



Frontline agencies in partnership



Triangle Consulting

Making the most of your Outcomes Star data

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1. Introduction

Many organisations decide to implement the Outcomes Star because it helps to make key-work more holistic, consistent and service-user focussed. However the Outcomes Star is much more than a key-work tool. It is an outcomes tool which is unique in being able to provide outcomes data at four key levels:-

- ***At the level of the individual*** it provides a picture of starting need and outcomes achieved at different points along his/her stay with a project. For example when the person started at the project his/her score on the substance misuse scale might be 3, and six months later it might be 6. Because there are clear definitions of what each score on each scale means, it is possible to translate the score into a clear description of where that person is in terms of addressing any issues he/she may have in that area of his/her life. In the above example it would mean that the person had moved from passively accepting help in relation to a substance misuse issue to the point of being motivated him/herself to create change and taking action towards this goal.
- ***At the level of the project*** it provides an overall picture of starting needs and progress for all service users within the project over a specified period of time. This information is provided in the form of an average of starting scores and progress on each scale or percentage of clients making progress. This makes it possible to identify where the project is achieving its aims and where it is not as a starting point for learning and service development. It can also be a basis for reporting outcomes to commissioners and funders.
- ***At the level of the organisation*** the Star can provide a summary of outcomes across all projects and make it possible to make comparisons between projects within the organisation and benchmark with other organisations (see below) in order to identify issues and good practice.
- ***At the level of the sector*** the online version of the Star builds an evidence base of the outcomes achieved by different kinds of projects across the homelessness sector. All projects that use the on-line system contribute to a growing national database of distance travelled outcomes. This will make it possible for Homeless Link to draw together high level information about outcomes achieved. It will also make it possible to develop benchmarks for different kinds of service and use the data for research projects to explore in more detail what kinds of projects make a difference and for which service users.

At all levels it is important to note that the outcomes information provided by the Star does not provide final answers to questions such as “Is this an effective project?” What it does do is provide useful information that can help managers and commissioners to ask better questions - for example “Why has starting need increased?” or “Why are service users at one project making more progress than those at another?”

The *Outcomes Star Organisation Guide*¹ provides basic guidance on how to analyse, present and interpret Outcomes Star data. This should provide sufficient information for key-workers and project managers. This paper provides more in-

¹ Available at http://www.homelessoutcomes.org.uk/The_Outcomes_Star.aspx

depth guidance on the use of Outcomes Star data. It is intended for staff with particular responsibility for performance management, outcome monitoring, quality or research and evaluation.

The good practice set out here is based on work carried out by Triangle Consulting with St Mungos, Thames Reach and Broadway as part of the London Housing Foundation's Impact through Outcomes Programme. It covers:

- Foundations for data analysis
- Routine monitoring
- More in-depth investigation/ periodic research
- Understanding, interpretation and communication

2. Foundations for data analysis

Choose the OSS or another system

Using the Outcomes Star System (OSS) is recommended; your data will contribute to building a national evidence base of distance-travelled outcomes in homelessness and you will be able to benchmark your data with similar projects and clients groups. You can register with the system on www.outcomesstarsystem.org.uk or try the test version at <http://test.outcomesstarsystem.org.uk>.

If you are adapting or developing your own software to include Star data, this paper will help you develop a brief by listing the reports your system should give you.

Make sure the Star is used well

The quality of information from analysis of Star data is only as good as the quality of data input into the system. Ensure that:

- All workers have been trained and understand the five stage journey of change underpinning the Star
- The Star is an integral and meaningful part of assessment and review and feeds into support planning
- Managers regularly check understanding and use of the Star in supervision and monitoring of client files
- There are regular team discussion of clients using the Star to reinforce learning and check consistency in the use of the scales

Acknowledge any anxieties

Concern that analysis of Outcomes Star data may indicate a lack of client progress and reflect poorly on the service or on individual workers can prevent people looking at the data. Acknowledge any anxieties. We do not recommend that the Star is used to judge individual worker performance and so it is important that workers are reassured that their performance will not be judged on the basis of the amount of progress on the Star. Also assure workers that Star data will not be interpreted simplistically but will provide a basis for understanding more deeply the strengths and weaknesses of the service and how it can be improved.

Engage with Star data in a spirit of curiosity and learning, finding out who benefits most from your services and who is struggling most. There may be some projects that are doing particularly well in certain areas and others that are not. This will help you identify valuable good practice which can then be shared more widely. The Star data may show that change is slow and it is true that some people will slip back, but the overall picture is likely to be one of positive change. And if it is not, then that is important to know. Remember - outcomes data does not give final answers, but it does help you ask better questions.

Distinguish between routine monitoring and research

We recommend that a few key outcomes statistics are included in routine - e.g. quarterly - monitoring by your organisation and that more in-depth investigations are carried out annually or even every 2-3 years.

3. Routine monitoring

We recommend the following three key summary statistics are reported as part of routine monitoring data each quarter, bi-annually or annually:

- Average Star score at assessment for clients currently in the service or who have left within the last quarter
- Percentage of those clients who have made positive progress
- Average amount of change on the Star for all those making progress²

Plus:

- The percentage of client files with Stars up to date and completed by the worker and service user jointly. This is a process indicator, not outcome, but what get measured gets done and this can encourage joint completion of the Star
- The average length of stay of clients making progress - the time period it takes to achieve the outcomes.³

This information can be presented for each project or service in an organisation:

Example: Mock routine monitoring Star data

Project	Average at assessment	Percentage improved	Average change	<- Possible addition ->	
				Percentage joint stars	Time period of change
Hostel 1	3.5	62%	1.4	80%	20m
Hostel 2	4.1	76%	2.1	90%	9m
Women hostel	2.8	35%	0.3	40%	18m
Floating supp 1	6.8	70%	1.4	82%	8m
Floating supp 2	7.5	50%	0.6	40%	12m

The first time you extract routine monitoring information from outcomes Star data, we also recommend that for each project or service you generate:

- A completed Outcomes Star chart for all the service users in the project or leaving in the quarter, showing the average at assessment and most recent Star on average for each of the 10 outcome areas
- Plus the percentage showing improvement in each of the 10 outcome areas
- A report to managers or the Board might only include highlights rather than data for all 10 areas e.g. the 2-3 areas in which clients show most or least change

Remember: most people find it easier to take in visual information (e.g. the Star), and a few key statistics or brief sentences describing key findings, than tables or lists of numbers.

² If the average change is calculated for all clients the change for clients slipping back will cancel out positive change and have the effect of flattening the data, showing less change than is actually taking place. Including the percentage of clients with positive change means this number is meaningful

³ It is not currently possible to extract this report from the OSS but these reports are planned.

4. More in-depth investigation/ periodic research

Cross analysis and further exploration of Star data is recommended annually or less frequently, not each quarter. It is time consuming and the picture painted is unlikely to change rapidly.

Comparing different groups of clients

The key principle here is to understand the patterns of improvement in clients by comparing different groups. This may involve comparing men and women, different ethnic groups or different age groups. It is also possible to compare groups based on their primary presenting need (e.g. drug use or mental health issues or domestic violence) or to compare groups based on the types of interventions they have received (e.g. drug users on a script compared to those not on a script or those engaged with activities compared to those who are not). In most cases the following comparisons are likely to be helpful:-

- Men and women
- Those 35 and under and those over 35 (or other division of age meaningful given the age range in the service)
- White British compared to BME and possibly with other ethnic groups
- The most prevalent primary issues, e.g. drugs, alcohol, mental health

In some cases it may be helpful to examine the difference in Star results for client group clusters - groups of clients that show a similar profile in terms of gender, age, primary presenting need and other issues. In a study with St Mungos the following client clusters were identified:-

1. Men, with drug as their primary presenting issue, aged late thirties and above
2. Drug-using men aged up to 35
3. Women drug users
4. Service users with alcohol misuse as primary issue
5. Those with dual diagnosis mental health and substance misuse
6. Those in need of accommodation with no other major issues

Our experience is that analysing Outcomes Star data in this way can provide extremely useful information about which groups of clients are benefiting most from services and can help highlight issues for further investigation. For example a study of four hostels in St Mungos showed that women were making significantly less progress than men in mixed hostels⁴.

What data to compare

We recommend that services extract the following data for each of the groups being compared:-

- A completed Outcomes Star chart showing the average assessment and most recent Star reading for each of the 10 outcome areas
- The number of service users the data is referring to

⁴ Research available at <http://www.homelessoutcomes.org.uk/OutcomesStarResearchResults07.aspx>

- The percentage⁵ of service users showing improvement, staying the same or slipping back in each of the 10 outcome areas, between assessment and the most recent Star in that quarter.

Exploring the pattern of change over time

Another kind of more in-depth analysis that can be helpful is to look at how service users progress over time. Look at Star data at assessment, after three months, six months and a year etc (depending on the frequency of completed Stars) to explore the pattern of change.

This will show, for example, if progress is slow and steady over a long period of time, if clients progress early on in a service then plateau or even slip back or start to change after a period of stability.

Some services may also find it helpful to check progress on average between the Star at assessment and first review, to test a hypothesis that the second Star reading is more accurate as it is completed when the worker knows the client better and there is a higher level of trust.

This kind of analysis can be carried out for all clients or for specific client groups (e.g. women or men under 35 or clients from BME groups). This will highlight different kinds of patterns of change for different client groups

Other questions

There may be specific questions that an individual service wants to explore when in-depth analysis of Star data is carried out. For example, a service may be curious about progress made by a particular group of clients engaged in a specific intervention or combination of interventions, or want to test the effectiveness of a new service or way of working. Any group of service users can be selected and comparisons made of the Star data for that group.

⁵ Using a percentage rather than absolute number makes it easier to read across the data to compare projects or types of people

5. Interpretation

To be of most practical use, the data that has been collected needs to be interpreted, applied and communicated effectively. This section looks at interpretation and section five looks at communications

Outcomes data is a starting point and needs to be used intelligently

- Outcomes data does not give final answers; it helps ask better and better questions; it is indicative not definitive
- If it shows a difference in outcomes between hostels, for example, this is a starting point for further investigation of data. Is there other evidence that one hostel achieves better outcomes (e.g. move-on rates, service user accounts, service manager views)? Are there reasons why this might be (e.g. better facilities at one hostel than others or more referral options for specialist services)? Is the service user profile different in the different hostels (e.g. older clients in one hostel, or more service users with combined drug and mental health issues)?
- Different outcomes can be indicative of different practice so another question to explore is whether practice is significantly different in a hostel with better or worse outcomes as measured by the Star. If it seems that different practice is the main reason for the difference in outcomes this can be helpful in drawing out good (or bad) practice which can then be shared more widely
- It is important that Outcomes Star data is interpreted in this light to avoid simplistic interpretations. If one service seems to be doing better or worse based on routine monitoring data this should be a signal for further questions rather than simply concluding that one service is better or worse.

Outcomes Star data is useful for learning, inspiring change and making a point

Analysis of Star data in four of St Mungos hostels showed that:-

- Women with drug issues made very little progress.
- Portuguese men with a dedicated worker did particularly well
- Those slipping back in mental health needed higher support and were inappropriately referred.

Findings such as these can be used to highlight issues, change practice and make the case for change internally and with funders.

For further examples of findings, learning and action taken on the basis of service-level Outcomes Star data see www.homelessoutcomes.org.uk/starimpact and also the St. Mungo's summary of research findings using the Star⁶.

⁶ Research available at <http://www.homelessoutcomes.org.uk/OutcomesStarResearchResults07.aspx>

6. Communication

Feedback the learning to front-line workers

- Front-line workers supply the data and so it is very important that they see that it is being used. This will ensure that they are motivated to continue to collect the data and ensure that the data is of good quality. If they never see evidence of the data being used they are unlikely to think that collecting it is very important
- Front-line workers are also in the best position to validate the lessons emerging from the data and to put the learning into practice. Routine monitoring data can be reported at team meetings and can give rise to useful discussions about the performance of the project and any actions that need to be taken. The findings of detailed research should also be fed back to projects. They will be able to shed further light on the learning and develop ideas on how best to make changes in response

Decide who else should see routine reports and in-depth research

- It is likely to be helpful for managers to review routine monitoring data at their regular meetings to interpret it and identify any actions needed
- It may also be helpful for senior managers and/or trustees to see summarised data when they meet to review performance
- It is also important to decide who should see the results of in-depth research. As well as being useful to those delivering and managing services, they are likely to have a role in annual reports, press work and wider communications

Communicate the right amount to commissioners, in context

- The routine monitoring data recommended above can usefully be shared with commissioners and other funders
- Services should consider the findings of more in-depth investigation and choose what to communicate to commissioners and others; the full information will be too much detail, especially in tables
- We recommend presenting key learning points from such research, including how the organisation is planning to address the issues raised and proposals to commissioners where gaps have been identified
- Evidence of such learning may be more useful to commissioners than raw outcomes data.