



Triangle
Consulting

THE OUTCOMES STAR: A GUIDE FOR COMMISSIONERS

TRIANGLE CONSULTING, FEBRUARY 2009

INTRODUCTION

Commissioners around England and Wales are now considering or requiring service providers to measure the outcomes of their work with clients; some are signalling future intent, others are already writing the requirement into contracts. From the London boroughs of Camden and Waltham Forest north to Rochdale, Wirral and Kirklees and west to Cardiff, many are also recommending the Outcomes Star as the means of measurement, or even making it mandatory.

For the homelessness sector, this shift towards commissioners looking at outcomes started in earnest with the 2004 consultation paper in which Communities and Local Government (CLG) signalled its intent to move to an outcomes approach to Supporting People. This was one part of a wider and continuing move within social care sectors towards focusing on outcomes in policy-making, commissioning and service delivery. However, outcomes based commissioning, outcomes findings and initiatives such as Social Return on Investment (SROI) all depend at their foundation on service providers being able to measure and evidence the outcomes they achieve.

This paper is for commissioners of homelessness services who are considering using the Outcomes Star within their commissioning process. It will also be relevant to the commissioning of services for other vulnerable groups. The aim is to ensure that commissioning is done with an understanding of what the Star can and cannot deliver and to encourage a process that maximises the potential benefits of the Star and avoids it becoming an unhelpful bureaucratic exercise. The paper consists of four sections:-

1. The Outcomes Star – a brief introduction for commissioners
2. The benefits of the Star for service providers and users
3. How commissioners can get the most from the Outcomes Star – do's and don't for commissioners
4. Ways that commissioners can incorporate outcomes and the Star into their commissioning process

There are also five appendices offering more detailed background information:

- a. Resources available on the Outcomes Star

- b. Detail of the journey of change underpinning the Star
- c. How to interpret and learn from Star data
- d. Using Star data to evidence progress towards National Indicators
- e. Examples of current use of the Star by commissioners

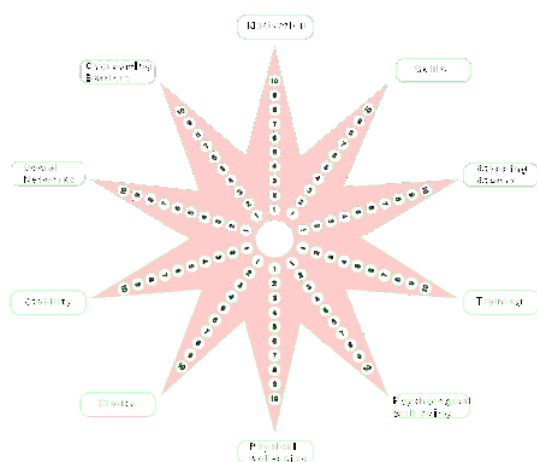
1. THE OUTCOMES STAR

The Outcomes Star was originally developed for the homelessness sector by Triangle Consulting with funding from the London Housing Foundation and can be downloaded free of charge from www.homelessoutcomes.org.uk. It was created following extensive consultation with front-line workers and managers on the process and indicators of change in service users within the homelessness sector and has been extensively tested in the homelessness sector and beyond. It is now published and promoted by Homeless Link and by October 2008 was used in 19% - nearly one in five - homelessness service providers around England.

1.1 Key features of the Outcomes Star

The Outcomes Star consists of ten, ten point scales (represented as ladders) and a Star chart onto which the service user's score on each scale is plotted. The attitudes and behaviour expected at each of the ten points on each scale are clearly defined based on an explicit model of change which underpins each of the scales. The five stages are Stuck, Accepting Help, Believing, Learning and Self-reliance. They are described in more detail in Appendix B.

The scales are:



- Motivation and taking responsibility
- Self-care and living skills
- Managing money and personal administration
- Social networks and relationships
- Drug and alcohol misuse
- Physical health
- Emotional and mental health
- Meaningful use of time
- Managing tenancy and accommodation
- Offending

The Outcomes Star is suitable for use in any homelessness service where:-

- a) Work with service users is holistic (i.e. providing support in all key areas of the person's life)
- b) There is an on-going key-work relationship with the service user

This includes most hostels, supported accommodation and floating support. However it may not be suitable for some drop-in services or services that work just on employment issues.

Unlike many other outcome measurement tools which are an 'add on' to service delivery, the Outcomes Star is intended to be used as an integral part of key-work. Research has shown that using the Star in key-work improves the quality and consistency of key-work and positively supports service user change. For this reason, the Star has proved very popular with service providers.

A version of the Outcomes Star for the mental health sector – the Recovery Star – was developed by Triangle and published by the Mental Health Provider's Forum in early 2008. It is anticipated that a suite of Stars covering all clients groups will soon be made available. See www.outcomesstar.org.uk for updates on progress with other versions.

For a review of the main tools available within the homelessness sector, a guide to choosing an outcomes tool and the report of the research into the impact of using the Star in key-work see the references in Appendix A.

1.2 Star data

Outcomes Star data can be used by service providers at a number of levels:

- Star charts for individual service users inform action planning and can also be used in supervision, case review and referral
- Star data can be summarised across a project to provide a picture of the outcomes for that project. This enables the service to identify strengths and address weaknesses
- Star data can be summarised across a group of projects to provide a picture of the outcomes across that group. This also makes it possible to develop benchmarks and identify good practice.

1.3 Star Resources

There is a User Guide which introduces service users to the tool and provides all the ladders and detailed scales. There is a Star Chart and Action Plan which is where the scores are recorded on the Star and the Action Plan completed. There is also an Organisation Guide to support key-workers in using the tool and managers in implementing it within their project or organisation and an off the shelf one day training course on using the Star. Further details of these resources are provided in Appendix A.

There is an on-line version of the tool called the Outcomes Star System. This makes it possible to generate all of the above reports at the touch of a button and also allows for the analysis of sub-groups (eg women or those from a particular ethnic group)

2. BENEFITS OF USING THE STAR IN SERVICE DELIVERY

The Outcomes Star is primarily a tool for providers and intended to both measure and improve outcomes for service users. Achieving these benefits is dependent on how the Star is introduced and used and explicit guidance on introducing it well is given in section 3

below. Assuming it is used well, there are three main benefits to using the Outcomes Star in service delivery:-

- 1) Improving key-work
- 2) Creating a learning culture
- 3) Monitoring service provider performance

2.1 Improving key-work

There is evidence that using the Outcomes Star makes key-work more effective. In a study of 25 organisations that had implemented the Outcomes Star published by Homeless Link (www.homelessoutcomes/starimpact) all 25 reported that the quality of key-work had improved as a result of using the Star.

The main benefits reported were that key-work:-

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

The reasons given for these benefits were that it:

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

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

One senior manager at Single Homeless Project summed up how the Star helps improve keywork when she said:

“Using the star has led to a fundamental change in casework. It means that we look at the client holistically – rather than just talking about the things that are easy to talk about we look at everything. ... the services are more service user focussed because the Star makes us think about the service user and what is changing for each individual. Because it helps to pin-point where service users are making progress and where they are not, it has helped staff to start thinking creatively about how to get greater improvements as well”

2.2 Creating a learning culture

The primary aim of the Star is to enable service providers to be outcome focussed, learning organisations. Measuring their own outcomes makes it possible for service providers themselves to judge their own achievements and weaknesses and improve their services accordingly. So by encouraging service providers to use the Star and use it well, commissioners can contribute to services raising their game

For example, when St Mungos analysed the Star data from four of their hostels they learned that:-

- One hostel achieved consistently better outcomes than the others. As a result of this they were able to identify good practice for other hostels to learn from
- Women did less well than men. They are exploring changes to the service in order to ensure that women get the service they need.

2.3 Monitoring service provider performance

Outcomes Star data can provide useful information about the performance of a service provider. Output, quality and user satisfaction data are very useful but do not answer the central question of whether service users are actually getting closer to the goal of independence whilst receiving the service. The Department of Communities and Local Government's outcomes form goes some way to meeting this need but the information it provides is very high level – simply whether there was a need and whether it was met. The Outcomes Star gives a much richer and more detailed picture of the changes taking place within a service by measuring more precisely where service users are when they arrive in a service and where they are at a later point in time in relation to ten key aspects of their life.

The Outcomes Star enables service providers to report to commissioners:-

- The level of need of service users when they enter the service
- How much progress service users make in a particular time period over each of these ten areas (eg their first 6 months in the service, or their first year)
- Particular areas (eg mental health or living skills) where needs are particularly high and progress is particularly good or poor.

Outcomes Star data can be used to evidence a service provider's contribution towards some of the 198 national indicators. For example improvement in the average Star score across all the 10 outcome areas shows progress towards NI 141: Vulnerable people achieving independent living. Appendix D lists all the indicators to which the Outcomes Star is relevant and guidance on interpreting Outcomes Star data is provided in Appendix C.

3. HOW COMMISSIONERS CAN GET THE MOST FROM THE OUTCOMES STAR

In order to achieve the benefits described above it is essential that commissioners enable service providers to use the Star well as an integral part of key-work and to learn about and improve performance. Otherwise it is likely to be implemented in a superficial way, which will add to the administrative burden for services and service users and will not deliver the intended benefits. Implementing the Outcomes Star well within a service may involve significant changes in working practices and systems and therefore take time and management energy. Organisations that have implemented the Star successfully report the following:-

- That it was approached as a change management process which required on-going management attention. This was particularly the case for large organisations.
- That their motivation for implementing the Star was to improve their services rather than meet funders requirements.
- That it took some time. Initial resistance from workers was common but easily overcome by listening to concerns, explaining the benefits and providing good training.

In the light of the above the following table summarises the do's and don't for commissioners wanting to get the most from the Outcomes Star

Do	Don't
Require that service providers measure their client outcomes and recommend the Outcomes Star for those working 1:1 with clients	Impose the Star on a service provider, particularly those that have invested in another outcomes tool.
Support service providers in implementing the tool eg through offering training or ensuring they have money for training	Expect service providers to implement the Star without any input
Allow time for the implementation process, preferably including a pilot period – a year from start to reliable data is realistic	Expect services to be able to provide high quality outcomes information straight away
Sell the benefits of using the Star (see section 2 above) to service providers – particularly managers - and bring them along with you. Be confident that any initial resistance from workers is usually fairly quickly overcome.	Introduce the Star as a 'tick box' exercise – risking it becoming just another brick in the wall of bureaucracy faced by service providers
Take an interest in Star data and encourage or even require providers to do the same – as a minimum ensure that providers analyse service-wide Star data annually and use it as a basis for learning what works – and what doesn't – and sharing their learning with you as commissioner	Focus primarily on quality and output data within monitoring meetings and in reports requested. If you are also asking services to measure outcomes there should be a reduction in the volume of other data requested
Use Star data from service providers in context and in a spirit of learning and enquiry , to identify good practice and highlight unmet needs – a basis for asking better and better questions	Interpret Star data simplistically as showing that the service is 'good' or 'bad' , or link funding to the achievement of certain scores – introducing an incentive to manipulate data
Use the Star journey of change as a framework for planning services and in their service specifications to clarify the level of	Set inflexible, detailed outcomes for services or set numerical targets for achieving outcomes on Star – at least not for

need the service is intended to meet and the outcomes it is intended to achieve.	the first couple of years of using the Star. This could encourage providers to manipulate client records
<p>Quality assure the data through examining Star scores in spot checks of service user files and assessing the extent to which providers:-</p> <ul style="list-style-type: none"> - involve service users appropriately in setting scores - incorporate the Star into supervision - Audit files to ensure that scoring levels are appropriate - Learn from their data 	<p>Assume that Star data is meaningful and being used</p> <ul style="list-style-type: none"> - Without assuring the quality of the data - Without checking providers are analysing and learning from the data

4. MODELS OF OUTCOMES IN COMMISSIONING

Commissioners can incorporate outcomes and the Outcomes Star within their commissioning models in a number of different ways. Some involve simply encouraging and supporting service providers to take an outcomes approach and other involved writing it into contracts in more formal ways. The following are three distinct models that we have identified:-

4.1 Outcomes-based service delivery

Commissioners can work with service providers to create an outcomes culture within service delivery, in order to achieve the benefits described in sections 2.1 and 2.2. This involves providing information and training on outcomes and making tools such as the Outcomes Star available. It could also involve requiring that service providers report to commissioners on their progress in measuring outcomes and demonstrate that they are applying the learning gained to improve service delivery. It is a facilitative approach that would not involve writing outcome monitoring into contracts or requiring the use of a certain tool.

The advantage of this approach is that the emphasis is clearly on achieving benefits in service delivery and so the danger of outcomes monitoring being a simple 'tick-box' exercise is minimised. However, it does not enable commissioners to monitor outcomes in a consistent way or to compare outcomes over time or across services for learning.

We are not aware of a Council that is explicitly taking this approach.

4.2 Outcomes-based monitoring

Outcomes-based monitoring involves commissioners monitoring outcomes as well as outputs and user-satisfaction within contract monitoring. Because commissioners are likely to want to be able to aggregate and compare outcomes across different providers, it usually means that service providers are required to use a particular monitoring tool. However as around 75% of SP funded services use the CLG outcomes monitoring form, SP commissioners will be able to carry out some basic outcomes monitoring on most of their services. Cardiff, The Wirral and Westminster Councils are using an outcomes monitoring

approach in its commissioning of some of their services. All are recommending that service providers monitor outcomes using the Outcomes Star.

Rochdale Council is also using outcomes-based monitoring but has taken a stronger partnership approach than other Councils. This has involved working with a consortium of service providers to develop an outcomes tool which would meet both the needs of service providers in terms of improving service delivery and the needs of the Council in relating to monitoring. This has led to high levels of cooperation and ownership of the tool from service providers.

4.3 Outcomes-based commissioning

Outcomes-based commissioning involves commissioning service providers to deliver certain outcomes rather than commissioning them to deliver certain services. Hence intended outcomes form the heart of the tender document and of the bids put in by service providers. This approach gives much greater freedom to service providers to innovate and experiment with new ways of working. Outputs and user satisfaction are still used as part of contract monitoring but a greater emphasis is placed on the measurement of outcomes. Hence this approach requires that there are effective mechanisms in place for monitoring outcomes. Also if the benefits of experimentation and innovation are to be gained, it also requires that commissioners be open to failure as well as success, rather than always insisting that targets are met. Camden Council is implementing this approach as part of a wider 'sustainable funding initiative' which also involves quantifying the community benefits of services alongside their costs.

In other sectors outcomes-based commissioning has been extended to outcomes funding—where funding is allocated on the basis of outcomes achieved. However, the evidence is that this approach can lead to cherry-picking and perverse incentives in service delivery and is not recommended by Homeless Link or Triangle Consulting.

Further details of the approaches taken by the Councils mentioned here are included in Appendix E.

Appendix A: Resources

The Outcomes Star: User Guide: Gives an introduction to the tool for service users including a description of the journey of change which underpins the tool and contains the ladders and detailed scales describing a ten point scale for each of the ten outcome areas covered by the tool

The Outcomes Star: Organisation Guide: Provides guidance for key-workers in using the Star as an integral part of key-work and guidance for managers on implementing the Star in a project or across an organisation

Star Chart and Action Plan: This contains the Star Chart itself on which the scores for each of the ten outcome areas are plotted, two Star Notes page for recording comments relating to each of the scores, and an Action Plan for recording specific goals and actions to achieve them arising out of the process of completing the Star

Using the Star: A one day training course: A complete off the shelf course which managers can use to train keyworkers in using the Star.

The Outcomes Star System: an on-line resource which makes it possible to complete the Star online. The system generates an instant Star for the client with previous Stars also displayed. It can also provide a summary of the outcomes achieved by a project and across an organisation and can provide benchmarks with equivalent project.

Star Impact: A research report on the impact of the Star on key-work and service delivery. It also draws out good practice lessons for the implementation of the Star.

Review of Outcomes Tools for the Homelessness Sector: Describes and compares outcomes tools that have been used in the homelessness sector

A Practical Guide to Outcomes Tools: Describes the key choices to be made in designing an outcomes tool and guides the reader through the steps to choosing the right tool for their project or organisation.

All of the above resources are available free of charge on www.homelessoutcomes.org.uk.

Training: We strongly recommend that keyworkers receive training before using the Star. Homeless Link offer regular courses and both Homeless Link and Triangle Consulting can provide in-house training.

Versions of the Star for other client groups

To download a version of the Star tailored to the needs of projects working with people with mental health problems please visit www.mhpf.org.uk. For information on other Stars tailored to the needs of other client groups please contact joy@triangleconsulting.co.uk or see www.outcomesstar.org.uk.

Appendix B: The Journey of Change

Each of the Outcomes Star scales is underpinned by the Journey of Change – a model of the steps that service users on the journey towards self-reliance. This journey was developed empirically through workshops with service providers and has many common features with the Cycle of Change developed by Prochaska and DiClemente¹

Stuck

- 1 At the beginning of the journey we are not interested in thinking about or discussing this aspect of our lives. Although we are far from achieving our full potential and may be causing harm to ourselves or others, we are cut off and not aware of problems, or unwilling to talk about them out of fear or mistrust. Because of this we are stuck.
- 2 The first sign of the possibility of change is present when we feel fed up with how things are. This may be fleeting and we probably won't engage with support in any real or meaningful way

Accepting help

- 3 The feeling that we don't like how things are gets stronger and now we really want things to be different. Change may seem impossible or frightening and we may not know what we want, but we know we don't want to carry on living as we have been. At this point we will meet workers or others offering help and accept their help with pressing problems, though our willingness or ability to do this may come and go.
- 4 Now we start to engage with support in a more consistent way, talking things through and following agreed actions. However, we do not take the initiative and rely on others for change. Without workers driving the process we can slip back quickly and may feel critical of workers if things don't work out.

Believing

- 5 Now for the first time we start to really believe that things could be different in this area of our life. We get a sense of what it is we want – what we are moving towards as well as what we are moving away from. We can see that change won't happen unless we help to make it happen. This is a change in the way we view things. There is a sense of being engaged rather than just going along with other people's plans.
- 6 We start to build on this belief by doing things differently in the world. We are experimenting, trying out new ways of doing things. Sometimes things work,

¹ Prochaska, J.O., DiClemente, C.C. (1982) "Transtheoretical Therapy: Towards a more integrative model of change" *Psychotherapy: Theory, Research and Practice*, Vol. 19 pp 276-88

sometimes they don't so it's a difficult stage to be in and we need a lot of support to ride the highs and lows and keep the belief going.

Learning

- 7 The experimenting leads to learning and we start to get a sense of what works for us in moving towards our goal in this area of our life. This is really motivating and helps to strengthen our belief in ourselves and our ability to achieve our goals. For this reason we start to become more consistent in doing things that are helpful for our journey and get us closer to where we want to be. However we still need quite a lot of support to keep things going and without it set backs can knock us off course

- 8 With support we overcome some setbacks and learn more about what helps to keep us on course in times of difficulty. However dealing with difficulties is quite challenging and it can be tempting to give up and go back to the old ways of doing things. It helps to have someone to talk to about how we are managing things to help us recognise what we have learnt

Self-reliance

- 9 Our new ways of doing things in this area of our life are now quite well established and feel more natural or automatic. Most of the time we can maintain the changes on our own without support but at times of crisis we are vulnerable to slipping back and so it can be helpful to have someone who checks that all is well and helps us to recognise the danger signs and take action when necessary

- 10 We have no issues in this area and behave in ways that work well for us and those around us. We don't need any outside help to maintain this way of doing things. We know when we need support and know how to get it.

Appendix C: Interpreting Outcomes Star Data

One of the strengths of the Star is that it allows services to collect quantitative data on the progress that service users are making towards independence. This allows the data to be summarised across a project or a group of projects and enables comparisons to be made over time or between projects. However, in order to interpret this data it is necessary to know what the numbers mean. The Star scores indicate primarily:-

- Whether the person has an issue in that area of their life that they require some sort of outside help with; any score of 9 or below indicates that there is an issue. A score of 10 indicates either that there has never been an issue in this area of the person's life or that the issue has been completely addressed, the desired end outcome achieved and maintained independently or with community services for the general population
- whether the person has accepted that they have an issue in that area; a score of 1 or 2 indicates that their behaviour is likely to be causing harm to themselves and/or others but they will not acknowledge or address it,
- whether they are accepting help with an issue but doing so passively; scores 3 and 4 indicate that help is accepted and any harmful behaviours will be reducing
- whether they have an active belief that they can make a difference for themselves in that area of their life; scores of 5 and above
- whether they are trying out new, positive behaviours; a score of 6 indicates the beginning of positive behaviours
- whether they are actively learning what works for them in doing things differently - a score of 7 or above - and embedding new ways of doing things - scores of 8 and above. 8 indicates that the end outcome has been achieved but support it needed to maintain it.

For example if a service user enters a service scoring 2 on drug and alcohol misuse issues and leaves the service scoring 5 on this scale then this means that during the time they have spent at the service they have accepted that this is an issue in their life that they want to change. They are likely to have addressed harmful behaviours (eg unsafe injecting) and have reached the point where they are willing and able to make changes happen themselves, though they still need support to try and embed new behaviours.

Aggregated data for all service users within a project is more difficult to interpret because the average may hide significant variation between different service users. If service users enter the service scoring an average of 5 on the offending scale, it is quite possible that a significant number do not have offending issues and are scoring 10, whilst others are scoring 1, 2 or 3. However the averages do give a rough picture of starting need and outcomes achieved and can provide a basis for asking more in-depth questions.

Another difficulty with interpreting data for a whole project is that, initially at least, there will be no benchmarks. Does a average of 0.5 improvement on the mental health scale signify good or poor performance? This is difficult to answer this in a vacuum but, once this data has been collected for two or three years it will be possible to compare the outcomes achieved this year with those achieved in previous years which will give the data more

meaning. In addition the Outcomes Star System (the on-line version of the Star) will enable providers to compare their own outcomes with those of similar projects and client groups – and share their learning with commissioners. Because of the number of different factors affecting performance it will never be possible to say that a service is 'good' or 'bad' based on Star data, but it should provide a useful starting point for highlighting achievements and areas of concern.

Appendix D: Using the Outcomes Star to evidence contribution to National Indicators

The following table lists the indicators which service providers can evidence their contribution using the data they collect using the Outcomes Star on the progress towards independence made by their service users.

NI	Target group	Outcome	Outcomes Star
141	Vulnerable people	Achieving independent living (old SP KPI2)	Improvement in overall score on Star (ie average for all 10 outcome areas) show progress towards this outcome
142	Vulnerable people	Maintaining independent living (old SP KPI1)	For service users receiving floating support, maintaining same overall score on Star or increased score shows progress towards this outcome
143	Offenders under probation supervision	Living in settled and suitable accommodation	Improved overall score on Star for these client groups shows progress towards this outcome if living in temporary accommodation. If already living in settled suitable accommodation and receiving floating support then maintaining same overall Star score, or increasing score is evidence of achieving this outcome
145	Adults with learning disabilities		
149	Adults in contact with secondary mental health services		
147	Young care leavers		
144	Offenders under probation supervision	In employment	Improved score in 'Meaningful use of time' scale is indicative of progress towards this outcome
146	Adults with learning disabilities		
150	Adults in contact with secondary mental health services		
18	Offenders under probation supervision	Reduced re-offending	Improved score in 'Offending' scale for these clients is indicative of progress towards this outcome
30	Prolific and priority offenders	Reduced re-offending	Improved score in 'Offending' scale for these clients is indicative of progress towards this outcome
148	Young care leavers (16-19)	In employment, training or	Improved score in 'Meaningful use of time' scale for these clients is

		education	indicative of progress towards this outcome
38	Drug users	Reduced drug-related offending	Improved score in 'Drug and alcohol misuse' and 'Offending' scales for these clients is indicative of progress towards this outcome
39	Alcohol misuse clients	Reduced hospital admission for alcohol-related harm	Improved score in 'Drug and alcohol misuse' scale for these clients is indicative of progress towards this outcome

Appendix E: Examples of commissioners using the Outcomes Star

Camden Council

In June 2006, Camden commissioned the New Economics Foundation (**nef**) to develop a new outcomes focused “sustainable commissioning model” for them. This work is commissioned and managed through an Invest to Save Budget project “Third Sector Service Delivery in Camden”. This is the only example we are aware of where the interest is central rather than within any specific commissioners e.g. Supporting People.

The draft sustainable commissioning model is currently being piloted within the Mental Health and Children and Families commissioners in Camden and rolled out within Supporting People. It includes:

- an outcomes framework with service level and Camden community outcomes
- a valuing model to calculate social, economic and environmental outcomes at service, Camden wide and wider public sector levels, including monetary value where possible and appropriate

In this way, when the model is fully functioning it should be able to show the links between a services’ activities and the outcomes and value at different levels. The Outcomes Star/ Recovery Star is integral to this model and **nef** have tentatively started to allocate monetary and other value to progress made in some of the Star outcome areas e.g. substance misuse. It is currently highly recommended (though not mandatory) for all Camden mental health services use the Star to calculate service level outcomes. It is mandatory for services to measure and report their outcomes and this is written into contracts, though we are not sure how widely this applies within Camden outside mental health. Many SP service providers already use the Outcomes Star and Camden SP commissioners are finalising outcomes data to be monitored quarterly and annually to supplement that form the CLG outcomes forms.

The service piloting the sustainable commissioning model within Children and Families is a young people substance misuse service called FWD. Triangle have now been commissioned by Camden – again through the Invest to Save budget – to produce a variant of the Outcomes Star for children and young people with alcohol and drug issues so that these services can start using the outcomes Star to record service level outcomes. The draft tool is currently being piloted and the final version will be available for use by services from April 2009 or shortly after.

Westminster Council

From April 2008 the Mental Health (MH) Commissioner at Westminster included in contracts that mental health day care providers commissioned by Westminster must record client outcomes and recommended using the Outcomes Star or Recovery Star. Triangle was commissioned to train providers in the Recovery Star in September and October 2008, and to meet with a larger statutory provider to explore integration of the star within their support planning processes. They then embarked on a six month pilot of the Recovery Star. The

mental health commissioner is not aware of any other areas of Westminster Council who are considering the Outcomes Star.

Rochdale Council

In 2005, Rochdale Supporting People team commissioned Triangle Consulting to work with them to develop an outcomes framework or tool that could be used by all providers commissioned by SP. Over 18 months, Triangle worked with the SP team and six SP providers to develop and test a tool. Towards the end of that time, five mental health service providers joined the project. The resulting tool is called the Rochdale client centre Dial.

The Dial went through a number of drafts, becoming successively more similar to the St Mungo's Star with each. When the Star was then reviewed during 2006, Triangle drew heavily on the learning and innovations tested within Rochdale and fed this into the development of the Outcomes Star. As a result, to all intents and purposes the Rochdale Dial and Outcomes Star are the same, although the Rochdale Dial does have a local identity and ownership.

The Dial/ Star is widely used within all SP funded services in Rochdale and some in Mental Health and has proved popular with providers and their clients. The data is reported quarterly to Rochdale SP team but is not currently collated across service providers or used by the SP team to evidence the outcomes of their SP programme. As far as we are aware, Rochdale is still the only local authority with a substantial amount of distance travelled outcomes data from an Outcomes Star version.

The Wirral

Wirral Council were aware of developments in Rochdale and in 2007 commissioned Triangle to run training in the Outcomes Star with SP service providers working with a range of client groups, including young people, domestic violence and homelessness. Providers were encouraged to start using the Outcomes Star. From April 2008, Wirral SP made the use of the Outcomes Star a mandatory and integral part of contracts for all short-term services.

Contact we have had since indicates that the tool is proving popular with providers who attended the training in 2007 and chose to start using the star; we do not yet have any information on the results of making the use mandatory within Wirral.

Cardiff Council

Cardiff has taken the decision to include the Outcomes Star as part of contract monitoring with service providers and is currently exploring the best way to do so. Triangle have put Cardiff in touch with Rochdale Council and been commissioned to train several service providers in Cardiff wanting to stay ahead of developments.

Other Councils

Newham and Waltham Forest are both requiring service providers to report outcomes as measured using the Outcomes Star

Plymouth are piloting use of the Outcomes Star in some older people and learning disability services

Kirklees Council have encouraged providers to use the Outcomes Star