

Open Door: A vision for the new service

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DRAFT 1

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Introduction

In April 2008 St Albans & District Council, in partnership with Hightown Praetorian & Churches Housing Association (HPCHA) were successfully allocated funding for the refurbishment of Open Door, a sixteen-bed direct access nightshelter in St Albans, Hertfordshire. In its application HPCHA acknowledged that the current facilities no longer met the needs of service users and “made it difficult to further develop and widen the services” that they wished to provide. The funding awarded did not cover the total cost of the refurbishment so Open Door Trust our third partners in this project successfully raised a substantial amount of funding to ensure that the refurbishment could be completed to a high standard.

The redevelopment of Open Door has been designed to provide single rooms that will “promote dignity, self worth and self esteem” alongside creating opportunities for training and educational services. The bid acknowledged that the redevelopment of Open Door would require a cultural change within the organisation and a review of current policies and procedures.

A review of our current operational systems has been carried out in light of the new facilities available. During this review we have acknowledged that our current service model:

- Can present difficulties for our service users as not knowing whether or not specific service users will re-present to the service can create tensions in the service user group and tensions for individuals hoping to use the service as they do not know whether or not they will have a bed that night.
- Leaves homeless people queuing outside the building each evening in the hope they will be allocated a bed for the night. This is degrading for our service users and can result in bullying outside the building as individuals at the back of the queue may intimidate others to try and ensure they have a better place in the queue and will therefore be guaranteed a bed for the night. Although names are taken when people begin to queue to minimise any bullying or intimidation that may happen it is difficult for staff to monitor and control this.
- Does not always promote dignity and self worth due to the current design of the building and dormitories. Service users are unable to access the dormitories until late in the evening, which means that they have to sit in the communal lounge area. This can cause distress to individuals who are tired after being on the streets all day or just want some time to themselves. It is also difficult to manage and can lead to conflict where we have individual service users who do not necessarily get along with each other. Service users also find it degrading that they are told when they can and cannot go to bed in the evening and when they can and cannot access the shower and bath facilities.
- Has very limited time for planned support work with service users: support planning is currently limited to the hours the service is open (6pm-8.15am). With a lengthy book in procedure and an evening meal, support planning predominantly happens on an ad-hoc basis but is not structured or pre-planned due to the demands of running the night shelter. The only available time for support work would be between 8 and 10pm at night but service users who have been on the streets all day are often too tired to attend a support planning session and we do not have enough staff present in the shelter to make it safe for staff to focus on support planning sessions.
- Would like to more accurately assess risk amongst its service users: risk management plans concentrate on identifying and then mitigating individual risks rather than taking a holistic approach. Risk management plans are bulky, difficult to regularly repeat and integrate into support plans
- Has little way of measuring a change in service users behaviour, activity or self-perception as a result of their support work. Service users are currently asked to detail their expectations of the nightshelter on the first night and then their experience on leaving but this system does not allow staff to quantitatively measure a change in perception.
- Includes a lengthy induction procedure, which restricts the time staff can spend ensuring the safety of service users. The induction process for new service users can be in excess of 1.5 hours as this includes booking the bed for the evening, carrying out an assessment of support needs and completing risk assessments. This process has to be completed for each new service user every night.
- The process for issuing bans differs according to the type of offence which can be confusing for our service users.
- Has limited opportunities to help service users access education, training or the support of specialist agencies. Open Door operates a daytime drop in service to support resettlement but there is no opportunity for staff to

accompany service users to specialist providers and staff can therefore experience difficulties getting service users onto treatment programmes.

- Does not provide any daytime facilities on a Saturday or Sunday. This is a crucial time for our service users as no other services are open in order for service users to receive support and/or shelter and individuals are left with very little to do during the day.
- Operates a zero tolerance approach to alcohol on site. This leaves some service users to hide their alcohol in nearby bushes or consume excess alcohol before admission. This may lead to service users being drunk and deemed unable to manage themselves which would then mean they would be unable to access the service that night. Staff are uncomfortable to hold medication for service users and can exclude a service user for not having their necessary prescription
- Does not allow for a seamless referral system as we do not always have a member of staff in the building to process referral details. This in turn results in rental income potentially being lost due to voids and homeless people being unable to access the night shelter.
- Staff have some time available after service users have left the night shelter in the morning. This time is being spent cleaning the building but should be spent providing support to service users. The cleaning of the building is suffering due to staff work loads which can lead to spread of infection for service users, staff and volunteers and does little to promote a homely environment for clients.

This document proposes a new way of working. It is presented for discussion and comment amongst staff and stakeholders.

Aims & Objectives

The new service at Open Door exists to provide a safe, immediate and secure service through which service users can be supported to identify, prevent and work towards solving the causes of their homelessness. It understands the role it has in delivering the overall vision of St Alban & District Council's Homeless Strategy, Hertfordshire Supporting People's 5 year Strategy and the Government's Rough Sleepers strategy – 'No One Left Out – Communities Ending Rough Sleeping'.

It seeks to achieve this overall aim by ensuring that:

The organisation:

1. Improves its policy and procedures in a way which improves the service offered to service users, inspires staff and is considered best practice by the projects' stakeholders and funders

Service Users:

2. Improve their economic well-being, financial literacy, money management, health awareness and safety.
3. Become an active part of the local community, challenging themselves to enjoy and achieve through education, training and leisure activities
4. Improve and manage their physical health and emotional well being and reduce their dependencies on drugs/alcohol if appropriate
5. Maintain their accommodation and take efforts to maintain a safe environment for staff, fellow service users and themselves
6. Make a positive contribution by actively engaging in their own support work, consultations and the local community

To achieve each of these aims the project will

1.
 - Develop policies and procedures that will ensure that their service is of a high quality, as measured by the Department for Community & Local Government's Quality Assessment Framework (QAF) for Supporting People funded services
 - Provide staff/volunteers with appropriate skills, qualifications and competencies to deliver a quality service to services users and develop staff that are committed to improving their own skills for the benefit of their service users
 - Operate internal auditing procedures to ensure a greater consistency and transparency in support planning and the operation of eviction/bans
 - Offer residents clear instruction and guidance on the terms of their residency, rights and responsibility. Make clear to them the role they have to play in accessing support
 - Implement a robust performance monitoring framework based on the Outcomes Star model, so that the quality of the service and staff may be demonstrated to stakeholders and service users will be able to measure their own progress
 - Provide link work sessions covering difficult areas of service user's situation including their motivation/approach to responsibility, self care/independent living skills, money management, ability to build and maintain social relationships, drug/alcohol misuse, physical health, emotional and mental health, meaningful use of time, tenancy management and offending behaviour
 - Operate a robust risk management procedure which balances promotion of independence with effective risk management as part of an open and honest support planning framework
2.
 - Ensure service users are correctly claiming their eligible benefits
 - Provide life skills course on issues including debt management, paying bills, maintaining a home and money management
3.
 - Provide regular job focussed interventions including support writing CV's, searching for jobs, preparing for interview etc
 - Actively promote, support and lead service users in utilising local sporting facilities
4.
 - Support service users to access other statutory and non statutory services
 - Develop a safe procedure for the safe storage of alcohol and medication on site
 - Raise awareness of/ promote harm reduction in relation to blood bourn viruses (BBVs)
 - To promote clean needles and exchange facilities (where required) and safer injecting advice
 - To promote healthy eating
 - Promote awareness of contraception and condoms
 - Signpost Sexually Transmitted Disease screening
 - Signpost to Hepatitis A and B/flu vaccinations
 - Promote smoking cessation
 - Run a parallel counselling service on site

5.
 - Provide assistance to ensure service users develop the personal and social skills that will enable them to maintain their accommodation, improve their quality of life and decrease any negative impact within their immediate and local community
 - Install an approach that actively engages other services in support planning, safeguarding and effective risk management
 - To provide specialist assessment procedure in order to offer service users access into appropriate accommodation options on the pathway and support services.
 - Work in close partnership with the St Albans & District Council, HPCHA and other accommodation providers to identify and access new move on accommodation
6.
 - Ensure the needs of service users are paramount in developing and providing the service
 - Ensure service users are given meaningful opportunity to become involved in the planning and delivery of services
 - Ensure the project is considerate of the equality and diversity of its staff and residents

Service Specification

The new service at Open Door will provide 12 units of direct access supported accommodation to single homeless people aged 18+ living in and around St Albans, Hertfordshire. It will offer an intensive support service aimed to stabilise service users, identifying their support needs and ensuring longer term tailored support and accommodation is made available wherever possible.

The service will be flexible and responsive to the multiple needs of service users including:

- People with substance misuse issues
- People with mental health problems
- People with learning difficulties
- People with chaotic lifestyles, including those displaying anti-social behaviour
- People at risk of offending and or with a current offending history
- People deemed to be vulnerable and at risk
- People with no recourse to public funds (for a limited period of time depending on receipt of funding for rent costs)

HPCA encourages the involvement of statutory agencies including the local Homeless team, police force and primary health care facilities.

The service will be accessible to service users during the following hours:

1.00pm – 2.30pm	Drop in service
2.30pm – 4.30pm	Education and training programme alongside appointment only link work sessions
4.30pm	Clients leave service in order for staff to prepare for evening shelter
6.00pm	Night shelter opens
08.15am	Clients leave the night shelter

The new model will also allow us to provide a service to our clients on a Saturday and Sunday. The shelter will open at 3.00pm on both days rather than at the usual opening time of 6pm. Clients staying in the night shelter will therefore be able to access the shelter during the day on both a Saturday and Sunday.

Referrals

Service users can access Open Door in one of two ways:

- Agency referrals: Referrals can be taken from 1pm in the afternoon on completion of a referral form and risk assessment. Beds will be held for referred service users up until 6.30pm
- Self referrals: Service users can present to the service any time from 1pm in the afternoon and book a bed for that night.

The service will not operate a waiting list or give priority to any groups. Referrals taken out of hours will be subject to the same access criteria as other potential service users the next working day.

Referrals are eligible for service users who are:

- Homeless or at risk of homelessness
- Being discharged from prison or hospital with no fixed abode
- Subject of a homeless investigation by St Albans & District Council
- Not subject to a ban or temporary timeout period set by HPCA

The service will not exclude service users:

- because they do not yet have benefit arrangements in place
- because they have no form of identification when first accessing the Support Service
- have no recourse to public funds (see length of stay)
- as a result of blanket bans

HPCA will undertake risk assessments at the point of referral to assess the requirements of each individual and the risks to others access the Support Service. The risk assessment will cover a service users history of abuse, suicide behaviour

mental health, substance abuse, anger management, physical health and financial risk. The assessment will enable the support service to measure the right response to the individuals needs.

Length of Stay

When service users initially arrive at Open Door they will be able to book a bed each night for the first seven nights. If during this time they have made use of the bed space, shown a willingness to engage with support, provided a form of identification, have their housing benefit in place and made arrangements for the retrieval of any prescribed medication they rely upon they will be able to book the bed for a seven night period.

Service users will be made aware of their rights and responsibilities when staying at Open Door, the services warnings and exclusions policy and procedure for appeals, comments and complaints.

The seven-day agreement can be extended by a further three times during weekly key work sessions. The optimum stay will be 28 days for most service users. In exceptional cases, length of stay can be extended up to eight weeks. Extensions will be granted if ending the service for a service user is thought to significantly jeopardise their access to move on accommodation or specialist support within a 14-day period.

Service users who have served their 28 days with little evidence of engagement or access to move on accommodation will not have their stay renewed and be asked to leave. Residents are given notice of a statutory 28-day timeout period during which they will be unable to access the service.

For service users with no recourse to public funds, lengths of stay will be limited to three nights. This stay will be funded by the Open Door Trust.

HPCHA will work with all service users to identify and access suitable move on accommodation and support where required. Service users will give their permission for Open Door to share information with other support agencies to aid referrals and ensure continuity of assessment and support planning processes.

Levels of Support

HPCHA will at all times ensure sufficient numbers of staff and volunteers are available to deliver the support service throughout the year. Staff will be trained in identifying specialist support needs and know the referral routes to other agencies.

During the first twenty four hours of a service users stay they will receive a full induction to include completion of a risk assessment, service user record form inc. details for missing persons report, information consent form and initial support plan inc. outcomes star. Staff do not need to complete the initial support plan on the evening of entry.

Following initial entry service users will have a minimum of 1 hour's one to one support planning per week. As part of this weekly session staff will review a service users risk assessment, engagement with the service, behaviour and refresh the support plan. Engagement in support planning sessions is mandatory if a service users wishes to continue to use the service. However, we recognise that entrenched service users may find it difficult to engage and this factor will be taken into consideration at all times.

At each support planning session staff will support clients to complete the Outcomes star, a soft outcome measurement tool designed to ensure that the service user can measure their own progress staff qualitatively gauge the impact their work has made on a clients self perception and confidence. Details of the star are attached in Appendix 3.

Where staff and service users identify the need for a more specialist assessment/intervention from drug/alcohol services, the specialist health care for homeless people or probation these will be arranged onsite within fourteen days. Engagement in these sessions is also mandatory.

On site activities/facilities

All service users at Open Door will have access to their own individual ensuite room, which will be fully furnished. The room will include bedding and a starter pack of toiletries given to them when entering the service. They will have access to their room between the hours of 6.00pm and 8.15am.

The service will ensure a reasonable level of cleanliness and decoration, a residential recreational space and supervised IT access.

Overall Open Door will be open to service users Monday – Friday between 13.00 and 16.30 and then from 18.00 to 08.15 the following morning. Service users will only be given access to the premises from 14.30 – 16.30 if they are engaging in the planned education and training activities or if they have a re-arranged link work session. On Saturday and Sunday Open Door will be open to service users from 15.00 through to 08.15 the following morning.

Daily activities will include the following:

7am-8.15am	Service users breakfast
8.15am	Service closes
13.00 – 14.30	Lunch and resettlement drop in provided by volunteers and Open Door Trust
14.30 – 16.30	Scheduled support planning sessions and education workshops
16.30	Service closes – staff prepare for evening service
18.00	Night shelter opens for night shelter clients only
20.00	Last entry time for service users prior to evening meal

Between the hours of 14.30 – 16.30 the service will be open for surgeries with specialist support providers including the community mental health team, drug/alcohol support agencies, St Albans & District Housing Options Team and the specialist health care service. Access to these services will be made through referral by key workers only.

Alongside these surgeries Open Door will operate a rotating series of education activities including:

- Preventative health care sessions on topics including safe injecting practice, sexual health, blood born viruses and simple first aid
- IT training with Computer friendly
- Basic skills sessions staffed by volunteers
- Job Club/CV writing sessions staffed by volunteers
- “It’s your Move” pre-tenancy training modules
- Sport sessions
- Book club

Volunteers or members of external agencies under the remote supervision of current Open Door staff will run these sessions. The sessions will not be available on weekends. However all service users will be given a handbook detailing local cultural facilities and activities they can get involved in. This handbook will also detail the process for comments/complaints and any house rules.

Ending the support

HPCHA will end the accommodation and Support Service for an individual when one of the following apply:

- Suitable move-on accommodation, with support where required, is secured
- Suitable move-on accommodation is secured as part of the support planning process, but is refused by the Service User
- The limit to a stay is reached and an extension is not granted
- The Service User leaves the Support Service of their own accord
- The Service User is unwilling to engage with the support provided, and all possibilities to engage have been explored
- There is a wilful and on-going failure to meet rent and support service charges, or to work with the service to ensure benefits are claimed
- The risk to staff, other Service Users or the building is unmanageable. This includes where violence has occurred and where a threat of continued violence remains

HPCHA will operate a warnings and exclusions procedure to ensure consistency in the ending of support. This procedure will be supported by an appeals procedure explained to service users on entry. The procedure stipulates that exclusions (resulting in a 6 month refusal of access) will be given:

- In the event of an assault on staff, volunteers or other service users
- A service user is found in possession of illegal substances and/or shows intent to supply illegal or prescribed drugs to other service users

Warnings will be given to service users:

- Persistent non-compliance with the house rules
- consuming alcohol on the premises
- threatening staff, volunteers or other residents
- not attending scheduled support planning sessions without a reasonable excuse

Service users receiving two or more warnings within a 28-day period will have their stay terminated at the next support planning session. They will be expected to operate the 28-day timeout period before reapplying.

Service users reapplying after the 28 day timeout period with two or more warnings will be immediately banned for 6 months if another warning is necessary within the next 28 day period of their stay.

Any exclusion will be reported to St Albans & District Council Housing Options team as soon as practicable. Service users will be given advice on other accommodation-based services available to them. Clients who have been excluded cannot access the daytime activities available on site.

All move ons from the service, including exclusions, will be monitored and subject to analysis. A resident's ability to move on will be identified by a resident's key worker through support planning sessions. The key worker and staff in the resettlement drop in will negotiate with the HPCHA, the local authorities nominations panel and other supported accommodation providers.

Conclusion

It is recommended that the HPCHA review the following policies and procedures before relocating to the refurbished building:

- Application/Referrals
- Complaints
- Support planning inc. risk assessment
- House rules/exclusions
- Drugs
- Volunteering
- Service user consultation and involvement.
- Time out
- Extensions to stay

Appendix 1: Aims/Objectives

This documents seeks to set out the indicators through which Open Door will use to quantify success in its overall aim “to provide a safe, immediate and secure service through which service users can be supported to identify, prevent and work towards solving the causes of their homelessness” Indicators italicised are included from the Supporting People Outcomes Framework 2007.

References to Outcomes Star data relate to the Outcomes Star, a soft outcomes measurement tool to be used by the HPCA. Further information is available at www.homelessoutcomes.org.uk

Specific aims	Objectives	Indicators
To improve the organisations policy and procedures in a way which improves the service offered to service users, inspires staff and is considered best practice by the projects stakeholders and funders	Develop policies and procedures that will ensure that their service is of a high quality, as measured by the Department for Community and Local Government’s Quality Assessment Framework (QAF) for Supporting People funded services	<ul style="list-style-type: none"> QAF review score Annual peer review of referral agencies
	Provide staff/volunteers with appropriate skills, qualifications and competencies to deliver a quality service to services users and develop staff that are committed to improving their own skills for the benefit of their service users	<ul style="list-style-type: none"> No. of staff qualifications received Staff/volunteer satisfaction survey Volunteer retention Staffing levels
	Operate internal auditing procedures to ensure a greater consistency and transparency in support planning and the operation of eviction/bans	<ul style="list-style-type: none"> % of service user files to pass internal audit no. of decisions overturned during appeals procedure
	Offer residents clear instruction and guidance on the terms of their residency, rights and responsibility. Make clear to them the role they have to play in accessing support	<ul style="list-style-type: none"> Eviction rates Average length of stay Warnings given Resident satisfaction survey
	Implementing a robust performance monitoring framework based on the Outcomes Star, so that the quality of the service and staff may be demonstrated to stakeholders and service users able to measure their own progress	<ul style="list-style-type: none"> Outcomes star data
	Provides key working sessions covering difficult areas of service user’s situation including their motivation/approach to responsibility, self care/independent living skills, money management, ability to build and maintain social relationships, drug/alcohol misuse, physical health, emotional and mental health, meaningful use of time, tenancy management and offending behaviour	<ul style="list-style-type: none"> No of key work sessions completed % of service users receiving min. 1 hours contact per week Outcomes star data
	Operate a robust risk management procedure which balance promotion of independence with effective risk management as part of an open and honest support planning framework	<ul style="list-style-type: none"> No of service users excluded from service No of warnings given per service user % of completion of risk mitigated actions

To improve a service users financial literacy and efforts to obtain paid/voluntary work	Ensure service users are correctly claiming their eligible benefits	<ul style="list-style-type: none"> Number (and %) of service users with sufficient rent arrears to prevent move on Average service user rent arrears
	Provide life skills course on issues including debt management, paying bills, maintaining a home and money management	<ul style="list-style-type: none"> no. of service users accessing life skills courses no. of certificates received average no. of certificates per service user SP Utilisation levels (SP1) Outcomes star data
To ensure a service user become an active part of the local community, challenging themselves to enjoy and achieve through education, training and leisure activities	Provide regular job focussed interventions including support writing CV's, searching for jobs, preparing for interview etc	<ul style="list-style-type: none"> % of service users attending job focussed activities
	Run an accredited basic skills education package	<ul style="list-style-type: none"> % of service users with attending basic skills sessions No. of basic skills qualification
	Actively promote, support and lead service users in utilising local sporting facilities	<ul style="list-style-type: none"> No of service users engaged in service
To improve a service users management of their physical health and emotional well being and reduce their dependencies on drugs/alcohol if appropriate	Support service users to access other statutory and non statutory services, predominantly on site	<ul style="list-style-type: none"> No. of engaged with other statutory or non statutory services Feedback from external sources Number (and length of wait prior to moving in) of service users moving into the service from delayed discharge or intermediate care setting Number (and %) of problem drug users sustaining engagement in drug treatment
	Develop a safe procedure for the safe storage of alcohol and medication on site	<ul style="list-style-type: none"> No of service users evicted for alcohol related activity
	Provide primary healthcare facilities on site	<ul style="list-style-type: none"> % of service users registered with GP % of service users attending specialist health care surgery
	Raise awareness of/ promote harm reduction in relation to blood bourn viruses (BBVs)	<ul style="list-style-type: none"> % of service users attending primary health care surgery % of service users attending health education sessions
	To promote clean needles and exchange facilities (where required) and safer injecting advice	<ul style="list-style-type: none"> % of service users attending specialist health care surgery % of service users attending health education sessions risk assessment scores exclusions/abandonment rates
	To promote healthy eating	<ul style="list-style-type: none"> % of service users attending specialist health care surgery % of service users attending pre- tenancy training module
	Promote awareness of contraception and condoms	<ul style="list-style-type: none"> % of service users attending specialist health care surgery % of service users attending health education sessions

	Signpost Sexually Transmitted Disease screening	<ul style="list-style-type: none"> • % of service users attending specialist health care surgery • % of service users attending health education sessions
	Signpost to Hepatitis A and B/flu vaccinations	<ul style="list-style-type: none"> • % of service users attending specialist health care surgery • % of service users attending health education sessions
	Promote smoking cessation	<ul style="list-style-type: none"> • % of service users attending specialist health care surgery
	Counselling service on site	<ul style="list-style-type: none"> • No. of service users accessing service

To help a service user maintain their accommodation and take efforts to maintain a safe environment for staff, fellow residents themselves	Provide assistance to ensure service users develop the personal and social skills that will enable them to maintain their accommodation, improve their quality of life and decrease any negative impact within their immediate and local community	<ul style="list-style-type: none"> • Outcomes star data • Exclusion rates • Number (and %) of service users currently in receipt of the service who have been assessed as ready to move on to a lower support service or independent living if move on accommodation was available • Number (and %) of service users currently in receipt of the service who have been assessed as needing to move on to a higher support or other specialist service and waiting for a place to be available
	Install a case conference approach that includes engaging other services in support planning, safeguarding and effective risk management	<ul style="list-style-type: none"> • Exclusion rates • Involvement in MAPPA/MARRAC/CAF meetings • No. of multi agency case conferences convened
	Reduce street/criminal activity by working with service users to address offending behaviour and improve communications with enforcement agencies.	<ul style="list-style-type: none"> • Exclusion rates • Community complaints • No of service users arrested whilst resident
	To provide specialist assessment procedure in order to offer service users access into appropriate accommodation options on the pathway and support services, including diversion interventions	<ul style="list-style-type: none"> • % of audited files successfully meeting assessment timeline • no of repeat presentations within 6 months of discharge • no. of service users immediately accessing Open Door following timeout period
	Work in close partnership with the St Albans & District Council, HPCHA and other accommodation providers to identify and access new move on accommodation	<ul style="list-style-type: none"> • % of successful move on • no of nominations offered • no. of service users immediately accessing Open Door following timeout period

To support a service user in making a positive contribution by actively engaging in their own support work, consultations and community.	Ensure the needs of service users are paramount in developing and providing the service	<ul style="list-style-type: none"> • Resident participation survey • No. of residents involved in SU consultation • Outcomes star data
	Ensure the project is considerate of the equality and diversity of its staff and residents	<ul style="list-style-type: none"> • No of service users enabled to access services more effectively though the provision of language/ translation services or provided with information in a format relevant to their disability

Appendix 3: The Outcomes Star

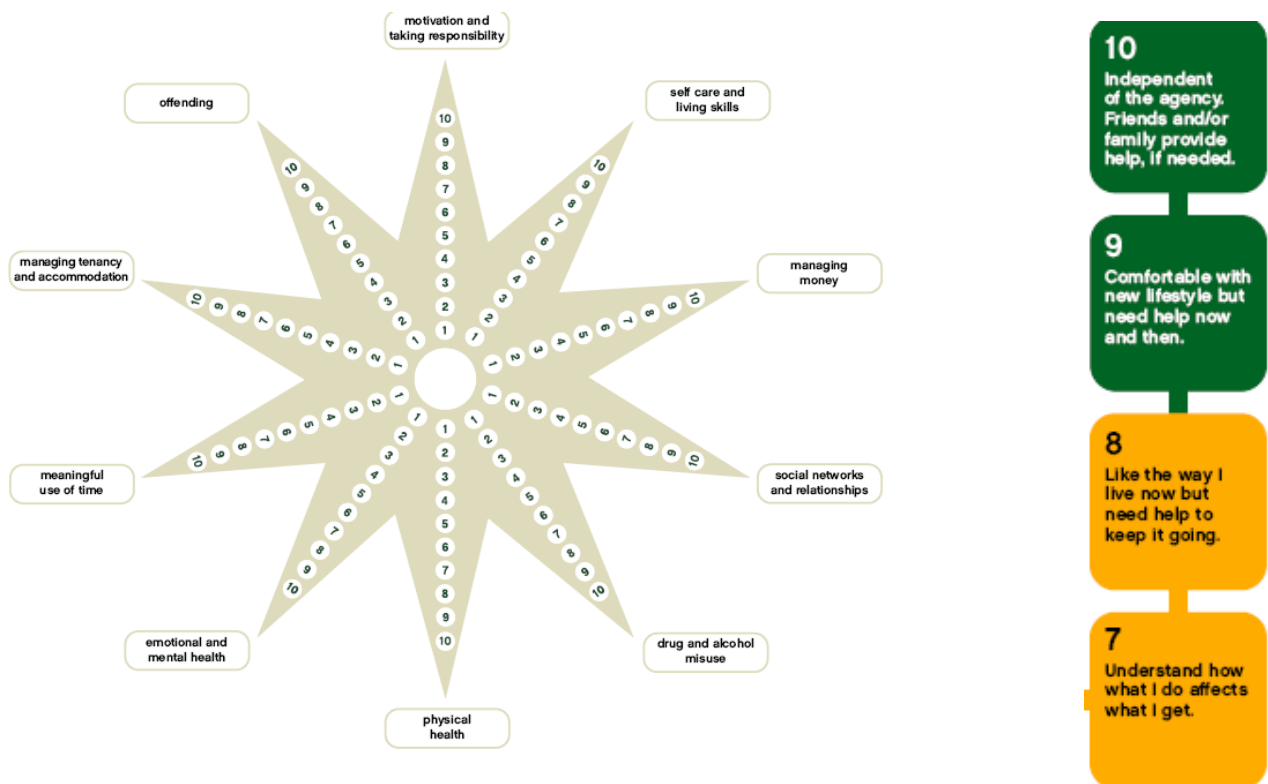
The Outcomes star is the product of an eight-year research project into the use of soft outcomes frameworks by the London Housing Federation. It was designed by Triangle Consultancy and developed from a similar tool used by St Mungo's in the late 1990's. The star (aka as St Mungo's Star) is available on a Creative Commons licence for other agencies and bodies to adapt to suit their own particular needs.

The star is being used by well over 50 homeless charities across the country and is well recognised by funding bodies as an industry standard allowing them to compare the value added by organisations. Copies are available at www.homelessoutcomes.org.uk

Essentially, the outcomes star is a self-assessment tool through which clients are asked to consider the level of support they need in each of nine outcome areas (see below):

- 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

Each of the outcome areas is represented by an axis on the star and referred to as a ladder with ten rungs. Prior to/during each session the client is shown a list of ten statements (one for each rung of the ladder) and asked to identify which one they think best describes their current state of mind. The higher the number on the rung, the more support a client needs. An example of the ladder for motivation and taking responsibility is shown below.



Having assessed what rung they are on each of the ladders, clients' scores are plotted on the axis and joined up with a line. A clients success is represented an increase in the area formed by joining up the points. The outcomes star is available with a free online computer package (launched October 2008), which will allow clients to log in and complete the star when they want and managers numerically plot their progress.