



REVIEW OF OUTCOMES TOOLS FOR THE HOMELESSNESS SECTOR

SECOND EDITION
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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 Homeless Link's outcomes resource website 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 others to use. Although both documents have been developed specifically for the homelessness sector, they will have wider relevance.

For a shorter review of a larger number of tools relevant across a wider range of client groups see Toynbee Hall's review of outcomes tools which is presented under the headings Health and Wellbeing; Mental Health; Young People, wellbeing, and self-esteem; Addiction, drugs and alcohol and is free to download from their website www.toynbeehall.org.uk (under 'Evaluation and Research' in the 'What we do' page)

It is also important to note that inclusion in this review does not constitute a recommendation by Homeless Link or Triangle Consulting.

THE SECOND EDITION

The first edition of this review was published by the London Housing Foundation who commissioned the work from Triangle Consulting as part of its Impact Through Outcomes Programme. This programme was then handed over to Homeless Link to carry forward as the membership body for the sector; hence this second edition is published by Homeless Link.

The main differences between the first and second edition are:-

- New tools have been added, specifically the Adult Wellbeing Scale, ASCOT, TOP and six new versions of the Outcomes Star including the Alcohol Star which has replaced the Alcohol Outcomes Spider
- Entries have been updated where the tool has been amended or contact details have changed
- There are some minor changes to the ratings scale at the beginning of the document to ensure that it takes into account the full range of tools
- The summary table for all tools has been amended to include information about whether adaptations to the tool are allowed.

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	General homeless ¹	Substance misuse	Young People	Mental Health	Employability and learning	Older People	Parents
Alcohol Star		+					
Bridges			+				
Employability Map					+		
Measuring Change ²	+						
New Horizon ³			+				
Older Person's Star						+	
Outcomes Star (Homelessness) P3 ⁴	+						
P3 ⁴				+			
Parenting Star							+
Rickter	+						
Recovery Star				+			
Soft Outcomes					+		
SOUL					+		
TOP		+					
Teen Star			+				
Work Star					+		

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

Tool	General	Older People	Substance misuse	Young People	Mental Health	Employability and learning
Adult Wellbeing Scale	+					
ASCOT		+				
CISS			+			
CORE					+	
CUES					+	
EROSH		+				
MANSA					+	
Maudsley addiction profile (MAP)			+			
SpiritLevel				+		

¹ 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.

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

³ As above

⁴ 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)		Evidencing service outcomes or both evidencing service outcomes and supporting key-work
Type of question (2)		Concrete questions, subjective scale or defined scale
Explicit journey of change? (3)		Yes
Intended client group		E.g. Alcohol misuse clients
Suitable for use with other client groups?		Yes
Support materials	Training	One day's course run by x agency
	Manual	Yes
	IT tools	Basic Excel spreadsheet available
	Other	
Charge for use?		No. Copyright agency Y
Adaptations allowed?		Yes

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.

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 6 months?

Subjective scale 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 one to five, 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 scale 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 type.

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

General	Quick and easy to use	★ to ★★★★★
	Thorough process of development	★ to ★★★★★
Supporting key-work	Client-friendly language and presentation	★ to ★★★★★
	Visual summary for clients	★ to ★★★★★
	Easy to link with action-planning	★ to ★★★★★
	Helps motivate clients	★ to ★★★★★
Evidencing outcome	Meaningful data	★ to ★★★★★
	Reliable data	★ to ★★★★★
	Sensitive 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 talk about anyway and possibly to delve deeper than 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 minutes), but may generate additional discussion which leads to a longer session.
3*	Takes 30 minutes 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

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, e.g. via sight, sound and/or feel, with appropriate language, translatable as necessary.
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 by the tool? 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/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 that are not. If it is a client self-completion tool it is automatically rated as 5* because there is not question of different workers scoring differently. However it is important to bear in mind that the client's perspective may fluctuate week by week or even hour by hour.

- 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 advises 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 that type of project are likely to be more sensitive than scales developed to cover a wide range of projects. If the tool mostly consists of concrete questions then it is rated as 3*. The concrete questions provide very good evidence of change in behaviour but will not pick up important changes in attitude and perspective that can precede behaviour change.

- 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* Five point scale designed for a specific project.
- 2* 3 point scale for target group or five point scale for wide range of projects.
- 1* 3 point scale designed for wide range of projects.

ADULT WELLBEING SCALE

1. Fit with your needs

Primary purpose		To support the assessment of well-being but if used twice it would provide evidence of service outcomes relating to wellbeing
Type of question		Subjective scales
Explicit theory of change?		No
Intended client group		Parents
Suitable for use with other client groups?		Yes
Support materials	Training	No
	Manual	No
	IT tools	No
	Other	It is part of a toolkit of questionnaires developed as part of the Framework for the Assessment of Children in Need and their Families
Charge for use?		No
Adaptations of the tool allowed?		Contact Department of Health

2. Quality of tool

General	Quick and easy to use	★★★★★
	Thorough process of development	Not known
Supporting key-work	Client-friendly language and presentation	★★★
	Visual summary for clients	★
	Easy to link with action-planning	★★
	Helps motivate clients	★★
Evidencing outcome	Meaningful data	★★
	Reliable data	Not known
	Sensitive data	Not known

3. Outcomes measured

The tool measures four outcomes:

- Depression
- Anxiety
- Inwardly directed irritability
- Outwardly directed irritability

4. Description

Development process

The tool was developed as part of the Framework for the Assessment of Children in Need and their Families which was published jointly by the Department of Health, Department for Education and Employment and the Home Office. It is intended as an aid to assessment and is presented as something which supports the process of assessment and identifying issues rather than a formal diagnostic tool. It is based on the Irritability, Depression and Anxiety scale developed by Snaith et al in 1978. The tool has been piloted with social workers who found it

useful in opening up areas for discussion and identifying issues. Further details of the development process are not given.

Description of the tool

The tool consists of 18 statements, some of which are positive (for example 'I feel cheerful') and some of which are negative (for example 'I feel like harming myself'). The service user underlines the most appropriate of four responses (for example 'yes definitely, yes sometimes, no not much, or no not at all'). There are simple instructions for scoring the answers which give four scores – one each for depression, anxiety, inwardly directed irritability and outwardly directed irritability. There is a threshold for each of these four areas and if the service user's score is above that threshold it indicates there is a problem in that area.

5. Comments

Supporting client work

The tool was developed for use with parents within families where there are concerns about the children but is more broadly applicable to adults where there are issues around well-being and mental health, particularly anxiety and depression. The tool is not a comprehensive key-working tool but might help workers to raise issues and if there are concerns in these areas

Providing outcomes information across a service

The tool was not developed as an outcomes tool but could be used as such by services aiming to support adults to improve their wellbeing by address issues with anxiety and depression by simply carrying out the assessment at two points in time and comparing the scores to see if there had been improvements. Because each question only has four possible answers this tool would be unlikely to pick up subtle changes.

6. Contact details

The tool can be downloaded from:

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079490.pdf. However at the time of writing it is more easily located by googling 'Adult Wellbeing Scale DH'.

There is a similar tool designed for use with 11-16 year olds and a tool for looking at alcohol use.

ALCOHOL STAR

See also Outcomes Star (Homelessness), Older Person's Star, Parenting Star, Recovery Star, Teen Star and Work Star

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		People with alcohol and drug problems
Suitable for use with other client groups?		Yes
Support materials	Training	Yes
	Manual	Yes
	IT tools	Planned
	Other	
Charge for use?		No
Adaptations allowed?		No

2. Quality of tool

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

3. Outcomes measured

The Alcohol Star has eight outcome areas:

- Alcohol
- Physical health
- Emotional and mental health
- Drug use
- Offending
- Money
- Family

4. Description

Development process

The Alcohol Star is a version of the Outcomes Star, a tool which has been developed by Triangle Consulting by working directly with front-line workers and service users to identify the intended end outcomes of services and to model and describe the stages people go through as they work towards those end outcomes.

The original Outcomes Star for Homelessness was developed over a period of 3 years of working with homelessness organisations in London to create a tool that would evidence distance travelled and support key-work across a wide range of projects. This tool was published in 2006 by the London Housing Foundation.

Around the same time the Alcohol Spider was developed for Alcohol Concern by Sara Burns, one of the creators of the Outcomes Star, using the same principles as underpin the Outcomes Star. Like the Outcomes Star, the Alcohol Spider was developed in collaboration with a wide range of services and was extensively piloted before the final version was published. In 2009 the learning from a further 3 years of developing the Outcomes Star was combined with the knowledge of the alcohol field within the Alcohol Spider to create the Alcohol Star.

Description of the tool

The tool involves 8 scales, each with 10 steps, presented in a star shape. Each step on the scale is individually described, and is available in two forms – detailed scales and one sentence “ladders” which give a quick overview. The scales are built on a ‘journey of change’, a model of the stages that service users go through in working towards independence, which provides coherence across the different scales. The information is recorded on a Star form which provides a visual snapshot of the shape of the person’s life at present. Successive readings can then show progress visually to the client and be recorded numerically for service level analysis.

The tool is designed to be used as an integral part of key-work and completion of the tool feeds directly into the development of an Action Plan which is included in the Star form (though agencies can use their own action planning paperwork if they prefer)

As well as the Star chart and action plan, there is a User Guide which includes an introduction for service users and all the ladders and detailed scales. There is also an Organisation Guide with guidance for key-workers in using the tool and managers in implementing it within their organisation or service.

There are plans to develop an on-line version of the tool which will allow the Star to be completed on-screen and will analyse the data for one or more projects and provide benchmarks with other similar services.

5. Comments

Supporting client work

Pilots of the Alcohol 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. It was found to work well as a therapeutic tool for many agencies, particularly with cognitive behavioural/solution focused therapy, 12-step and some other approaches. The Alcohol Star is currently published in pilot form and the developers will collect more information on its usefulness in key-work, however early indications are that it brings the same benefits as other versions of the Outcomes Star (see entry for Outcomes Star (Homelessness)). Like other versions, the tool works particularly well with the motivational interviewing approach. The tool is designed to be used flexibly and can be applied in different ways with different clients. Using the tool well requires good coaching and related skills and adequate training.

Providing outcomes information across a service

The data collected through the Alcohol Star is very straight forward (eight numbers between one and ten) and thus easy to analyse. It can provide a summary of the outcomes achieved within an individual project and can also be used to compare projects. Two research projects examining data from the Outcomes Star (Homelessness) and other data sources with St

Mungo's have shown that the most useful information often comes when analysing the data in detail, for example by comparing different groups such as men and women.

Because the scale ratings on the Star rely to some extent on discussion and judgement, the validity and usefulness of the data depends a lot on the skill and consistency with which the Star is used. It is recommended that all workers receive training and that Star scores are regularly reviewed in supervision, team meetings and audit to ensure consistency of use.

6. Contact details

To download the Alcohol Star visit www.outcomesstar.org.uk

For information about training and the Alcohol Star on-line visit www.outcomesstar.org.uk or contact Triangle Consulting at info@triangleconsulting.co.uk.

For more information on how the Alcohol Star is being promoted and used within the alcohol services contact:

Alcohol Concern | 64 Leman Street | London E1 8EU

Tel: 0207 264 0510

Web: www.alcoholconcern.org.uk

ADULT SOCIAL CARE OUTCOMES TOOLKIT (ASCOT)

Also OSCA and OPUS

This entry is based on an interim paper prepared during the development of the tool. The final toolkit is due to be published in mid 2010 and we recommend that you contact PSSRU for an up to date version

1. Fit with your needs

Primary purpose		Evidencing service outcomes
Type of question		Defined scales
Explicit theory of change?		No
Intended client group		Adults receiving social care services in a wide range of settings
Suitable for use with other client groups?		No
Support materials	Training	No
	Manual	No
	IT tools	No
	Other	
Charge for use?		No
Adaptations of the tool allowed?		Contact PSSRU

2. Quality of tool

These ratings have been given based on an interim copy of the tool and so may be inaccurate.

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

3. Outcomes measured

The tool measures eight outcomes:

- Control over daily life
- Personal care
- Food and drink
- Clean and comfortable home
- Feeling safe
- Contact with people
- Use of time
- Feelings about receiving help

4. Description

Development process

This measure is intended to be a 'gold standard preference weighting measure of social care outcomes' which is aiming to be relevant across a wide range of client groups and types of service. It has been developed as part of a stream of work that has been undertaken by a team of academics at PSSRU at Kent University and other collaborators over 10 years. It has been developed as part of Measuring Outcomes for Public Service Users (MOPSU) which is a Department of Health Initiative (and was previously called Quality Measurement Framework). The work builds on an earlier tool called OPUS (Older People's Utility Scale for Social Care) which was developed as part of the Department of Health's Outcomes of Social Care for Adults initiative.

The tool has been comprehensively tested in terms of its psychometric qualities, user comprehension and application within a range of settings

Description of the tool

The tool is designed to be completed through interview. It comprises 23 questions. There are 3 questions about each of the first 7 outcome areas and 2 questions about the remaining 8th outcome area.

The three questions about each outcome area ask the following:

- a) How are things at present in relation to this outcome area (followed by four possible answers ranging from things being exactly as the person wants to things being not at all as the person would like)
- b) Whether the support services they are receiving help the person in relation to this outcome area
- c) What things would be like in this area if they did not receive any support services (followed by the same four possible responses as for a).

There is a procedure for analysing the answers to the questions which gives 'social care related quality of life'. This is a composite measure which is based on:

- capacity for benefit (how things are now, multiplied by the difference between how things are now and the best they could be), and
- Importance rating based on extensive consultation on the relative importance service users assign to the different outcome areas.

5. Comments

Supporting client work

The tool is intended for research and commissioning and not as an aid to key-work. It is probably not suitable for on-going use with all clients – more for research projects or for use with a sample of clients for a limited period of time.

Providing outcomes information across a service

The tool will provide robust information about the outcomes of a service if that service is intending to meet the social care needs of adults. As a comprehensively tested tool developed by a well-respected institution the results are likely to have a high level of credibility with commissioners. Also by including questions about whether the service makes a difference and what the level of need would be without the service, the tool enables the service provider to make confident statements about the attribution of outcomes (i.e. to say that they outcomes are being achieved because of their service rather than some other factor). However the complexity of the formula through which the data is analysed means that quite a lot of explanation is likely to be needed to enable the layperson to understand the meaning of the data

6. Contact details

The tool was developed by the Personal Social Services Research Unit (PSSRU) which is based at Kent University, the London School of Economics and Manchester University.

Contact:

PSSRU | University of Kent | Cornwalls Buildings | Canterbury | Kent | CT2 7NF

Tel: 01227 823963/823862

Email: PSSRU@kent.ac.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?		Free to download, but costs £260 per person for training
Adaptations allowed?		Yes, as long as Bridges Project is recognised

2. Quality of tool

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

3. Outcomes measured

The basic tool measures up to 49 possible areas, under seven main headings:

- Self-awareness
- Interpersonal skills
- Organisational skills
- Analytical skills
- Personal attributes
- Wider social awareness
- Basic skills

4. Description

Development process

The tool was 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 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 person’s 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 for this tool, and they would not recommend it as suitable where most key-working is carried out by untrained volunteers.

In order to be able to rely on the data, 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.

Together with Bridges to Employability and Bridges to Independence, this is a very comprehensive toolkit for those wishing to work effectively with young people (and others) and evidence progress. Also the fact that the creators of the tool allow adaptations will be attractive to those who want to customise a tool to their own specific circumstances

6. Contact details

Bridges to Progress is freely available to download from their website www.bridgesproject.org.uk. Bridges to Employability is available under licence after a day and a half training at a cost of £260pp (2007).

For more information about Bridges to Independence or other questions contact:
Email: mail@bridgesproject.org.uk

CHRISTO INVENTORY FOR SUBSTANCE MISUSE SERVICES (CISS)

1. Fit with your needs

Primary purpose		Evidencing service outcomes
Type of question		3-point severity 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
Adaptations allowed?		No

2. Quality of tool

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

3. Outcomes measured

The Christo Index measures on ten 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 10 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 10 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

For more information about the tool look at <http://users.breathe.com/drgeorgechristo/>

Contact:

Response Drug Service | 457 Finchley Road | London | NW3 6HN

Email: DrGeorgeChristo@breathemail.net

Web: <http://users.breathe.com/drgeorgechristo/ciss/htm>.

CLINICAL OUTCOMES IN ROUTINE EVALUATION (CORE)

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	Yes
	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
Adaptations allowed?		No

2. Quality of tool

General	Quick and easy to use	★★★★
	Thorough process of development	★★★★★
Supporting key-work	Client-friendly language and presentation	★★★★
	Visual summary for clients	★
	Easy to link with action-planning	★★
	Helps motivate clients	★★
Evidencing outcome	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 has 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, 10 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 its 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

Email: john@coreims.co.uk

Web: www.coreims.co.uk

CARERS AND USERS EXPECTATIONS OF SERVICES (CUES)

Although, as its name suggests, this is not really an outcomes tool, it could be used as one and we have therefore included it 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?		Just for materials and processing
Adaptations allowed?		Not known

2. Quality of tool

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

3. Outcomes measured

CUES measures six 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 three-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 on it. Each is followed by a question which asks people to rate their experience on a three-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 questions 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 from www.mentalhealthshop.org by typing ‘CUES’ into the search function.

THE EMPLOYABILITY MAP (TEM)

1. Fit with your needs

Primary purpose		Both supporting key-work and evidencing service outcomes
Type of question		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
Adaptations allowed?		No

2. Quality of tool

General	Quick and easy to use	★★★★★
	Thorough process of development	★★★★
Supporting key-work	Client-friendly language and presentation	★★★★★
	Visual summary for clients	★★★★
	Easy to link with action-planning	★★★★★
	Helps motivate clients	★★★★★
Evidencing outcome	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 such as 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 outcome 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 Mungo's, the DePaul UK (formerly 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, ten-point scales, one for each outcome area. Client and worker discuss each of these scales and plot the client's position on each one. 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>	Unmotivated
a	No motivation to work or develop new skills. <i>"Things are fine as they are" "There's no point"</i>
b	A glimmer of dissatisfaction with the status quo. <i>"I sometimes get bored and wish I had something to do"</i>
c	Wants to make changes 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 the reason 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 some other 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

More information about TEM is available from www.osw.org.uk if you type 'The Employability Map' into the search function

The tool is not currently available outside of OSW funded projects.

ESSENTIAL ROLE OF SHELTERED HOUSING (EROSH) OUTCOMES TOOL

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
Adaptations allowed?		Contact ERoSH

2. Quality of tool

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

3. Outcomes measured

The questionnaire measures seven themes/outcome areas:

- Quality of life
- Health
- Social networks and involvement
- Skills and hobbies
- Environment
- Dealing with finances and administration
- 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 | PO Box 216 | Chippenham | Wiltshire | SN15 1WZ

Tel: 01249 654249

Email: info@shelteredhousing.org

Web: www.shelteredhousing.org/information/publications

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
Adaptations allowed?		Not known

2. Quality of tool

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

3. Outcomes measured

Overall the tool measures, “a brief operational measure of quality of life”. It includes eight life domains:

- social relationships
- safety
- leisure
- finances
- family
- accommodation
- living situation
- work.

4. Description

Development process

Sherrill Evans and Peter Huxley prepared the second version, and together with Stefan Priebe and Susan Knight developed the original. They have also developed other generic (as opposed to health-related) quality of life measures for adults of working age, (the Lancashire Quality of Life Profile (LQOLP), residential (MANQoL), later life (QuiLL) and community settings (Qolcomm).

The content is a reduced version of the LQOLP and contains objective and subjective questions in a number of life domains. Both types of information are included as in the author's view QOL is not an entirely subjective phenomenon. The original domains were derived from work in the general population, but subsequent work in other parts of the world shows that these domains are almost universal. They are the areas that services users say are their main concerns, and in the tool authors' experience, users appreciate being asked about them.

Description of the tool

MANSA v2 includes demographic questions and both objective and subjective questions (rated on a 7-point scale) in 8 life domains, including social relationships, safety, leisure, finances, family, accommodation, living situation, and work.

Each item is rated on a seven-point satisfaction scale, from 1, "terrible", to 7, "delighted". There are 49 questions in all, and the worker is given separate scoring advice on how to score each domain, and also on how to score aspirations and perceived opportunities, though these are less well correlated. It also produces an overall Quality of Life score, being the mean of the domain ratings (once scored) and a general Quality of Life score, which relates to more specific questions.

An example question is shown below:

40. HOW DO YOU FEEL ABOUT YOUR RELATIONSHIP WITH YOUR FAMILY? (Please tick one box only)

	Terrible		Displeased		Mostly dissatisfied		Mixed		Mostly satisfied		Pleased		Delighted
	1	—	2	—	3	—	4	—	5	—	6	—	7

5. Comments

Supporting client work

This is very much a research tool, rather than a key-working tool. The authors say "it was designed for operational use, by health and social care professionals in community settings. It can be used as a screening assessment, as part of an assessment process, as part of the Care Programme Approach (CPA) and as a monitoring tool and outcome measure."

Providing outcomes information across a service

MANSA has been requested for routine use in employment services, CMHT, and social services, mainly in England, but additionally in Wales and Scotland. It is also being used by a substance misuse service. There have been three requests for it from R&D departments, and six (one USA) for use in research.

6. Contact details

Sherrill Evans | Senior Lecturer in Social Work and Social Care | Department of Applied Social Sciences | University of Wales Swansea | Singleton Park | Swansea | SA2 8PP

Tel: +44 (0)1792 602605

E-mail: s.evans@swansea.ac.uk.

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	
Adaptations allowed?	Not known	

2. Quality of tool

General	Quick and easy to use	★★★★
	Thorough process of development	★★★★
Supporting key-work	Client-friendly language and presentation	★★★
	Visual summary for clients	★
	Easy to link with action-planning	★
	Helps motivate clients	★
Evidencing outcome	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 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 and 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 its 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 the tool 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.drugslibrary.stir.ac.uk/documents/Map.pdf.

Users of the tool 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		Defined scales
Explicit journey of change?		No
Intended client group		Developed for use in wide range of settings including long-term, short-term, accommodation based, floating support and daycentres. It can be used with any needs group including mental health, substance misuse, HIV, women only and young people
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	The tool is available as a CD-rom which comes with a licence which allows organisations to adapt and use content to meet its own needs. This is available for £90 plus VAT
	Other	Tool can be modified to suit an organisation's specific needs
Charge for use?		Yes, see above
Adaptations allowed?		Yes

2. Quality of tool

General	Quick and easy to use	★★★★★
	Thorough process of development	★★★
Supporting key-work	Client-friendly language and presentation	★★★★★
	Visual summary for clients	★★
	Easy to link with action-planning	★★★★★
	Helps motivate clients	★★★★★
Evidencing outcome	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 both the needs of 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 outcome areas and indicators were identified. Service users were consulted on these and also 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 the tool was refined in the light of the feedback. There was a further consultation with other provider agencies before the tool was finalised.

Description of the tool

For each outcome area there is a five-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
- Five-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

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 outcome 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 five-point scale makes it accessible and easy to use but may mean that more subtle changes are not registered.

6. Contact details

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For more information see www.carrgomm.org.uk/go/consult-publiations/change/

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 Homeless Link 'Link' IT system
	Other	
Charge for use?		Only used internally currently
Adaptations allowed?		Contact New Horizon

2. Quality of tool

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

3. Outcomes measured

- Accommodation/housing
- education
- employment and training
- health
- life skills
- 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 to 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, share 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 (now part of Homeless Link) to set up their outcomes collection, thus getting over the IT obstacle 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

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OLDER PERSON'S STAR (currently in pilot – name may change)

See also Alcohol Star, Outcomes Star (Homelessness), Parenting Star, Recovery Star and Teen Star

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		People over 65
Suitable for use with other client groups?		No
Support materials	Training	Yes
	Manual	Yes
	IT tools	Planned
	Other	
Charge for use?		No
Adaptations allowed?		No

2. Quality of tool

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

3. Outcomes measured

The Older Person's Star has seven outcome areas:

- Staying as well as you can
- Keeping in touch
- Feeling positive
- Feeling in control
- Looking after yourself
- Feeling safe
- Managing money

4. Description

Development process

The Older Person's Star is a version of the Outcomes Star, a tool which has been developed by Triangle Consulting by working directly with front-line workers and service users to identify the intended end outcomes of services and to model and describe the stages people go through as they work towards those end outcomes.

The original Outcomes Star for Homelessness was developed over a period of 3 years of working with homelessness organisations in London to create a tool that would evidence distance travelled and support key-work across a wide range of projects. The initial piece of work was carried out for St Mungo's with funding from the London Housing Foundation. This resulted in the St Mungo's Star. This tool was then tested and modified in work with other homelessness organisations and in 2006 the best of all the tools created and the learning across all the organisations was brought together to create the Outcomes Star which was published by the London Housing Foundation in 2006.

The Older Person's Star was developed in 2009 and 2010 with four London councils (Camden, Westminster, Brent and Hammersmith and Fulham). There was an initial scoping stage which identified how the Star would complement existing tools and determined that it would measure progress towards the maximisation of independence and well-being. The development process itself involved people from statutory and non-statutory service providers in all four boroughs alongside commissioners in three development workshops. The tool was piloted at the same time as the introduction of personalisation and self-directed support and the piloting process sought to identify how its use would dovetail with and support personalisation as well as testing the usability of the tool

Description of the tool

The tool involves 7 scales, each with 10 steps, presented in a star shape. Each step on the scale is individually described and the scales are built on a 'journey of change' - a model of the stages that service users go through in working towards independence, which provides coherence across the different scales. The information is recorded on a Star form which provides a visual snapshot of the shape of the person's life at present. Successive readings can then show progress visually to the client and be recorded numerically for service level analysis.

The tool is designed to be used as an integral part of key-work and completion of the tool feeds directly into the development of an Action Plan which is included in the Star form (though agencies can use their own action planning paperwork if they prefer)

As well as the Star chart and action plan, there is a User Guide which includes an introduction for service users and all the ladders and detailed scales. There will also be an Organisation Guide with guidance for key-workers in using the tool and managers in implementing it within their organisation or service.

There are plans for an on-line version of the tool which will allow the Star to be completed on-screen and will analyse the data for one or more projects and provide benchmarks with other similar services.

5. Comments

Supporting client work

At time of writing the pilot of the tool has not been completed. However early results indicate that the tool worked extremely well in some services, opening up new conversations, leading to insights for service users and deepening the key-work process. In other services the tool was not popular and workers struggled to understand its relevance.

Providing outcomes information across a service

The data collected through the Older Person's Star is very straight forward (seven numbers between one and ten) and thus easy to analyse. It can provide a summary of the outcomes achieved within an individual project and can also be used to compare projects. Two research projects examining data from the Homelessness version of the Outcomes Star with St Mungo's have shown that the most useful information often comes when analysing the data in detail, for example by comparing different groups such as men and women.

Because the scale ratings on the Star rely to some extent on discussion and judgement, the validity and usefulness of the data depends a lot on the skill and consistency with which the Star is used. It is recommended that all workers receive training and that Star scores are regularly reviewed in supervision, team-meetings and audit to ensure consistency of use.

6. Contact details

To download the Older Person's Star visit www.outcomesstar.org.uk

Training and information about the planned Older Person's Star online are available from Triangle Consulting (info@outcomesstar.org.uk).

OUTCOMES STAR (HOMELESSNESS)

See also Alcohol Star, Older Person's Star, Parenting Star, Recovery Star, Teen Star and Work Star

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		Homelessness
Suitable for use with other client groups?		Yes
Support materials	Training	Yes
	Manual	Yes
	IT tools	Yes
	Other	
Charge for use?		No
Adaptations allowed?		No

2. Quality of tool

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

3. Outcomes measured

The Outcomes Star (Homelessness) covers ten outcome areas:

- internal motivation
- social networks
- managing money
- offending
- mental health
- physical health
- living skills
- meaningful use of time
- managing tenancy
- substance abuse.

4. Description

Development process

The Outcomes Star is a tool which has been developed by Triangle Consulting by working directly with front-line workers and service users to identify the intended end outcomes of services and to model and describe the stages people go through as they work towards those end outcomes. The development of the original Outcomes Star for homelessness and the subsequent versions for other client groups have been based on an iterative process of consultation, testing and improvement.

The original Outcomes Star for Homelessness was developed over a period of three years of working with homelessness organisations in London to create a tool that would evidence distance travelled and support key-work across a wide range of projects. The initial piece of work was carried out for St Mungo's with funding from the London Housing Foundation. This resulted in the St Mungo's Star. This tool was then tested and modified in work with other homelessness organisations and in 2006 the best of all the tools created and the learning across all the organisations was brought together to create the Outcomes Star which was published by the London Housing Foundation in 2006. The tool was applied and tested in a range of other settings and with other clients groups resulting in the publication of other versions of the tool. The second edition of the Outcomes Star for homelessness, published in 2008 by Homeless Link and third edition (currently in development) build on this further testing and learning.

Description of the tool

The tool involves 10 scales, each with 10 steps, presented in a star shape. Each step on the scale is individually described, and is available in two forms – detailed scales and one sentence “ladders” which give a quick overview. The scales are built on a ‘journey of change’, a model of the stages that service users go through in working towards independence, which provides coherence across the different scales. The information is recorded on a Star form which provides a visual snapshot of the shape of the person's life at present. Successive readings can then show progress visually to the client and be recorded numerically for service level analysis.

The tool is designed to be used as an integral part of key-work and completion of the tool feeds directly into the development of an Action Plan which is included in the Star form (though agencies can use their own action planning paperwork if they prefer)

As well as the Star Chart and action plan, there is a User Guide which includes an introduction for service users and all the ladders and detailed scales. There is also an Organisation Guide with guidance for key-workers in using the tool and managers in implementing it within their organisation or service.

There is an on-line version of the tool (the Outcomes Star System) which allows the Star to be completed on-screen and will analyse the data for one or more projects and provide benchmarks with other similar services.

5. Comments

Supporting client work

Research with 25 organisations using the Outcomes Star (Homelessness) found that all 25 reported improvements in key-work as a result of using the Outcomes Star. Workers and managers reported that the tool helped open up new areas of conversation, helped to provide structure and consistency to key-work and handed the process over to the client. Many organisations reported that their main motivation for using the Outcomes Star was as a key-work tool rather than as a way of measuring outcomes. The tool works particularly well with the motivational interviewing approach. The tool is designed to be used flexibly and can be

applied in different ways with different clients. Using the tool well requires good coaching and related skills and adequate training.

Providing outcomes information across a service

The data collected through the Outcomes Star is very straight forward (ten numbers between one and ten) and thus easy to analyse. It can provide a summary of the outcomes achieved within an individual project and can also be used to compare projects. Two research projects examining Outcomes Star data and other data sources with St Mungo's have shown that the most useful information often comes when analysing the data in detail, for example by comparing different groups such as men and women.

Because the scale ratings on the Star rely to some extent on discussion and judgement, the validity and usefulness of the data depends a lot on the skill and consistency with which the Star is used. It is recommended that all workers receive training and that Star scores are regularly reviewed in supervision, team meetings and audit to ensure consistency of use.

6. Contact details:

To download the Outcomes Star (Homelessness) visit www.homelessoutcomes.org.uk.

Training is available from Homeless Link: www.homeless.org.uk/training-outcomes-star.

For the Outcomes Star System (the on-line version) visit www.outcomesstarsystem.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
Adaptations allowed?		Contact P3

2. Quality of tool

General	Quick and easy to use	★★★
	Thorough process of development	★★★
Supporting key-work	Client-friendly language and presentation	★★★★
	Visual summary for clients	★★★★★
	Easy to link with action-planning	★★★★★
	Helps motivate clients	★★★
Evidencing outcome	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 different 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 tool 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.

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. 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 5 points they will not measure change as sensitively as a 10-point scale.

6. Contact details

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PARENTING STAR (currently in pilot – name may change)

See also Alcohol Star, Outcomes Star (Homelessness), Older Person’s Star, Recovery Star and Teen Star

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		Parents
Suitable for use with other client groups?		No
Support materials	Training	Yes
	Manual	Yes
	IT tools	Planned
	Other	
Charge for use?		No
Adaptations allowed?		No

2. Quality of tool

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

3. Outcomes measured

The Parenting Star has eight outcome areas:

- Promoting good health
- Meeting emotional needs
- Keeping your child safe
- Building community
- Supporting learning and work aspiration
- Setting boundaries
- Keeping a family routine
- Providing home and money

4. Description

Development process

The Parenting Star is a version of the Outcomes Star, a tool which has been developed by Triangle Consulting by working directly with front-line workers and service users to identify the intended end outcomes of services and to model and describe the stages people go through as they work towards those end outcomes.

The original Outcomes Star for Homelessness was developed over a period of three years of working with homelessness organisations in London to create a tool that would evidence distance travelled and support key-work across a wide range of projects. The initial piece of work was carried out for St Mungo's with funding from the London Housing Foundation. This resulted in the St Mungo's Star. This tool was then tested and modified in work with other homelessness organisations and in 2006 the best of all the tools created and the learning across all the organisations was brought together to create the Outcomes Star which was published by the London Housing Foundation in 2006.

The Parenting Star was developed in 2009 and 2010 with Camden Council. The development of this version involved workers and service users from statutory and non-statutory service providers in Camden participating in three development workshops and piloting the tool. The tool was tested by projects in Hampshire as well.

Description of the tool

The tool involves 8 scales, each with 10 steps, presented in a star shape. Each step on the scale is individually described and the scales are built on a 'journey of change' - a model of the stages that service users go through in working towards independence, which provides coherence across the different scales. The information is recorded on a Star form which provides a visual snapshot of the shape of the person's life at present. Successive readings can then show progress visually to the client and be recorded numerically for service level analysis.

The tool is designed to be used as an integral part of key-work and completion of the tool feeds directly into the development of an Action Plan which is included in the Star form (though agencies can use their own action planning paperwork if they prefer)

As well as the Star Chart and action plan, there is a User Guide which includes an introduction for service users and all the ladders and detailed scales. There will also be an Organisation Guide with guidance for key-workers in using the tool and managers in implementing it within their organisation or service.

There are plans for an on-line version of the tool which will allow the Star to be completed on-screen and will analyse the data for one or more projects and provide benchmarks with other similar services.

5. Comments

Supporting client work

Research with 25 organisations using the Outcomes Star (homelessness) found that all 25 reported improvements in key-work as a result of using the Outcomes Star. Workers and managers reported that the tool helped open up new areas of conversation, helped to provide structure and consistency to key-work and handed the process over to the client. The findings of the Parenting Star pilot indicated that similar benefits were found using the Parenting Star though it was found that as with other client groups, the tool was less effective when working with service users who are at a very chaotic stage. The tool is designed to be used flexibly and can be applied in different ways with different clients. Using the tool well requires good coaching and related skills and adequate training.

Providing outcomes information across a service

The data collected through the Parenting Star is very straight forward (eight numbers between one and ten) and thus easy to analyse. It can provide a summary of the outcomes achieved within an individual project and can also be used to compare projects. Two research projects examining data from the Homelessness version of the Outcomes Star with St Mungo's have

shown that the most useful information often comes when analysing the data in detail, for example by comparing different groups such as men and women.

Because the scale ratings on the Star rely to some extent on discussion and judgement, the validity and usefulness of the data depends a lot on the skill and consistency with which the Star is used. It is recommended that all workers receive training and that Star scores are regularly reviewed in supervision, team meetings and audit to ensure consistency of use.

6. Contact details

To download the Parenting Star visit www.outcomesstar.org.uk

Training and information about the planned Parenting Star online are available from Triangle Consulting (info@outcomesstar.org.uk).

PENROSE OUTCOMES TOOL

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 (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	
Charge for use?		Discuss with Penrose
Adaptations allowed?		Discuss with Penrose

2. Quality of tool

General	Quick and easy to use	★★★★★
	Thorough process of development	★★★★
Supporting key-work	Client-friendly language and presentation	★★★★
	Visual summary for clients	★★
	Easy to link with action-planning	★★★★★★
	Helps motivate clients	★★★★
Evidencing outcome	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 Action 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 user 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.

6. Contact details

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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
Adaptations allowed?		Yes tool is customised as part of the package

2. Quality of tool

General	Quick and easy to use	★★★★★
	Thorough process of development	★★★★
Supporting key-work	Client-friendly language and presentation	★★★★★
	Visual summary for clients	★★★★
	Easy to link with action-planning	★★★★★
	Helps motivate clients	★★★★★
Evidencing outcome	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, also include 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 Connexions (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 10 outcome areas down one side and a score system of 0 to 10 along the side. The client moves a marker up and down the scoring slides to show where they feel they are right now, 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

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 and 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.

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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RECOVERY STAR

See also Alcohol Star, Older Person's Star, Outcomes Star (Homelessness), Parenting Star, Teen Star and Work Star

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		People with mental health issues
Suitable for use with other client groups?		Yes
Support materials	Training	Yes
	Manual	Yes
	IT tools	Yes
	Other	
Charge for use?		No (but charge for on-line system)
Adaptations allowed?		No

2. Quality of tool

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

3. Outcomes measured

The Recovery Star has ten outcome areas:

- Managing mental health
- Self care
- Living skills
- Social networks
- Work
- Relationships
- Addictive behaviour
- Responsibilities
- Identity and self-esteem
- Trust and hope

4. Description

Development process

The Recovery Star is a version of the Outcomes Star, a tool which has been developed by Triangle Consulting by working directly with front-line workers and service users to identify the intended end outcomes of services and to model and describe the stages people go through as they work towards those end outcomes.

The original Outcomes Star for Homelessness was developed over a period of three years of working with homelessness organisations in London to create a tool that would evidence distance travelled and support key-work across a wide range of projects. The initial piece of work was carried out for St Mungo's with funding from the London Housing Foundation. This resulted in the St Mungo's Star. This tool was then tested and modified in work with other homelessness organisations and in 2006 the best of all the tools created and the learning across all the organisations was brought together to create the Outcomes Star which was published by the London Housing Foundation in 2006.

In 2007 Triangle Consulting worked in collaboration with the Mental Health Providers Forum to develop a version of the Outcomes Star for mental health settings. MHPF brought together 10 projects spanning five organisations who worked closely with Triangle to adapt the tool for the mental health sector. In 2009 a further piece of work was carried out to explore the cultural competency of the tool and in 2010 a second edition was published with changes to ensure usability across a wide range of ethnic groups and further changes building on Triangle's learning in using the Star in other sectors.

Description of the tool

The tool involves 10 scales, each with 10 steps, presented in a star shape. Each step on the scale is individually described, and is available in two forms – detailed scales and one sentence “ladders” which give a quick overview. The scales are built on a ‘journey of change’ a model of the stages that service users go through in working towards independence, which provides a coherence across the different scales. The information is recorded on a Star form which provides a visual snapshot of the shape of the person's life at present. Successive readings can then show progress visually to the client and be recorded numerically for service level analysis.

The tool is designed to be used as an integral part of key-work and completion of the tool feeds directly into the development of an Action Plan which is included in the Star form (though agencies can use their own action planning paperwork if they prefer).

As well as the Star chart and action plan, there is a User Guide which includes an introduction for service users and all the ladders and detailed scales. There is also an Organisation Guide with guidance for key-workers in using the tool and managers in implementing it within their organisation or service and visual resources for presenting the different outcome areas and the journey of change.

There is an on-line version of the tool which allows the Star to be completed on-screen and will analyse the data for one or more projects and provide benchmarks with other similar services.

5. Comments

Supporting client work

Organisations taking part in the pilot and in subsequent use of the tool have reported that the tool is very effective in supporting key-work and motivating client change. In some cases clients have reported that major steps forward in their recovery could be attributed directly to using the tool which helped them to place their difficulties in a wider context and reflected them back as a whole person rather than a set of problems. This feedback very much echoes the

research with 25 organisations using the original Outcomes Star (Homelessness) which found that all 25 reported improvements in key-work as a result of using the Outcomes Star.

Like all the other versions of the Outcomes Star, the tool is designed to be used flexibly and can be applied in different ways with different clients. Using the tool well requires good coaching and related skills and adequate training.

Providing outcomes information across a service

The data collected through the Recovery Star is very straight forward (ten numbers between one and ten) and thus easy to analyse. It can provide a summary of the outcomes achieved within an individual project and can also be used to compare projects. Two research projects examining data from the Outcomes Star (Homelessness) within St Mungo's have shown that the most useful information often comes when analysing the data in detail, for example by comparing different groups such as men and women.

Because the scale ratings on the Star rely to some extent on discussion and judgement, the validity and usefulness of the data depends a lot on the skill and consistency with which the Star is used. It is recommended that all workers receive training and that Star scores are regularly reviewed in supervision, team meetings and audit to ensure consistency of use.

6. Contact details

To download the Recovery Star visit www.outcomesstar.org.uk

Training is available from Triangle Consulting (www.outcomesstar.org.uk) who will shortly be providing an on-line version of the Recovery Star.

The Mental Health Providers Forum also provides training and an on-line version (www.mhpf.org.uk).

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
Adaptations allowed?		Discuss with Kirklees Council

2. Quality of tool

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

3. Outcomes measured

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

- Communication
- Confidence
- Autonomy
- Motivation
- Teamwork
- Problem solving
- Self-esteem
- Coping with pressure
- Positive attitude
- 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 10 outcome areas through a series of over 20 five-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 10 outcome areas
- A graph (bar chart) showing the distance travelled from the start to the end scores for each of the 10 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 where the client is starting from or wants 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 | 2nd floor | Civic Centre |
Huddersfield | HD1 2EY

Tel: 01484 221652

Email: Europe@kirklees.gov.uk

SOFT OUTCOMES UNIVERSAL LEARNING (SOUL) RECORD

1. Fit with your needs

Primary purpose		Both evidencing service outcomes and supporting key-work
Type of question		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
Adaptations allowed?		Discuss with Norwich and Norfolk Voluntary Service

2. Quality of tool

General	Quick and easy to use	★★★★★
	Thorough process of development	★★★★★
Supporting key-work	Client-friendly language and presentation	★★★
	Visual summary for clients	★★★
	Easy to link with action-planning	★★★★★
	Helps motivate clients	★★★★★
Evidencing outcome	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, 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 scores 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

Tel: 01603 614474

Email: admin@nvs.org.uk

The Research Centre

Tel: 01603 773364

Email: theresearchcentre@ccn.ac.uk

Web: 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 – on-line 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	
Adaptations allowed?	Discuss with Fairbridge	

2. Quality of tool

General	Quick and easy to use	★★★★★
	Thorough process of development	★★★★★
Supporting key-work	Client-friendly language and presentation	★★★★★
	Visual summary for clients	★★★★★
	Easy to link with action-planning	★★★
	Helps motivate clients	★★★
Evidencing outcome	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 pilot 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 in that participants whose quality of life improved at least 2 points in the pilot period achieved other quantifiable outcomes such as improved attendance at school and that 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 2 sequences of 27 questions and 2 sequences of 9 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 9 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 on-line 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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Web: www.spiritlevel.org.uk

TEEN STAR

See also Alcohol Star, Outcomes Star (Homelessness), Older Person's Star, Parenting Star, Recovery Star and Work Star

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 aged 11-18
Suitable for use with other client groups?		No
Support materials	Training	Yes
	Manual	Yes
	IT tools	Not at present but planned
	Other	
Charge for use?		No
Adaptations allowed?		No

2. Quality of tool

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

3. Outcomes measured

The Teen Star has six outcome areas:

- Drugs and Alcohol
- Well-being
- Safety and security
- Structure
- Citizenship
- Family/adults

4. Description

Development process

The Teen Star is a version of the Outcomes Star, a tool which has been developed by Triangle Consulting by working directly with front-line workers and service users to identify the intended end outcomes of services and to model and describe the stages people go through as they work towards those end outcomes.

The original Outcomes Star for Homelessness was developed over a period of three years of working with homelessness organisations in London to create a tool that would evidence distance travelled and support key-work across a wide range of projects. The initial piece of work was carried out for St Mungo's with funding from the London Housing Foundation. This resulted in the St Mungo's Star. This tool was then tested and modified in work with other homelessness organisations and in 2006 the best of all the tools created and the learning across all the organisations was brought together to create the Outcomes Star which was published by the London Housing Foundation in 2006.

The Teen Star was developed in 2008 and 2009 with Camden Council. The development of this version involved people from projects in voluntary and statutory agencies in three development workshops and piloting the tool.

Description of the tool

The tool involves 6 scales, each with 5 steps, presented in a star shape. There is a brief quiz to enable the young person and worker to determine where on each scale the person is at present. Like other versions of the Star, the scales are built on a 'journey of change' - a model of the stages that service users go through in working towards independence, which provides coherence across the different scales. The information is recorded on a Star form which provides a visual snapshot of the shape of the person's life at present. Successive readings can then show progress visually to the client and be recorded numerically for service level analysis.

The tool is designed to be used as an integral part of key-work and completion of the tool feeds directly into the development of an Action Plan which is included in the Star form (though agencies can use their own action planning paperwork if they prefer).

As well as the Star Chart, action plan, and Quiz there is an Organisation Guide with guidance for key-workers in using the tool and managers in implementing it within their organisation or service.

There are plans for an on-line version of the tool which will allow the Star to be completed on-screen and will analyse the data for one or more projects and provide benchmarks with other similar services.

5. Comments

Supporting client work

The Teen Star is a briefer tool than most other versions of the Outcomes Star because pilot agencies reported that teenagers would not engage in discussions long enough to complete a fuller version. The pilot found that it was difficult to engage teenagers who were obliged to engage in services due to a court order but that the tool could support the engagement of other teenagers in the same way as other versions of the Outcomes Star have been found to (see entry for Outcomes Star (Homelessness)).

Providing outcomes information across a service

The data collected through the Teen Star is very straight forward (six numbers between one and five) and thus easy to analyse. It can provide a summary of the outcomes achieved within an individual project and can also be used to compare projects. Two research projects examining data from the Homelessness version of the Outcomes Star with St Mungo's have shown that the most useful information often comes when analysing the data in detail, for example by comparing different groups such as men and women.

6. Contact details

To download the Teen Star visit www.outcomesstar.org.uk

Training is available from Triangle Consulting (info@outcomesstar.org.uk).

TREATMENT OUTCOMES PROFILE (TOP)

1. Fit with your needs

Primary purpose		Evidencing outcomes and supporting key-work
Type of question		Both concrete questions and subjective scales
Explicit journey of change?		No
Intended client group		Adults (over 16) with substance misuse problems
Suitable for use with other client groups?		No
Support materials	Training	Yes
	Manual	Yes
	IT tools	Yes
	Other	
Charge for use?		No
Adaptations allowed?		No

2. Quality of tool

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

3. Outcomes measured

The tool measures four outcomes:

- Substance use
- Injecting risk behaviour
- Crime
- Health and social functioning

4. Description

Development process

TOP was developed by the National Treatment Agency for Substance Misuse (NTA) which is a special health authority within the NHS. It was developed in collaboration with Dr John Marsden and Dr Michael Farrel of the National Addiction Centre at Kings College London. In a very thorough development process it was tested with over 1000 clients and a much longer original set of questions was reduced to the 23 most reliable.

The tool is designed to be used in structured treatment (known as Tiers 3 and 4) including in-patient detoxification, specialist prescribing, GP prescribing, psychosocial interventions, structured day programmes and residential rehabilitation

Description of the tool

The tool consists of a one page form with factual questions about which substances have been used, how much and how often. There are also questions about risk behaviour, crime and subjective scales on which service users can rate their quality of life, physical health and psychological health.

The tool is completed by worker and service user together and is designed to be used with all clients as part of the assessment, care-planning and review process. It is intended to be helpful as a clinical tool and to support client motivation. In order to facilitate this there is a form which provides a visual summary of progress allowing scores at assessment to be compared with scores at review. The tool is also intended to provide information about outcomes which is helpful to service managers, commissioners and policy-makers.

There is a very comprehensive suite of materials to support the use of the tool including guidance for key-workers in using the tool, guidance for managers on implementation, a service users pack, training pack and poster

5. Comments

Supporting client work

The tool provides a structured way of finding out about substance misuse behaviour and other associated issues. It is not designed to support discussion about other areas of a person's life (e.g. housing, parenting, money) or to explore the attitudes, feelings and perspectives that underlie behaviour.

Providing outcomes information across a service

Because the majority of the questions in the tool are concrete questions about actual behaviour it provides very good outcomes information that will be of interest to service managers, commissioners and policy makers. The fact that the tool has been extensively tested means that you can have a high level of confidence in the data. However, because the tool does not ask about all areas of a person's life or their underlying feelings and attitudes towards their difficulties, it is possible that a service user could make important changes that would not be picked up by the TOP.

6. Contact details

The tool and supporting material can be downloaded free of charge from www.nta.nhs.uk.

WORK STAR

See also Alcohol Star, Outcomes Star (Homelessness), Older Person's Star, Parenting Star, Recovery Star and Teen Star

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		People seeking training and employment
Suitable for use with other client groups?		No
Support materials	Training	Yes
	Manual	Yes
	IT tools	Yes
	Other	
Charge for use?		No
Adaptations allowed?		No

2. Quality of tool

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

3. Outcomes measured

The Work Star has seven outcome areas:

- Job specific skills
- Aspiration and motivation
- Job-search skills
- Stability (e.g. issues relating to lifestyle including drugs, debt and insecure housing)
- Basic skills
- Social skills for work
- Challenges (e.g. barriers to work including childcare, health issues and disability)

4. Description

Development process

The Work Star is a version of the Outcomes Star, a tool which has been developed by Triangle Consulting by working directly with front-line workers and service users to identify the intended end outcomes of services and to model and describe the stages people go through as they work towards those end outcomes.

The original Outcomes Star for Homelessness was developed over a period of three years of working with homelessness organisations in London to create a tool that would evidence distance travelled and support key-work across a wide range of projects. The initial piece of work was carried out for St Mungo's with funding from the London Housing Foundation. This resulted in the St Mungo's Star. This tool was then tested and modified in work with other homelessness organisations and in 2006 the best of all the tools created and the learning across all the organisations was brought together to create the Outcomes Star which was published by the London Housing Foundation in 2006.

The Work Star was developed in 2008 and 2009 with a group of four London local authorities (Camden, Islington, Westminster and Kensington and Chelsea) involved in the delivery of a Learning and Skills Council funded programme to support people who had been unemployed for some time in getting back into work. The development of this version involved people from projects in all four boroughs participating in three development workshops and piloting the tool.

Description of the tool

The tool involves 7 scales, each with 10 steps, presented in a star shape. Each step on the scale is individually described and the scales are built on a 'journey of change' - a model of the stages that service users go through in working towards independence, which provides coherence across the different scales. The information is recorded on a Star form which provides a visual snapshot of the shape of the person's life at present. Successive readings can then show progress visually to the client and be recorded numerically for service level analysis.

The tool is designed to be used as an integral part of key-work and completion of the tool feeds directly into the development of an Action Plan which is included in the Star form (though agencies can use their own action planning paperwork if they prefer).

As well as the Star Chart and action plan, there is a User Guide which includes an introduction for service users and all the ladders and detailed scales. There is also an Organisation Guide with guidance for key-workers in using the tool and managers in implementing it within their organisation or service.

There is an on-line version of the tool which allows the Star to be completed on-screen and will analyse the data for one or more projects and provide benchmarks with other similar services.

5. Comments

Supporting client work

Research with 25 organisations using the Outcomes Star (Homelessness) found that all 25 reported improvements in key-work as a result of using the Outcomes Star. Workers and managers reported that the tool helped open up new areas of conversation, helped to provide structure and consistency to key-work and handed the process over to the client. The findings of the Work Star pilot indicated that similar benefits were found using the Work Star. The tool is designed to be used flexibly and can be applied in different ways with different clients. Using the tool well requires good coaching and related skills and adequate training.

Providing outcomes information across a service

The data collected through the Work Star is very straight forward (seven numbers between one and ten) and thus easy to analyse. It can provide a summary of the outcomes achieved within an individual project and can also be used to compare projects. Two research projects examining data from the Homelessness version of the Outcomes Star with St Mungo's have shown that the most useful information often comes when analysing the data in detail, for example by comparing different groups such as men and women.

Because the scale ratings on the Star rely to some extent on discussion and judgement, the validity and usefulness of the data depends a lot on the skill and consistency with which the Star is used. It is recommended that all workers receive training and that Star scores are regularly reviewed in supervision, team meetings and audit to ensure consistency of use.

6. Contact details

To download the Work Star visit www.outcomesstar.org.uk

Training and the Work Star online are available from Triangle Consulting
(info@outcomesstar.org.uk)