physical health and well-being
    - Emotional well-being
    - Addressing any drugs or alcohol issues
    - Taking medication/engaging with treatment plan
    - Using health services
  - 4) Staying Safe
    - Looking after your house
    - Planning your move-on
    - Complying with any action points in risk management plan
  - 5) Positive Contribution to Community
    - Complying with statutory orders
    - Getting on with flatmates and neighbours
    - Contributing to the community

#### **4) Description**

##### ***Development process***

The tool was developed in-house by Penrose following a review of the other tools available. The process took two years in all and involved consultation with staff managers and service users. The original version was seen as too complex and so was completely revised to produce one that was much simpler to use and also consistent with the outcomes areas measured within the Supporting People outcomes form. The new version was reviewed again by service users and staff and a further three rounds of changes made.

##### ***Description of the tool***

The Penrose Outcomes Tool is an integrated outcomes tool and support plan. The core elements are:

- 1) A Support Plan Assessment form which is completed by worker and service user together to give an indication of their current position for each outcomes area, and
- 2) A Support Plan form on which worker and service user can record the actions agreed to address the needs identified in each outcomes area.

In addition there is an initial service user self-assessment for service users to complete on their own when they first come to the service. This covers the same outcomes areas but is shorter and simpler than the Support Plan Assessment form. For each of the 17 areas in the Support Plan Assessment form, service user and worker agree where the service user is on a scale of 0 - 4. This scale is based on the Cycle of Change and each point on the scale is defined as follows:

- 0 Need to take action
- 1 Thinking about this
- 2 Making plans
- 3 Taking action
- 4 Maintaining things/not need to do anything

There is space on the form for worker and service user to write the reason for the score chosen. This information is then transferred onto the Support Plan form where the actions in each area can also be recorded.

## **5) Comments**

### ***Supporting client work***

This is a very simple and straightforward tool to use, with the added advantage that it draws on a simple model of change. The main disadvantage is that there is no visual summary to draw the results together and provide an overview of the client's current position. Living skills also have a low profile, which could be an issue for some services.

### ***Providing outcomes information across a service***

The data produced by this tool is both reliable and meaningful. However, because the tool is based on a 5-point scale it will not be as sensitive in picking up small changes in service users attitudes and behaviours as some others.

The fact that the outcomes areas measured are very closely linked to those required by Communities and Local Government in their outcomes form may be seen as an advantage to many services in terms of demonstrating effectiveness to commissioners. However, with the integration of Supporting People into Local Area Agreements, it is likely that it will be the LAA performance indicators rather than the Supporting People outcomes that will be crucial for services wishing to demonstrate their value to local commissioners.

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## Rickter Scale

### 1) Fit with your needs

Primary Purpose	Both supporting key-work and evidencing service outcomes	
Type of question	Subjective scale	
Explicit journey of change?	Yes	
Intended Client Group	Originally young offenders	
Suitable for use with other client groups?	Yes	
Support Materials	Training	One-day course
	Manual	Yes
	IT tools	Yes
	Other	Braille and A3 version available
Charge for use?	Yes, via licensing	

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	*****
Thorough process of development	****
<b>Supporting key-work</b>	
Client-friendly language and presentation	*****
Visual summary for clients	****
Easy to link with action-planning	****
Helps motivate clients	*****
<b>Evidencing outcome</b>	
Meaningful data	**
Reliable data	**
Sensitive data	****

### 3) Outcomes measured

It can be used for a wide range of clients in different settings, as the outcome areas' 'frame of reference' can be tailor-made. On their website they list some of the possibilities, which as well as young people, substance use and lone parents, includes one for management teams. They will design one to fit your needs. Happiness and stress levels appear on virtually all of them. It is being used widely by Connections (13-19 year olds) and they have trained over 12,500 practitioners to date.

#### **4) Description**

##### ***Development process***

The Rickter scale came out of working with offenders and substance use. The two founders realised that the Home Office had no way of measuring soft outcomes, and reliance on hard outcomes wasn't telling the whole story. It is based on principles drawn from NLP, social care, and motivational interviewing amongst others.

##### ***Description of the tool***

This is a client-centred tool: a plastic square designed as a grid, with ten outcome areas down one side and a score system of 0 - 10 along the side. The client moves a marker up and down the scoring slides to show where they feel they are, and where they would like to be. The idea is that the client holds the tool and is in control of the markers, and can start to get a sense of what different scores might feel like. (e.g. 'You say you are at a two now for happiness. What would a four feel like? Or a six?')

#### **5) Comments**

##### ***Notes on pros and cons of tool or reasons for scores given that we feel need to be highlighted***

Caution needs to be exercised in collating data as all the numbers are meaningful to the client only. However, within this constraint, you can collate information about changes, where people are changing, and overall how much they think they are changing.

Information will not be consistent and reliable, in terms of being replicable across teams, as scoring is entirely down to the client, and will reflect the relationship at that moment with their key-worker. Patterns may emerge in larger groups though. It needs careful management to ensure that it is used consistently. It works best when it is used regularly, and where staff are supported in its use through supervision. If management do this, and use the information generated, it will work well.

##### ***Other information***

They provide an excel tool for simple data administration, and a more complex online tool that allows direct entry by clients, and instant graphs etc.

#### **6) Contact details**

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## SO Soft Outcomes

### 1) Fit with your needs

Primary Purpose	Both evidencing service outcomes and supporting key-work	
Type of question	Defined scale	
Explicit journey of change?	No	
Intended Client Group	Socially excluded groups and individuals involved in training, coaching, mentoring, work placement or other similar personal development activities.	
Suitable for use with other client groups?	Yes	
Support Materials	Training	Animated tutorials available on the CD-Rom
	Manual	Yes, user guides available on the CD-Rom
	IT tools	Yes, software provided on the CD-Rom for analysis of data
	Other	Facility to benchmark own results against others
Charge for use?	No, but must be used with respect for Common Ground's copyright	

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	****
Thorough process of development	****
<b>Supporting key-work</b>	
Client-friendly language and presentation	****
Visual summary for clients	***
Easy to link with action-planning	***
Helps motivate clients	***
<b>Evidencing outcome</b>	
Meaningful data	****
Reliable data	***
Sensitive data	***

### 3) Outcomes measured

The Soft Outcomes Toolkit measures ten soft outcomes relevant to jobs and training:

1. Communication
2. Confidence
3. Autonomy
4. Motivation

5. Teamwork
6. Problem solving
7. Self-esteem
8. Coping with pressure
9. Positive attitude
10. Work related values

#### **4) Description**

##### ***Development process***

The Common Ground Development partnership is based in Kirklees, West Yorkshire. It was formed in October 2001 as part of the EQUAL programme – part of the EU strategy to create more and better jobs accessible to all – funded by the European Social Fund. The Soft Outcomes Toolkit was developed by Common Ground's Thematic Partnership Group. It builds on the framework suggested in the 'Guide to Measuring Soft Outcomes and Distance Travelled' produced by the former DfEE. It has, according to the Common Ground Partnership, been scientifically validated by experts.

##### ***Description of the tool***

The tool and all supporting materials are available on a CD-Rom which can be ordered from the Common Ground partnership. The tool uses two main questionnaires, each covering five of the ten outcome areas through a series of over twenty 5-point scales. Each questionnaire has both an assessor and beneficiary version. Questionnaires can be printed out and used as a paper version or completed on screen. On screen, questions pop up one at a time and the assessor or beneficiary is directed to click on the most relevant option for them between one and five based on the descriptions given. There is an audio option where people can listen to the scale point descriptions instead of read them. The guidance is for the questionnaires to be completed before the start of the intervention, in the middle and at the end, to give a measure of distance travelled.

Data is entered into a software package included on the CD-Rom. Practitioners and beneficiaries can choose to analyse individual data or collate data across a project, service or client group. Clicking on the analysis button gives the data provided in two formats together on one screen, clearly laid out and colour-coded:

- A numerical table giving the start, middle and end scores in each of the ten outcome areas
- A graph (bar chart) showing the distance travelled from the start to the end scores for each of the ten outcomes, giving a visual representation of relative distance travelled in each area.

#### **5) Comments**

##### ***Supporting client work***

The Soft Outcomes Toolkit does have the facility for clients to see a visual summary of their distance travelled on screen at the end of the intervention. At that point the bar chart is accessible, though non-numerical clients may benefit less from the table of scores. However, there is no easily accessible visual summary for clients at the first assessment – just the scores – so this does not provide a good basis for initial discussion between the assessor and client about the client's starting point or where they want to get to, possibly limiting its value for supporting client work.

***Providing outcomes information across a service***

The Soft Outcomes Toolkit appears to be very effective in providing service level data through a stand-alone and accessible software package included on the CD-Rom. The option to benchmark against other data is also valuable at a service level.

**6) Contact details**

For a free CD-Rom contact:

Common Ground Development Partnership  
Kirklees Council  
2<sup>nd</sup> floor, Civic Centre III  
Huddersfield  
HD1 2EY  
Tel: 01484 221652  
Fax: 01484 221655  
Email: [Europe@kirklees.gov.uk](mailto:Europe@kirklees.gov.uk)

## SOUL Record (Soft Outcomes Universal Learning)

### 1) Fit with your needs

Primary Purpose	Both evidencing service outcomes and supporting key-work	
Type of question (see glossary)	Mix of concrete questions and subjective scales	
Explicit journey of change?	No	
Intended Client Group	Clients in informal learning	
Suitable for use with other client groups?	Yes	
Support Materials	Training	Yes. A one-day training course costs £150 and includes all materials
	Manual	Yes, user guide on CD and with training
	IT tools	Yes, CD includes a spreadsheet results package
	Other	All available on a CD
Charge for use	No. Joint copyright is between Norfolk City College and Norfolk Voluntary services	

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	****
Thorough process of development	****
<b>Supporting key-work</b>	
Client-friendly language and presentation	***
Visual summary for clients	***
Easy to link with action-planning	****
Helps motivate clients	****
<b>Evidencing outcome</b>	
Meaningful data	***
Reliable data	****
Sensitive data	****

### 3) Outcomes measured

For use with adults, the SOUL Record measures three main outcome areas:

- Attitude
- Personal/inter-personal
- Practical

Each of these areas is measured through seven statements covering different aspects of the outcome area. For example, statements in relation to attitude include:

- Confidence
- Getting on well with other people

- Using initiative
- Being able to receive advice
- Respecting other people's property

The version for use with children measures against the five 'Every Child Matters' outcome areas:

- Being healthy
- Staying safe
- Enjoying and achieving
- Economic well-being
- Making a positive contribution

These are each measured through four statements covering different aspects of the outcome area. For example, staying safe is measured through statements about:

- Feeling safe at home
- Feeling safe at school
- Feeling loved and cared for
- Knowing who to go to if they need help

#### **4) Description**

##### ***Development process***

The SOUL Record was developed by a group of voluntary organisations in Norfolk, headed by Norwich and Norfolk Voluntary Services. In response to an identified need to measure soft outcomes of informal learning, this group took the initiative to create a research project with The Research Centre, City College, Norwich. There were a number of objectives, including the development of a system to monitor and measure progression in soft outcomes. The SOUL Project received funding from The Big Lottery Fund (formerly the Community Fund) and ran from September 2003 to the end of February 2006.

The SOUL Record is compliant with RARPA (Recognising And Recording Progress And Achievement *in non-accredited learning*) and has reportedly been extensively trialled throughout Norfolk before being released across the UK. According to the SOUL Project, one of the great strengths of The SOUL Record is that it has been created by users, for users.

##### ***Description of the tool***

The SOUL Record is available on a CD and consists mainly of:

- an overall outcome measurement questionnaire
- a number of worksheets on developing particular areas (e.g. self esteem)
- an Observing Soft Outcomes observation sheet

The overall 'getting to know you' questionnaires are designed to be completed by the client at the start of informal training, at a mid-way point and again at the end, giving a series of three scores for each client and measure of distance travelled. The adult version of this questionnaire contains 21 statements and the child version 20 statements, each with a scale of six options for the clients to choose according to how strongly they agree or disagree with the statement. Each of the six options is assigned a numerical value from 1-6 and it is these scores which are entered onto the spreadsheet and give rise to results and analysis. This includes:

- tables of average scores against each statement and

- graphs (bar charts) showing distance travelled through average scores for each of the three outcomes area (five for children) at the start, mid-point and end.

The worksheets also include a very simple scoring system; they contain a number of statements and clients are asked to tick all those which apply to them, and also write down examples of how they have changed since they last looked at the area covered by the worksheet. Each statement and each example given score one point, so distance travelled in specific areas worked on can also be recorded and evidenced through the worksheets. The observation sheets have the same format and scoring system, but are completed by workers or volunteers about the client, based on their observation and experience.

## **5) Comments**

### ***Supporting client work***

The SOUL Record is clearly designed to support learners/clients; this is the main purpose of the worksheets. Although the worksheets and observation sheets are completed by either clients or workers, there is an emphasis on using the completed worksheets and scores as a basis for discussion, explicitly to support client work. Further, by the end of the training or intervention, clients can readily access clear visual summaries of their main areas of progress. The worksheets also provide clients with a numerical value of progress in specific areas they are working on, though no visual summary.

The questionnaires use client-friendly language but the number of statements and layout make them slightly less accessible. Other possible drawbacks are the focus of worksheets on individual aspects, which may work against clients having an overview of their strengths and needs. The 'getting to know you' questionnaire is reportedly helpful for workers as an overall diagnostic tool, but the results of the initial and mid-way completion are not available to be fed back to clients in an easily accessible or visual format to inform their own participation in the process.

### ***Providing outcomes information across a service***

The SOUL Record appears to fulfil this purpose well, with a database provided to enable services to analyse and obtain service level information on distance travelled in relation to each statement and outcome area in the 'getting to know you' questionnaires. Graphs are provided showing visual summaries for the three (or five) main outcome areas; for more detail the only option is tables of numerical data, which is likely to be less accessible for clients but should serve the service well.

Service level outcomes information from the worksheets is not available from the spreadsheet and analysis; since different clients will complete different worksheets at different times, these are less appropriate for service level outcomes data.

## **6) Contact details**

Norwich & Norfolk Voluntary Service

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The Research Centre

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Email: [theresearchcentre@ccn.ac.uk](mailto:theresearchcentre@ccn.ac.uk)

Website: [www.theresearchcentre.co.uk/soul/index.htm](http://www.theresearchcentre.co.uk/soul/index.htm)

## SPIRITLEVEL

### 1) Fit with your needs

Primary Purpose		Evidencing service outcomes
Type of question		Subjective scales
Explicit journey of change?		No
Intended Client Group		Young people
Suitable for use with other client groups?		Yes, suitable for a wide range of client groups
Support Materials	Training	Yes, 2-hour course
	Manual	Yes
	IT tools	Yes, online completion
	Other	Voice-over option for clients with literacy problems
Charge for use?		Yes, compulsory training (£99) and £6-£10 per client per year for use

### 2) Quality of tool

<b>General</b>	
Quick and easy to use	****
Thorough process of development	*****
<b>Supporting key-work</b>	
Client-friendly language and presentation	****
Visual summary for clients	****
Easy to link with action-planning	**
Helps motivate clients	**
<b>Evidencing outcome</b>	
Meaningful data	***
Reliable data	****
Sensitive data	****

### 3) Outcomes measured

SpiritLevel measures three core outcomes. Each of these three outcome areas is divided into three sub-domains (or areas of everyday life) making a total of nine areas of life.

### **Well-being**

- Physical well-being: my body and health
- Psychological well-being: my thoughts and feelings
- Spiritual well-being: my beliefs and values

### **Sense of belonging**

- Physical belonging: where I live and spend my time
- Social belonging: the people around me
- Community belonging: my access to community resources

### **Personal Development**

- Practical development: the daily things I do
- Social development: the things I do for fun and enjoyment
- Self-development: the things I do to cope and change

## **4) Description**

### ***Development process***

The development of SpiritLevel was initiated by a group of voluntary organisations working with young people who recognised the need to demonstrate the effectiveness of their work. They began with a review of existing instruments and identified the Quality of Life profile developed by the University of Toronto as being the closest to meeting their needs. They piloted the tool in 1999-2000 with young people in a range of projects taking three readings over a three-month period. As a result of the pilot the tool was shortened by half and a software version was devised with a voice-over option for those with literacy problems and client profiles produced automatically.

A second larger pilot of the revised tool was carried out with 14 organisations taking part and at least two readings were taken from 110 clients. This found that the revised tool was easy and non-threatening for clients to use. They also found good evidence of the scientific validity of the tool - participants whose quality of life improved at least two points in the pilot period achieved other quantifiable outcomes such as improved attendance at school and this improvement was sustained several months after the piloting was completed.

The tool is currently in use with Fairbridge, The Foyer Federation, the Learning and Skills Council and Connexions.

### ***Description of the tool***

Clients read and respond to questions on a computer screen. There are 72 questions arranged as two sequences of 27 questions and two sequences of nine questions. For clients with learning or language difficulties there are optional soundtracks with instruction and answers. The whole questionnaire takes about 20 minutes to complete. The questions have multiple choice answers, for example:

'How important to me is solving my problems?'

*Not at all important:* This has little or no importance in my daily life

*Not very important:* This is not very important to me but something I think about from time to time

*Quite important:* This is an important part of my daily activities and is something I think about a lot

*Very important:* This is an important area of my life and there are only a few things more important in my life

*Extremely important:* This is one of the most important areas of my life

The tool is provided on a CD Rom which:

- gives an on-screen facility for clients to respond to the questions
- produces a graphical display of a client's profile showing up to nine profiles at one time to illustrate trends

## **5) Comments**

### ***Supporting client work***

SpiritLevel was not designed to serve this function and does not link directly to action-planning. However, it is presented in a very accessible format and clients may find the online completion and visual summary of their profiles engaging and, in some cases, motivating.

### ***Providing outcomes information across a service***

SpiritLevel was designed to serve this function and will provide consistent, sensitive and reliable data. However, the range of outcomes measured is more limited than for some other tools and the information gives a snapshot of how the client feels about that area of their life, rather than telling us about their behaviour or abilities.

## **6) Contact details**

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