



Adapting the Rickter® Scale Process to improve and monitor the journey of marginalized groups towards employability



The Rickter Company

Awakening Individuals to Choice



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Transfer of Innovation

Interim Evaluation

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Executive Summary

“Scaling New Heights in VET: adapting the Rickter® Scale Process to improve and monitor the journey of marginalised groups towards employability” is a project funded under the EU Leonardo da Vinci Multilateral Projects Transfer of Innovation programme. Started October 2011, the project will finish in September 2013.

The aim of “Scaling New Heights in VET: adapting the Rickter® Scale Process to improve and monitor the journey of marginalised groups towards employability” is to increase the quality of Vocational Education and Training (VET) in Germany, Greece and Italy by transferring and adapting the innovative Rickter® Scale Process from the UK to new legal, systemic, sector, linguistic, socio-cultural and geographic environments through this transnational project. The Rickter Scale® Process itself is a motivational assessment, evaluation, action planning and impact measurement package, which can provide this evidence of what works by measuring soft indicators and distance travelled. The project partners all work within their own countries to provide opportunities for marginalised groups to engage with education, training and employability to gain recognition for existing and newly acquired skills. The project identifies how the Rickter Scale® Process can be developed for use across the diverse cultures of the European partners, and by extension to other European countries.

The focus of the project is to adapt the existing Rickter Scale® Process to the needs of the participating organisations’ target groups to aid their progression towards employability or opportunity readiness. The Partners are collaborating to develop language and culture-specific versions of the Rickter Scale® Process, their Practitioners having been trained in the use of the Rickter Scale® Process by the UK Partner - The Rickter Company.

This project also aligns with the recommendation of the European Parliament and Council of 18 June 2009 on the establishment of EQARF for VET, by providing practical tools that will enable the implementation of quality criteria concerning the evaluation of outcomes and processes, which should be regularly carried out and supported by measurement and review. This project will have a direct relationship to indicator number one, “Relevance of quality assurance systems for VET providers”, as it will demonstrate how VET providers can apply a comprehensive quality assurance system which is designed around the Rickter Scale® Process and thoroughly proven by the TOI Partners to reflect their own needs.

In autumn 2011 Northumbria University were appointed as External Evaluator to the project. A formative evaluation strategy is in place, with a series of questionnaires, feedback sessions and semi-structured interviews that contribute to the learning, development and review processes of the project.

This report collates information gathered from the project during its first year, October 2011-2012. It also outlines the evaluation strategy and methodology employed. The project gathers information in a solution-focused manner through discussions/narratives and questionnaires to gain qualitative and quantitative data, whilst giving ownership to the stakeholders involved.

The Interim Evaluation indicates that by the end of October 2012, the Rickter Scale® Process is an effective and efficient tool in the interdependence of practitioners with their clients. The feedback from the project partners has led to improvements in the Impact Management System, changes to

the training and most importantly to the Rickter Scale® Process' Frames of Reference, which underpin the focus for the major adaptation work of the TOI. The Frames of Reference are the sets of questions developed collaboratively by the Partners to ensure the greatest effectiveness and relevance of the transferred innovation not only to reflect the specific needs of the Partners' chosen target client groups, but also to serve the professional needs of their Practitioners, and contribute to the Partners' better fulfilling their organisations' aims and objectives.

1 Project Partners

There are four project partners:

- The applicant co-ordinator: Zentrum für Integration und Bildung, Soligen (ZIB), Germany
 - A vocational training organisation;
- Core partner: Kendro Merimnas Oikoyennias kai Pediou (KMOP), Athens, Greece
 - A vocational training organisation;
- Core partner: Anziani e Non Solo societa cooperative (ANS), Carpi, Italy
 - A vocational training organisation;
- Core partner: The Rickter Company Ltd, Inverness, UK
 - An organisation that develops products and training services relating to impact measurement;
- Plus the Evaluator: Northumbria University, Newcastle upon Tyne, UK
 - A Higher Education Institution

2 The Transfer of Innovation

Aims and Objectives

The Transfer of Innovation is not just about enhancing employability. It looks at what essentially needs to be communicated and how that information can be utilised through ICT – specifically the adaptation of The Rickter Company's Impact Management System (IMS), which complements the Rickter Scale® Process itself, to create an effective way to maximise employability management. The Transfer of Innovation looks at a variety of clients in need of support into employment and opportunity readiness. The TOI framework is designed for the implementation of an adapted and enhanced version of the original Rickter Scale® Process and Impact Management System as available before October 2011 so that agencies in Germany, Greece and Italy can better support the excellent work of their staff.

It is the client groups who are pursuing employability, or opportunity readiness. They are the beneficiaries, and so for them, the project seeks to achieve: Increased awareness, so new perspectives can be taken on their own circumstances, needs and priorities, as well as greater

confidence and self-esteem as they recognise their small-step progression towards their identified goals.

The goals themselves will be personal to each individual client, but will have the commonality of being related to increased levels of engagement, self-awareness, skill, positive self-belief, motivation, sense of purpose and direction, opportunity readiness and employability. It is this particular combination of softer indicators that will be the project's focus, producing significant measureable changes, and substantially helping beneficiaries become more engaged as citizens in their communities, more skilled, better qualified and with far more chance of accessing the labour market. We aim to evidence this regardless of the beneficiaries' culture, or circumstances. Benefits will then accrue to all practitioners and their organisations through the use of the adapted Rickter Scale® Process and Impact Management System by:

- Helping clarify beneficiaries' needs and options;
- Clients contributing to comprehensive action plans;
- Eliciting quality information about individuals to be shared with colleagues;
- Offering opportunities for engaging, motivating beneficiaries and valorising individuals' efforts;
- Providing a standardised, structured and solution-oriented way of working with those individual beneficiaries;
- Giving clear evidence of effective service delivery;
- Demonstrating value-for-money to stakeholders

As a result, the sum of these outcomes and benefits will demonstrate a much improved model of Quality Assurance for VET.

Selective sampling

400 Rickter Scale® Interviews will be conducted between the UK, Germany, Italy and Greece over the life of the TOI.

3 Methods and Methodology

Method of Rickter Scale® Process

An existing evaluation of The Rickter Scale® Process authored by Dr Deirdre Hughes, a UK government advisor on employment and an internationally recognised expert on impact measurement, describes the method as follows:

"The Rickter Scale® Process entails an innovative combination of theoretical models which impact on a range of interconnected variables, skills and experiences, contributing to an individual's capacity as a beneficiary or practitioner to be flexible and resourceful, to deal with complexity and uncertainty, to be reflective, and to be aware of their own competencies and learning styles. Solution-focused assessment processing - is associated with growing insight into how one operates most effectively, selecting the problem-solving route most appropriate to the task in hand, being consciously aware of the steps taken, together with the pitfalls and possibilities in alternative routes (Berg & Szabó, 2005).

Understanding social mobility, citizen wellbeing and stability in families are all challenges which social science can direct improvements. The unexpected route that life has carried us down is the

main reason why we need to focus on the dramatic effects on society. There is no best way to calculate this impact, even prior knowledge is not helping (Willetts, D., 2012).

However, the Rickter Scale® Process involves a ‘multi-method’ approach that attempts to overcome the limitations of individual techniques and capitalise on their respective strengths. Rickter Scale® data shows that this approach focuses on the consumer and the professional to help clarify what practitioners should strive to achieve, and can realistically achieve. UKCES recognises that the active involvement of the individual is essential: ‘to support employability and progression, individuals need clearer information, sounder advice and, where appropriate, more helpful guidance in making decisions on qualifications and training courses as well as jobs and career choices.’ (Temple, 2012)”

Transfer of Innovation Method

Whilst the main focus of this TOI project is to apply and adapt the Rickter Scale® Process to different target groups in the four partner countries, it is also based on the results of a previous Leonardo Da Vinci partnership project which focused on how to assess and validate non-formally or informally acquired skills of people at risk of social exclusion (Partnership ASK, 2011).

The target beneficiaries all belong to marginalised groups with relatively little chance of integration into the labour market:

- Germany: women returners – the majority of whom are migrants from Eastern Europe;
- Greece: people with long-term mental health issues or learning difficulties;
- Italy: carers of the elderly – also with a majority being unqualified migrants from Eastern Europe;
- United Kingdom: families with multiple challenges – not least of which is unemployment and problems with literacy and numeracy

The Rickter Scale® Process is therefore being used to improve their journey towards opportunity readiness or employability and hopefully fulfil their employment goals, whilst providing significant evidence to practitioners and their organisations that will contribute significantly to improved Quality Assurance Systems.

Phases

The project runs through six phases within its two years duration. Each phase is as follows:

Phase 1: Partner meeting to start the project

- Establishing the steering group;
- Final agreement on work plan and time table;
- Signing of a partner agreement;
- Detailed planning of training of practitioners;
- First design of the project website

Phase 2: Training of staff and resource development with the Rickter Company

- Initial and training follow-up of staff as practitioners;
- Manual for practitioners;
- Translation of training materials and overlays/Frames of Reference;

- Upgrade of software;
- Design of project corporate identity;
- Starting project website

Phase 3: Application of the innovation transfer

- Implementation of Rickter Scale® Process in partner organisations;
- Application of the process to the chosen target beneficiary group;
- Contributions to the process of feedback, aggregation, analysis and interpretation of all relevant data via IMS software

Phase 4: Interim Evaluation

- Evaluation of collected data and summary of findings;
- Practitioners reflect on experiences, contribute to the collection of data and recording of results;
- Publication of evaluation interim report

Phase 5: Further adaptation and final application of the transferred innovation

- Reviewing the Rickter Scale® Process;
- Reviewing the overlays adapted to the different target groups;
- Translating the reviewed overlays into partner languages

Phase 6: Dissemination and Exploitation of the results

- Presenting the results in regional networks;
- Publishing all relevant document papers on website;
- Arranging an International Conference;
- Completing a final evaluation and project report

Questionnaires are completed in the second work package, group feedback in the third and fourth and data evaluated from the semi-structured interviews in the fourth. Work package four is still on-going and five and six will follow.

Evaluation Methodology

The external evaluator's prime purpose is to examine the extent to which the project meets its objectives and the partners agreed work plan.

The evaluation of the project is being undertaken as an appreciative inquiry which effectively contributes to the learning process and development of Scaling New Heights in VET: adapting the Rickter® Scale Process to improve and monitor the journey of marginalised groups towards employability project rather than simply tick boxes. This will also inform the partners about the effectiveness of the project. The evaluation process itself encourages the partners to reflect on what is happening. This allows for identification of good practice whilst enabling strategies to overcome issues.

The evaluation process considers the impact of the project for all stakeholders. The external evaluator observes and seeks opinion on the extent to which objectives and proposed outcomes are met throughout the project and looks at the added value gained from stakeholder participation. The evaluation process supports the project through the development in the form of an appreciative inquiry and through the delivery of the interim and final evaluation reports. The reports can be utilised to formally report back on the project to the funding body, at the conference and to other prospective stakeholders via the website. The evaluation provides an opportunity for the participants to reflect on the Rickter Scale® Process, recognises participant achievements, consider and discuss both short and longer-term strengths, weaknesses, opportunities and threats.

As an Interim Evaluation, the key question to be asked at this juncture is: how successful has the Transfer of Innovation been in its first year? And arising from this question, how can success be actually demonstrated?

The answer lies first in the very purpose of the Rickter Scale® Process itself, because it is designed to measure an individual client's personal journey towards employability/opportunity readiness, from the first interview where they consider their present state in relation to relevant aspects of their life that are going to impact that journey, where they make informed choices about their goals and aspirations, where in collaboration with their Rickter Practitioner, complete and take responsibility for an action plan. And then at their second interview, which recycles the same questions as before, they record their own perceptions of any movement – be it progress or regression in respect of those goals – their desired state.

By calculating their percentage movement towards their goals across 10 pre-determined key elements that form the 10 headings of each Partner's Frame of Reference, it can be demonstrated not only how well each individual client has succeeded, but because the Impact Management System can aggregate, analyse and produce bespoke reports about any of the qualitative and quantitative data that has been inputted by the Practitioners, it is also possible to evaluate the movement of the different client cohorts, and compare outcomes across the four partner organisations. In the Final Evaluation Report, data will be fully explored in this way. A less detailed analysis is provided in this Interim Evaluation Report.

This current evaluation process will also focus on:

- Extent of outcome achievement;
- Extent of work package delivery, e.g., effectiveness, timescales, partner cooperation, best practice, issues, etc.;
- Project added value to each partner, including feedback from Practitioners as to how active participation has had an impact on their own practice and development;

The evaluation considers each of the work packages in accordance with the methodology outlined and takes into account the overall focus of the evaluation.

In line with the reporting arrangements required by the Leonardo Da Vinci Programme the evaluator provides an Interim and Final Evaluation Report. The Interim Evaluation Report will be delivered in December 2012, and the Final Evaluation Report delivered in September 2013.

4 Project Outputs

The sixteen project outputs are identified below:

1. Manual of the Rickter Scale® Process: A manual to understand the Rickter Scale® Process and how to use the board and overlays in an interview for the training of the practitioners and on-going implementation of the Rickter Scale® Process in the participating countries (completed);
2. New Overlays/Frames of Reference for Rickter Scale® Board: Translation of overlays in German, Italian and Greek and production for use with the Rickter Scale® Board in implementing the Rickter Scale® Process in the participating organisations. The Overlays/Frames of Reference were specifically designed for use with each partner's target client group (completed);
3. Training of Practitioners: A week long initial training of practitioners in December 2011 with a follow-up seminar in Feb 2012 to enable the use of the Rickter Scale® Process and to observe the relevant quality standards of the Process (completed);
4. Website: Production of project website with possibility of downloading relevant products which is essential for the dissemination of the results (completed);
5. Leaflets and Posters: Leaflets in English and German and a poster which is important for dissemination of the project idea and results (completed);
6. Newsletter no 1: The newsletter informs people about the project idea, the on-going process and first results/outcomes, with a special focus on Germany (target group of women job returners) which is important for the dissemination of results, especially in Germany (completed);
7. Interviews with target group: Interviews using the Rickter Scale® Board and documentation of results in IMS software which is a central point of the project (completed);
8. Data collected in Impact Management System (IMS): IMS is uploaded with data from the interviews and Rickter Scale® Process is modified in collaboration between all partners to be more effective with the different target groups (completed);
9. Study "Unique features of the Rickter Scale® Process and differences between the existing assessment and motivation tools in use in partner countries": Examines some unique features of the process and compares the Rickter tool with other techniques commonly in use in the partner countries (completed). This study is additional to the list of outputs as submitted in the original Application, and was specifically requested by the German NA.
10. Newsletter no 2: Newsletter informing about the on-going progress of the project and results /outcomes achieved so far with a special focus on the Greek target client group of people with long-term mental health issues or learning difficulties (completed);

11. Newsletter no 3: Newsletter to inform the public about the on-going progress of the project and results/outcomes and achievements so far with a focus on the Italian experience(to be completed in phase 5);
12. Review and further adaptation of the Overlays/Frames of Reference for use with the Rickter Scale® Board: Specifically designed and translated for the target groups (to be completed in phase 5);
13. Newsletter no 4: Newsletter to inform the public about the project, results/outcomes and achievements from the UK perspective (to be completed in phase 6);
14. International Conference: Conference to present to the public details about the project, results/outcomes and achievements (to be completed in phase 6);
15. Final Evaluation Report: To inform stakeholders and the public about the project evaluation (to be completed in phase 6);
16. Final Project Report: To inform stakeholders and the public about the project, results/outcomes and achievements (to be completed in phase 6).

5 Data and analysis

Representatives from Germany, Greece and Italy and UK completed the questionnaires (see Appendix), gave in-session feedback and held 254 semi-structured Rickter Scale® interviews with their clients.

In phase one the initial steering group meeting, although unavoidably delayed by a month, successfully achieved its objectives. There was one small issue with the proposed website colour scheme as those who suffer colour blindness could not view all the content, but this was remedied.

Phase two saw the IMS adaptation to accommodate the use of the German, Greek and Italian languages taking slightly longer to complete which caused minor problems to Practitioners in Phase 3,. The IMS update is clearly a significant part of the innovation transfer, and as such is considered by the partners as a work in progress that will continue throughout the life of the project.

The first questionnaire is designed to gain feedback on the training course (see Appendix 8.1). The second questionnaire is designed to gather information about the practitioners' training experience. The second questionnaire was also designed to gather information about:

- Preparation of the practitioners;
- Appropriateness of the Frame(s) of Reference;
- Interview environment;
- Actual use of the Rickter Scale®;
- Specific outcome for practitioners;
- Specific outcomes for clients

The training was managed well. Whilst all preparation notes sent to the practitioners prior to the training were translated into the target languages and all training handouts and PowerPoint Presentations were similarly translated, English was used as the means of delivering the training itself. It was quickly recognised that not all practitioners had the same level of competence in either understanding spoken English or of speaking it themselves. The training schedule was therefore reviewed and adapted to cater for more vernacular group sessions so the practitioners could support each other with any language difficulties they encountered. There were also a few translations issues in relation to the more technical aspects of the Rickter Scale® Process, that became apparent, but these were also reviewed by all partners and amended accordingly.

In Phase 3, the second questionnaire focused on the positive approach of the Rickter Scale® Process to motivate and empower the practitioners into finding potential improvements for the Transfer of Innovation. An example of the questionnaire can be found in the appendix 8.2. This followed the initial Rickter use with the “Lifeboard”. This set of ten “Lifeboard” questions was initially used in the Rickter Scale® interviews with all clients (see appendix 8.3). The results formulate the baseline for the evaluation and are known as the “Lifeboard” results. After the initial implementation came the first adaptation. Germany, Greece and Italy chose to retain 4 of the original baseline questions and add 6 unique questions to reflect the specific needs of their particular target client groups. The new Frames of Reference interviews are found in the appendix 8.4. There were still a number of minor issues in Phase 3 regarding the IMS system with translation strings, and some data being lost, and having to be inputted again, but this was later found to be largely due to human error, and incorrect inputting. This is reflected in the lower scoring for IMS usability in Phase4. A usability questionnaire is completed to find out how satisfied the practitioners are with the Impact Management System (IMS). This can be found in appendix 8.5. There was also some difficulty in tracking IMS issues raised with the sub-contractor. However, most IMS issues were taken care of in this phase which improved the IMS’s ease of use.

Phase 4 saw the in-house evaluations being completed and published by partners in specialist areas. These are valuable evidence of the success of the Rickter Scale® Process. The evaluation of the Rickter Scale® interviews took place through a review of the recorded data uploaded by the practitioners to the IMS. The completion of in-house evaluations and Rickter Scale® interviews were thus successfully achieved, and the IMS was successfully updated again.

The next section of the report provides feedback and some analysis from the practitioner responses.

End of Training Questionnaire

The results show that 12 practitioners completed the training.

They rated an average of 8.7 on a scale of 0 to 10 to the extent that the course aims and objectives were met. Generally they thought that they had a full understanding of the Rickter Scale®.

More specifically they thought the aims of feeling comfortable, confident and competent in using the Rickter Scale® Process were achieved. Their training motivation was rated as an average 8.8 and additionally commented that the training was very motivating.

The practitioners felt totally persuaded that the Rickter Scale® Process is worth every effort to implement. They felt it was a useful tool that stimulates and inspires individuals to take responsibility for their own life and plan steps to improve it.

The practitioners rated an average 8.6 for understanding the theory underpinning the Rickter Scale® and 8.3 for clarity about using the information gained through the process.

For their assessment of their own competency in the use of the Process, they rated an average 7.6 and also stated that practice will help improve their competence, confidence, knowledge and skills further.

They rated an average 7.6 for the confidence they felt about using the Rickter Scale® with their clients immediately after the initial training.

Generally the practitioners enjoyed using the Rickter Scale® and rated an average 7.8 for how comfortable they felt using it.

They rated an average 9.3 for the effectiveness of the trainer's style in meeting the course needs and appreciated the group working, which gave them the opportunity to mix with others and gain insight into their working strategies and methods.

The practitioners rated an average 6.0 in feeling they had an adequate system of staff supervision within their own organisations and suggested the Rickter Scale® might be a good tool to use within their organisations for Staff Appraisal and Supervision.

6.2 was the average rated for their organisations' adequacy of referral agency networks.

The practitioners rated an average 7.8 for the extent they felt their organisation offers an adequate environment for client interviews. One of the practitioners felt they had training plans but not "client action plans." They think the Rickter Scale® will complete the work they do though that would be more time consuming than their current processes.

Generally practitioners think that the Rickter Scale® will be useful to them and their clients in structuring interviews, motivating, seeking capabilities and positively effecting employability, and encouraging aspirations and goal setting in an effective stepped approach. It is very productive, gathers qualitative and quantitative information. The practitioners commented how interesting and motivating the training was although there was a suggestion for more small group work which was taken on board for the training follow-up in February 2012.

In-Session Feedback from the initial "Lifeboard" Trials

Eleven practitioners fed back on their use of the Rickter Scale® between the initial training in December 2011 to the Training Follow-up in February 2012 and scaled where they feel they currently are in using it, i.e. 10 you are confident with your use of Rickter and 0 not confident at all. At this time, everyone was using the "Lifeboard", to enable them to become used to the structure of Rickter interviewing and to help identify the specific barriers toward progress for their client group that would determine the modifications to be considered for the Adaptation Phase.

Practitioners scaled an average of 6.82 for how happy they were with their using the Rickter Scale® Process. They said that generally clients appeared comfortable with the Process and that the board made it easier to understand their lives. Clients found it much easier and better than the usual system of conversation. Clients that usually wouldn't talk very much, especially about emotions, got to the basic problem quite quickly with enhanced levels of discussion. In particular practitioners thought the Rickter Scale® made it easier to connect with new clients. Practitioners found showing clients their graph from the interview was very helpful to identify which areas to work on and what steps to take.

Generally practitioners had been given appropriate support with confidential interview space and adequate time to complete the interviews. Some felt there was a lack of opportunity to use the Rickter Scale® and others had issues with privacy in the office. Time for some had been an issue as 'you can capture a lot of information within the interview and then it needs to be written up'. However they did agree that it is a very powerful tool giving good quality information. The physical touching of the board helps clients to see the situations and the words became actions. Clients were curious with the use of the board and after the interview said they now understood where they had to start with their actions. However, a small number of clients, although initially excited and happy with the Process, at the follow-up interview were worried about it opening "old wounds". Practitioners felt the Process was helpful in selecting goals.

Practitioners from Germany felt the Process fitted well with their clients' situations and was useful in gaining very useful information which supported the development of client action plans.

Practitioners from Greece using the board with mental health clients felt that overall the process helped to show them where the client concentration level was good. Some of the mental health clients found the questions difficult to understand and that the Process worked better with the higher functioning patients. They had interviewed one man whom they had known for two years and found that they were guiding him towards their own goals rather than giving him choice, under the onus of trying to motivate him. While there is recognition of influencing because of the levels of understanding they felt that their action in that case had been appropriate.

Practitioners from Italy had difficulties motivating clients to give up their limited free time to come in and be interviewed as their only free time was a Wednesday or Sunday night. There was also an issue around confidentiality which the partner is currently looking at, as to how the Rickter Scale® fits into the practices of their service with regards to their confidentiality policy and procedures.

Practitioners recognised issues with some of the questions on the "Lifeboard" for their beneficiaries and were starting to identify more appropriate headings.

Interim Practitioner Questionnaire

Preparation of the practitioners

The first section investigated how prepared practitioners feel they are for the interviewing. 100% of those responding feel the Rickter Scale® training is perfectly adequate. However, the following improvements were recommended:

- An additional section on interview review procedures

- More detailed information about the theoretical background of the Rickter Scale®
- More training in using the IMS

100% of those responding feel confident in using the Rickter Scale® Process. When asked “What might increase your confidence further?” 33% feel unsure of how to feedback to the responses of their clients and one practitioner suggests discussing strategies with their colleagues to recommend to clients. 66% felt they would benefit from further practice. 100% of those responding believe the Rickter Scale® is a useful tool to use with their clients. Practitioners commented that Rickter is a very positive tool to use in particular with new clients as they can see clearly where their problems are based and identify actions to overcome them. Practitioners also felt Rickter is a useful evaluation tool. However there are some concerns about the use of the board with mental health clients and those who have limited functionality. 100% of those responding stated they receive support/encouragement from their manager in using the Rickter Scale®.

Appropriateness of frame(s) of reference

The second section looked at the Frame of Reference, starting with the ‘Lifeboard’. Practitioners are asked if the current headings within the ‘Lifeboard’ Frame of Reference are appropriate to their client group. 40% of those answering feel it is appropriate, but 60% feel it is not. The practitioners feel the ‘Lifeboard’ Frame of Reference needs improving by changing some of the headings during the Adaptation Phase as was always planned for, as they are too general, especially for mental health patients. Practitioners also comment on the process being timely for them as an additional Quality Assurance procedure with very real practical value for clients, practitioners and their organisations alike. The practitioners are starting to recognise headings that could be useful to their clients and possible new headings for discussion in their teams.

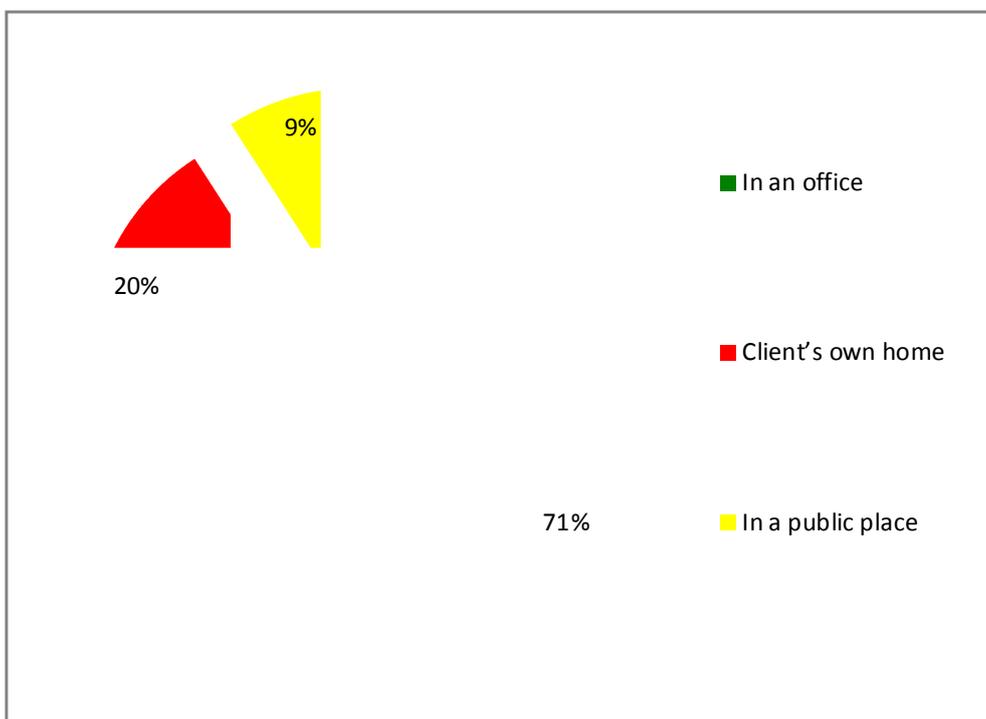


Figure 1: Interview Environment

Interview environment

The third section looks at the interview environment with 71% of the practitioners responding carry out their interviews in an office, 20% in the client's own home and 9% in a public place as seen in Figure 1.

33% of the practitioners responding feel the interview environment is lacking privacy, 50% lacking time and 17% lacking comfort. The practitioners recommend the following improvements to the environment for Rickter Scale® interviews:

- More time
- More privacy
- A more comfortable environment
-

27% of the practitioners responding feel the Rickter Scale® interview is quite likely to be interrupted, 55% feel it is unlikely to be interrupted and 18% state it is not likely to be interrupted at all. One of the practitioners comments here that in Italy, immigration legislation effects how clients can be supported.

Actual use of the Rickter Scale®

Practitioners report that 23 baseline interviews have been held and 2 reviews so far with the Lifeboard. 22.2% state that time availability determines which clients they use the Rickter Scale® with while 22.2% state client attitude, 22.2% information required, 33.4% usefulness to client. 33% also stated that they felt the level of mental disorder/ functionally.

Practitioners give the following information as evidence of valued use of the Rickter Scale®. Practitioners suggest valued use with a mix of ages, gender and ability of clients. Rickter has shown how good it is at encouraging people to take more responsibility for their own life by setting their goals and continuously working towards their desired state. One woman said she was excited by Rickter.

The following brief summaries of case studies where the Rickter Scale® was used and proved to be of value:

- The interviewed woman works part time in domestic care, she has a good relationship with the person she supports but she considers her job not well paid and feels she is not respected/acknowledged. She has to face a difficult economical and family situation: she's recently left her boyfriend and his house; she has a problematic 16 year old daughter, has to pay rent and bills for her new house and so needs support from Social Services. The action plan focuses on the research of a new/integrative job that can allow her to earn more money and to find a solution for all her economic difficulties. She is already assisted by Ferrara Social Services so the practitioners main responsibility is be to report her needs to the social worker and see if she can receive some further help.
- One client was a bit unhappy with her situation. Her son is with her parents while she is in training and searching for vocational training. She has seen very clearly for the first time, that she depends very much on her parents and she isn't free to decide on her own. So now she is looking for a kindergarten.

- A woman of about 40 years who in the course of the baseline interview showed signs of having suffered from traumatic experiences and saw herself at a zero with about two thirds of the Lifeboard headings.

The following brief summaries of case studies where the Rickter Scale® was used and proved to be of no value:

- A young woman who has no vocational training reflected her situation through the Rickter Scale® and the need of looking for a vocational training but it didn't show an improvement to the earlier situation without using the Rickter Scale®.
- Another woman now needs intensive help, which the practitioner can barely provide. This case raises the issue of an organisation having a sufficient network of referral agencies with whom they work.

The practitioners use the Rickter Scale® with 45% males and 55% females of which 15.5% are 21-24yrs, 46% 25-49yrs and 38.5% over 50yrs.

The practitioners summarised what they are working on with their clients as:

- Possible strategies that can be applied to support people into work or training
- It helps to understand clients and for clients to understand themselves, e.g., basic strengths 7 skills so as to find agreeable routes forward
- Continued monitoring helps people to stay in vocational training
- Supports psychosocial rehabilitation, psychological improvement, mental health improvement and social inclusion

Practitioners feel the Rickter Scale® helps them to achieve their aims/objectives as follows; 12.5% a little, 50% quite significantly, 25% considerably and 12.5% varies depend upon the client.

The measure of 'movement' has been perceived by the organisation/practitioners with 11% satisfaction and 89% no comment, and by the clients 11% stated without significant emotional fluctuations and 89% no comment. 89% have completed no reviews yet.

Specific outcome for practitioners

In section five, 22% of practitioners strongly agree that the Rickter Scale® contributes to a means of eliciting significant client information whilst 78% agree. Nobody disagreed.

Practitioners feel 100% in agreement that the Rickter Scale® contributes to a means of improving team communication about individual clients, as a means of improving communication with external agencies regarding individual clients and as a standardised structure for interviewing clients.

Practitioners agree 57% that the Rickter Scale® contributes to evidence of their effectiveness in terms of demonstrating your support/intervention with clients whilst 43% disagree.

33% of practitioners strongly agree that the Rickter Scale® contributes to clarification of client needs/limitations/barriers/options and 67% agree.

11% of practitioners strongly agree that the Rickter Scale® contributes to a measure of the client's soft indicators and 89% agree.

11% of practitioners feel strongly that the Rickter Scale® contributes to the client's action plan and 67% agree whilst 22% disagree.

22% of practitioners strongly agree that the Rickter Scale® contributes to recording documentation that is easy to use and 44% agree whilst 33% disagree.

Specific outcomes for clients

Section six looks at specific outcomes for clients.

The Rickter Scale® contributes to identification of their priorities for support/intervention with 33% strongly agreeing and 67% agreeing.

The Rickter Scale® contributes to a new perspective on their current circumstances, and seeing the big picture by 33% strongly agreeing and 67% agreeing.

10% of practitioners strongly agree that the Rickter Scale® contributes to identification of strategies that have worked in the past and 70% agree whilst 20% disagree.

10% of practitioners strongly agree that the Rickter Scale® contributes to exploration of options for the future and 70% agree whilst 20% disagree.

44.5% of practitioners strongly agree that the Rickter Scale® contributes to a means of setting goals and 44.5% agree whilst 11% disagree.

10% of practitioners strongly agree that the Rickter Scale® contributes to a means by which clients can take responsibility for their future and 70% agree whilst 20% disagree.

11% of practitioners strongly agree that the Rickter Scale® contributes to a realisation of the progress/achievements clients have already made and 78% agree whilst 11% disagree.

The Rickter Scale® contributes to a means of improving their self-awareness with 25% agreeing strongly and 75% agreeing.

The Rickter Scale® contributes to a means of improving self-confidence with 12.5% agreeing strongly and 87.5% agreeing.

The Rickter Scale® contributes to a means of improving self-esteem/self-efficacy with 12.5% agreeing strongly and 87.5% agreeing.

In the general comments at the end of this section 33% feel that in use in Greece with people who have long-term mental health issues or learning difficulties, Rickter applies more to people who have higher functionality.

Rickter Client Interviews

Figure 2 shows the 'Lifeboard' which has not been specifically adapted for a specialist group but is already showing reliability with the positive distance travelled. There is an overall movement from 6.25 to 6.72. in 8 out of the 10 headings. The only heading to drop was Health which dropped by 0.2. The movement towards the desired state across all headings is 23.98% evidencing validity in learning. This can be broken down in to individual graphs showing the distance travelled by individuals.

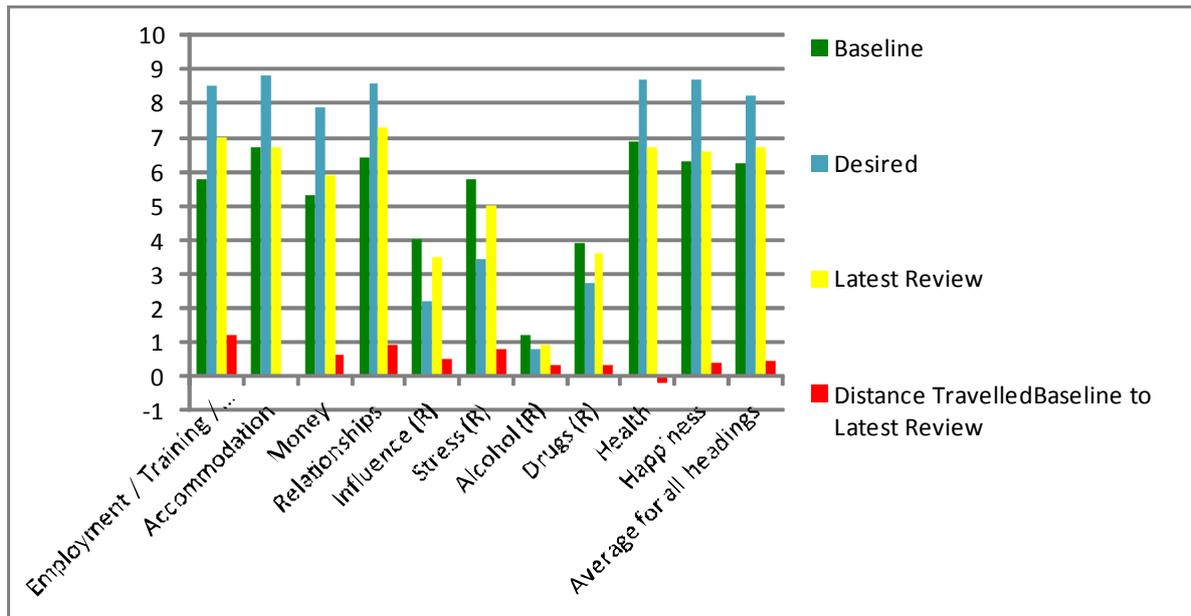


Figure 2: Distance travelled on 'Lifeboard' by all clients

Figure 3 shows the specially adapted board for ANS with an overall average positive distance travelled for all clients from 7.17 to 7.47 across all headings. Nine out of the ten headings show a positive distance travelled with the clients' need for support showing a drop of 0.6. The movement towards the desired state across all headings is 20% again showing reliability. The ANS group is that of carers working extremely long hours as they mainly live in with families. It was difficult to encourage this group to participate as they only get a few hours leave each week.

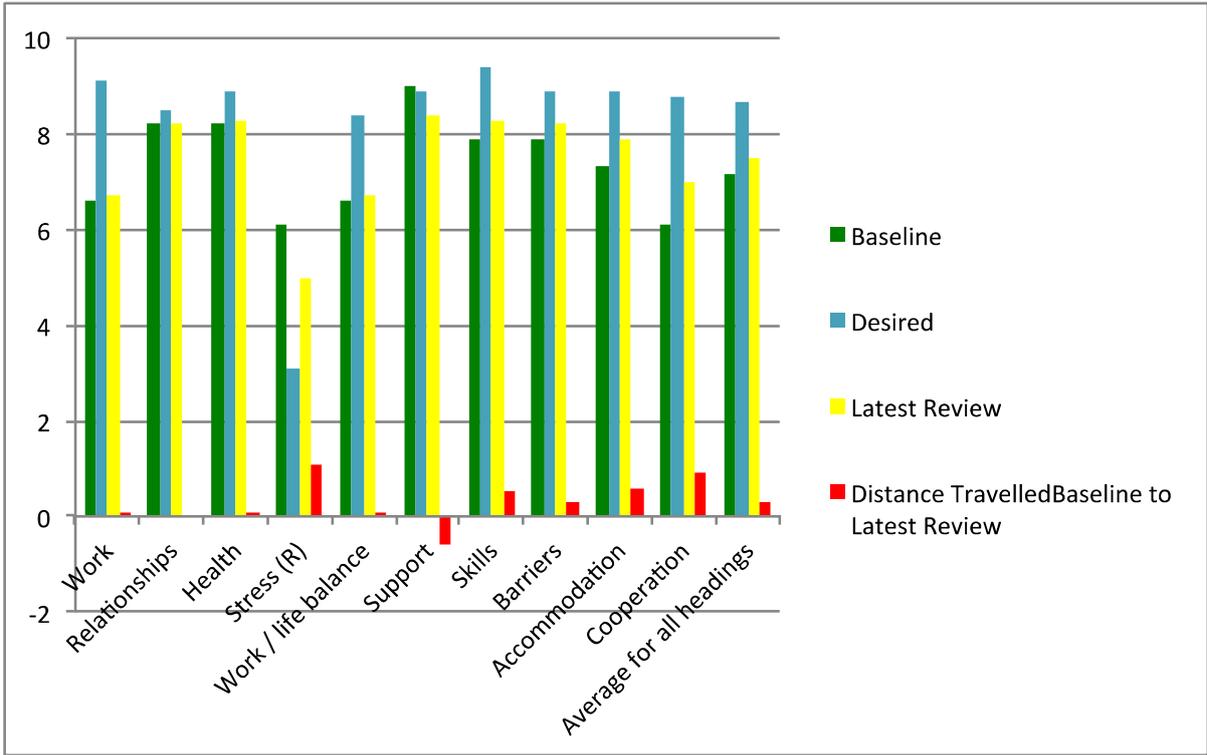


Figure 3: Distance travelled on the New ANS Frame

Figure 4 shows the especially adapted board for ZIB with an overall positive distance travelled from 5.97 to 7.77. This compounds the reliability of the system.

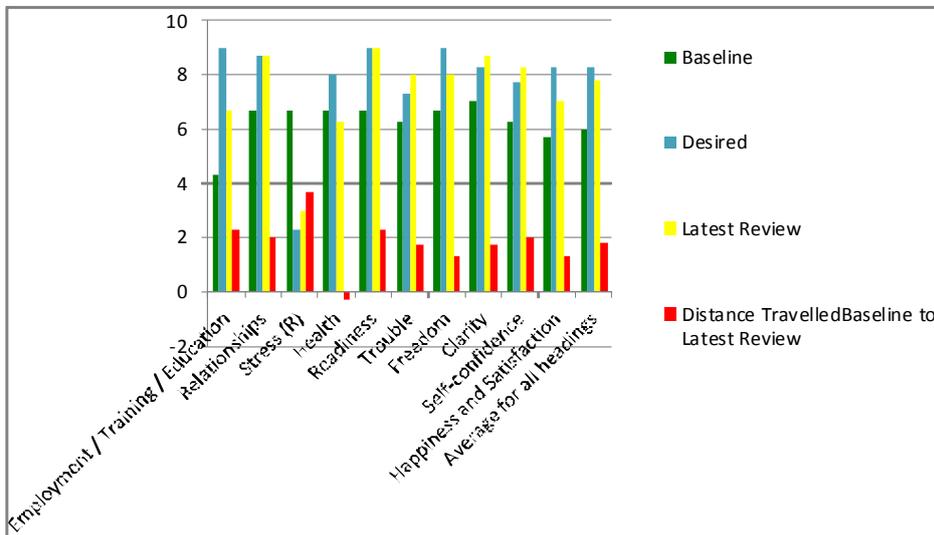


Figure 4: Distance travelled on the New ZIB Frame

The movement towards the desired state across all headings is 77.25%. Nine of the ten headings moved forwards in this case with health dropping by a scaling of just 0.4.

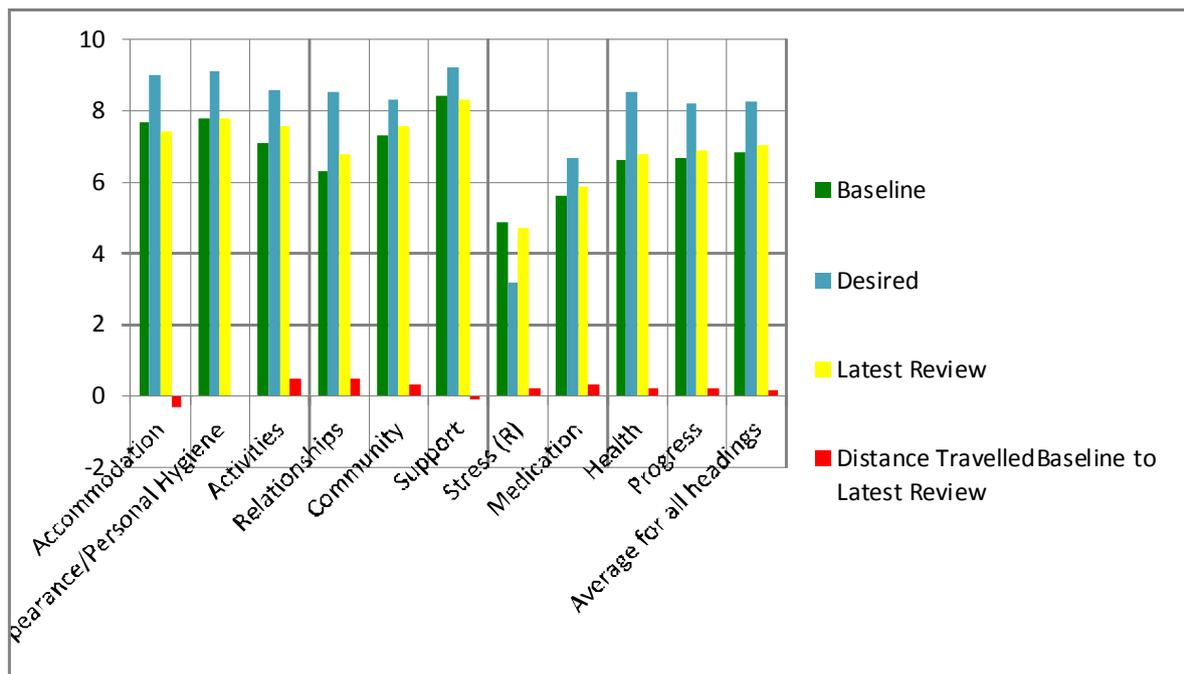
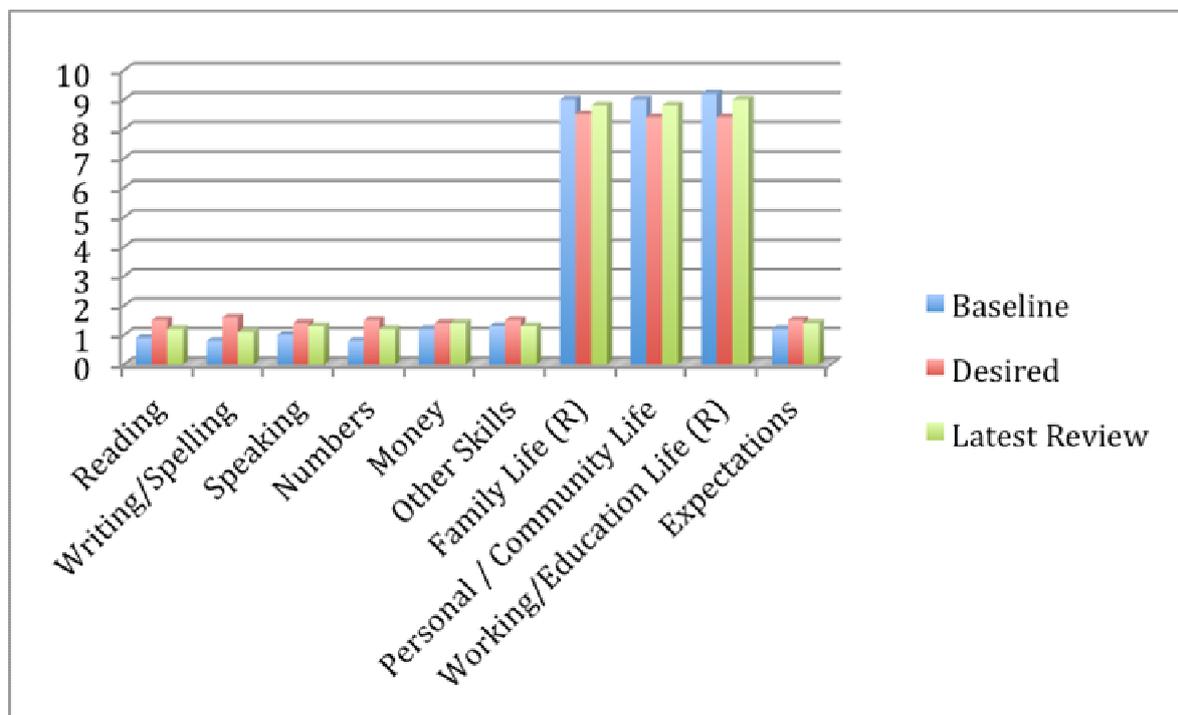


Figure 5: Distance travelled on the New KMOP Frame

Figure 5 shows results from the especially adapted board for KMOP with an overall positive distance travelled from an average of 6.86 to 7.04 across all headings. This again shows the reliability with an overall movement towards the desired state across all headings of 12.59%. The KMOP group are mental health clients and so movement forwards can be slow and more difficult to judge but the UK Project's Adapted Frame of Reference 'Essential Skills' outcomes also clearly demonstrates this positive movement across all headings as seen below.



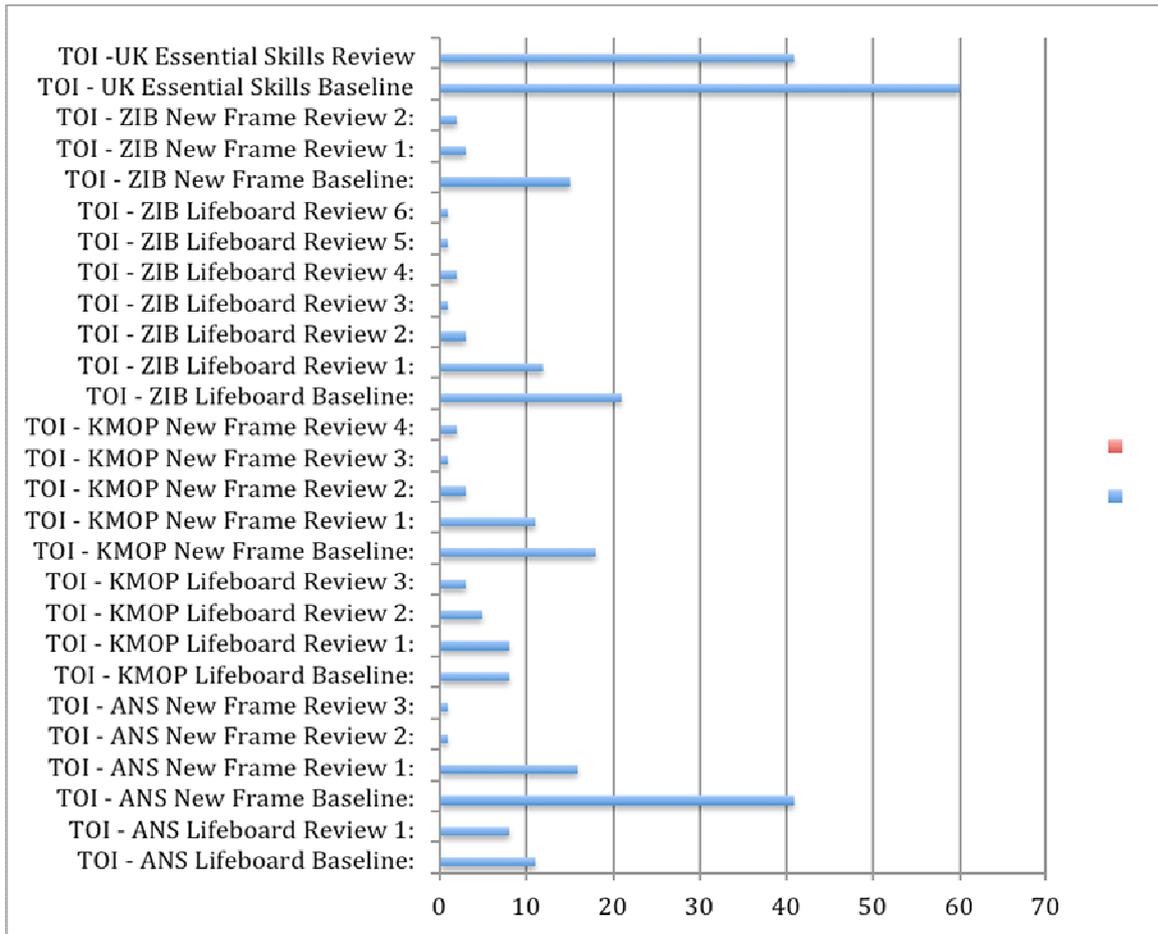


Figure 6: Cumulative Number of Interviews

Figure 6 shows the number of baseline and various review interviews from ZIB, KMOP ANS and The Rickter Company. This information is ideal evidence for management to review practitioner activity.

Similar graphs can be created to demonstrate the distance travelled by an individual. It also demonstrates a practitioner’s success rate as individual practitioners results can be compared against each other or against various clients.

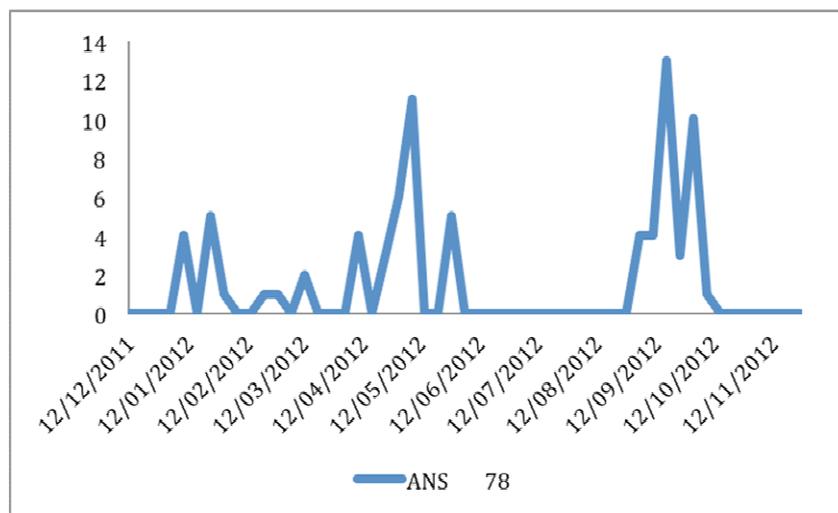


Figure 7: Example of Weekly Interview Totals by Project

Figure 7 shows an example of the number of interviews held each week by ANS. The system can also show the actions the practitioner and client have identified, whether the actions have been made and when the next review has been set for.

IMS Usability Feedback and Questionnaire

During the initial use of the IMS there were issues with the translation strings and case communication which were resolved.

The results of the IMS usability questionnaire show that work needs to be done to improve it. Three practitioners completed the IMS usability questionnaire. They were all female, regular computer users between 31-40 years. The results were generally favourable although not high scoring. The average usability score described the IMS as a very useful tool that generally works as predicted but needs work on:

- Why it stops unexpectedly;
- Why it sometimes behaves in an unexpected manner;
- Clear help guides are needed;
- Why the data does not always saved when the 'save button is pressed

Evaluation through Northumbria University showed again that the IMS is a very useful tool but in addition to the pointers above the following are recommended:

- Intermittent back buttons;
- A breadcrumb trail;
- Quick keys to move from one page to another;
- Improved graphic options;
- Improved segregation of data with other projects;
- Improved presentation for expanded use

However, the Usability Questionnaire used was in fact originally used to elicit feedback about organisations' websites, and was only lightly amended for gathering feedback about the Impact Management System which is not a traditional website but an online database.

In general there are more improvements to be made to the IMS to optimise its performance. There was difficulty in gaining information regarding IMS issues that had been reported and what actions had been taken. An issues log was recommended and Rickter recently persuaded the sub-contractor to implement this so as to improve quality tracking and ensure agreed corrective action is taken and the information is fed back to the person who raised the issue to ensure the issue is fully solved.

6 Evaluation

The project kick-off meeting went well, with everyone accepting their responsibilities and sub-contractors being signed up. The kick off meeting was unavoidably delayed by a month which did have a knock on effect on the rest of the project schedule. In evaluating the proposed project website, it was noted that the proposal did not comply with the Royal National Institute for Blind People's publishing standards. The proposed website would leave those suffering from colour

blindness unable to read some of the site (RNIB, 2012). The site was subsequently altered to take on board these publishing standards.

The Rickter Scale® training went very well with the in-session training feedback being acted upon immediately to change to vernacular group work as suggested. The training questionnaire showed the practitioners were very satisfied with the training. The issues with language difficulties could be overcome by The Rickter Company staff learning other European languages. An alternative option would be to recruit good freelance linguists and train them as Rickter practitioners.

The evaluation of the practitioner use of the Rickter Scale® Process showed favourable overall results from the questionnaire. The practitioners felt well prepared. Generally the more practice the practitioners gain using the process, the easier it became to support the development of appropriate action plans – for clients to see connections between the different headings and be more effective in supporting clients to make progress.

Practitioners are gaining a good understanding of the Frames of Reference which are part of the development plan and are to be altered to suit the new knowledge gained through the use of the Rickter Scale® Process. One of the most important things when an organisation considers the use of the Rickter Scale® is to find out what kind of headings and questions are relevant for their particular client group. The practitioners worked with the Rickter Company to develop beneficiary-appropriate headings after the initial use of the “Lifeboard”. Furthermore it is essential that the Frame of Reference not only fits to the client group, but to the practitioner skill level and the level of organisation collaboration with other agencies. For example, if one heading on the Frame of Reference is drugs, the practitioner should either be skilled enough to deal with possible client drugs issues or has contact with another member of staff or agency who can give this support.

Most practitioners coped well with the Rickter interviews though in some situations feeling powerless and intruding into their client’s personal affairs.

Experience in the using the process clearly helps to polish the technique. A number of practitioners mention that the process is time consuming. The Rickter Scale® Process is only time consuming when the interview is not controlled and the interview becomes more of a counselling session or goes off-line talking about things that are not relevant to the questions.

Although the Rickter Scale® Process can be an excellent tool for counselling, in this instance it is not the role of the practitioner to counsel their clients. The role is to listen carefully for pointers that will help with the role in hand and to signpost clients for issues out of their control. Sensitive encouragement is needed to keep clients on track and this will keep the interview within time constraints. Practice and recognition from the practitioner of how they react to the client feedback is the way to improve. Although there are ‘You Tube’ example interviews linked to the Rickter Company website, some further videoed interviews with voice over/translated text pointers would be useful for team discussions to recognise examples of good practice. The barriers in this area are more likely to be around the lack of service provision or the time to access them. Clients need to be sensitively made aware of this so that their expectations are set at the right level.

Most practitioners had appropriate environment settings in which to conduct the interviews. Some issues were raised with regards to the environment available for the interviews and this should be

considered within the agencies. The environment the interview is conducted in is also very important as client's need to feel at ease for the interview to be effective. On the back of the Practitioner's Certificate of Competence is a set of Guidelines for good practice, which includes this reminder.

All practitioners agreed that they would learn from sharing Rickter experiences between each other. Good and bad examples of good practice as well as examples of practice that could be improved should be shared, e.g., exactly who does what that improves the process? This initial feedback was shared in the meeting but in future this could be done on a dedicated Rickter Scale® Forum on the website created just for this purpose. Such a Forum does in fact exist on the Rickter Company website – www.rickterscale.com. An inter-organisational exchange of know-how would be very productive and the Rickter Company's website has a suitable interface for this. The Rickter Scale® interviews and specialist in-house evaluations showed success with 254 interviews being completed to date with an overwhelming positive outcome across all headings and clients demonstrating their perceived positive movement towards their desired goals. The distance travelled towards client goals is greater for those with more functional ability within the 3 Greek KMOP residential houses, although all are showing positive movement.

The more the Rickter Scale® is embodied in the work between practitioners and their clients, the easier it becomes to take advantage of the opportunity to make use of the Rickter Scale® for staff appraisal, team development or similar tasks with tailored Frames of Reference.

The project is developing effectively with all partners being actively involved. There have been some issues along the way but these have been taken on board and there is still a further Adaptation Phase to come.

New partnership ideas have been discussed at the last meeting. All scheduled meetings have taken place. All work packages and products due have been effectively completed. All the partners are familiar with Leonardo working as they have worked together previously, which should make administration easier. Work package/phase leaders have managed their phases effectively. The Impact Management System has had some difficulties in the first year. However the ICT developer is working through these issues. It is obviously quite complex with the four languages involved, but the system is improving. The usability survey flagged up some issues which need to be taken on board, in particular the fact there is no help information on the IMS which has on occasion been quite stressful for the practitioners when the system has not always acted as they expected. Moving from one area to another can be frustrating especially as you have to go all the way to the bottom of the page, which can be very long, to click the return to previous page button. Considerable dissemination activity has already taken place and the project intends to continue to maintain good levels of dissemination. The dissemination started with the production of the website has been followed by reports and newsletters. The information has been offered in several languages and each partner is promoting the project on their own websites and newsletters where they have them.

In the next phase the satisfaction of management/organisations and the clients will be taken on board.

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December 2012

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8 Appendices

8.1 Rickter Scale® Training Evaluation Questionnaire

Participant Name:

Date:

Organisation:

Venue:

0 = Not at all 10 = Entirely/very

1. To what extent were the course aims and objectives met?

0 1 2 3 4 5 6 7 8 9 10

Comments:

2. How motivating was the training for you?

0 1 2 3 4 5 6 7 8 9 10

Comments:

3. To what extent do you feel you now understand the theory underpinning the Rickter Scale®?

0 1 2 3 4 5 6 7 8 9 10

Comments:

4. How clear are you about using the information gathered by using the Rickter Scale® to inform an effective client action plan?

0 1 2 3 4 5 6 7 8 9 10

Comments:

5. How competent do you feel in using the Rickter Scale® now?

0 1 2 3 4 5 6 7 8 9 10

Comments:

6. How confident do you feel about using the Rickter Scale® with your clients?

0 1 2 3 4 5 6 7 8 9 10

Comments:

7. How comfortable do you feel about using the Rickter Scale®?

0 1 2 3 4 5 6 7 8 9 10

Comments:

8. How effective was the Trainer's style in meeting your course needs?

0 1 2 3 4 5 6 7 8 9 10

Comments:

9. To what extent do you feel you have an adequate system of staff supervision?

0 1 2 3 4 5 6 7 8 9 10

Comments:

10. To what extent do you feel you have an adequate network of referral agencies?

0 1 2 3 4 5 6 7 8 9 10

Comments:

11. To what extent do you feel that your organisation offers an adequate environment for client interviews?

0 1 2 3 4 5 6 7 8 9 10

Comments:

12. How adequate do you feel your organisation's action planning procedures are for clients?

0 1 2 3 4 5 6 7 8 9 10

Comments:

13. In what ways do you think the Rickter Scale® will be useful to you and your clients?

14. How do you think future training could be improved?

8.2 Practitioner Interim Questionnaire

Date questionnaire was completed:	
Name of Practitioner:	
Organisation you work for:	
Town/region where you work:	
Description of your target client group:	

QUESTIONNAIRE FOR TOI PRACTITIONERS USING THE RICKTER SCALE® PROCESS

Please answer all questions as fully as possible
Please answer in English

1. Preparation

- a) Do you feel that the training you received in using the Rickter Scale® was adequate?
YES NO
- b) How might it have been improved?
- c) Do you feel confident now in using the Rickter Scale®? YES NO
- d) What might increase your confidence further?
- e) Do you believe the Rickter Scale® is a useful tool to use with your clients? YES NO
- f) Further comments:
- g) Have you received support/encouragement from your Manager in using the Rickter Scale®?
YES NO

2. Frame(s) of Reference

- a) Are the current headings within the 'Lifeboard' "Frame of Reference" appropriate to your client group? YES NO
- b) How specifically could the 'Lifeboard' "Frame of Reference" be improved?

3. Interview Environment

- a) Where have you used the Rickter Scale®?
- no use yet
 - in an office
 - in a car
 - in the client's own home
 - in a public place
 - elsewhere
- b) Was any of the following lacking?
- privacy
 - time
 - space
 - comfort
- c) How could you improve the environment for Rickter Scale® interviews?
- d) To what extent is your use of the Rickter Scale® with clients likely to be interrupted?
- very likely
 - quite likely
 - unlikely
 - not at all

4. Use of the Rickter Scale®

- e) How much has the Rickter Scale® been used?
- no client use yet
 - number of initial 'baseline' interview with clients =
 - number of review interviews with clients =
- f) What criteria determine which clients you use the Rickter Scale® with?
- time available
 - the client's attitude
 - other (please specify)
 - your opinion of its usefulness to the client
 - the sort of information you require
- g) Please give a brief summary of a case study where the Rickter Scale® was used and proved to be of value:
- h) Please give a brief summary of a case study where the Rickter Scale® was used, but proved *not* to be of value:
- i) Please indicate which categories of client you have used the Rickter Scale® with and how many of each:

Male Female Under 18 yrs 18 - 21 22 - 25 26 -49 50+

j) How would you summarise what it is you are working to achieve with your clients?

k) Do you feel the Rickter Scale® helps you achieve these aims/objectives?

- not at all
- a little
- quite significantly
- considerably

a) Please indicate how this measure of 'movement' has been perceived by -

- the organisation/practitioners:
- the clients:
- No reviews yet

5. Specific outcomes for staff

Do you feel that the Rickter Scale® contributes to the following?

(a) a means of eliciting significant client information

agree strongly agree disagree disagree strongly

(b) a means of improving team communication about individual clients

agree strongly agree disagree disagree strongly

(c) a means of improving communication with external agencies regarding individual clients

agree strongly agree disagree disagree strongly

(d) a standardised structure for interviewing clients

agree strongly agree disagree disagree strongly

(e) evidence of *your* effectiveness in terms of demonstrating your support/intervention with clients

agree strongly agree disagree disagree strongly

(f) clarification of client needs/limitations/barriers/options

agree strongly agree disagree disagree strongly

(g) a measure of the client's soft indicators

agree strongly agree disagree disagree strongly

(h) a contribution to the client's action plan

agree strongly agree disagree disagree strongly

(i) recording documentation that is easy to use

agree strongly agree disagree disagree strongly

6. Specific outcomes for clients

Do you feel that the Rickter Scale® contributes to the following?

- (a) identification of their priorities for support/intervention
agree strongly agree disagree disagree strongly
- (b) a new perspective on their current circumstances, and seeing the big picture
agree strongly agree disagree disagree strongly
- (c) identification of strategies that have worked in the past
agree strongly agree disagree disagree strongly
- (d) exploration of options for the future
agree strongly agree disagree disagree strongly
- (e) a means of setting goals
agree strongly agree disagree disagree strongly
- (f) a means by which they can take responsibility for their future
agree strongly agree disagree disagree strongly
- (g) a realisation of the progress/achievements they have already made
agree strongly agree disagree disagree strongly
- (h) a means of improving their self-awareness
agree strongly agree disagree disagree strongly
- (i) a means of improving self-confidence
agree strongly agree disagree disagree strongly
- (j) a means of improving self-esteem/self-efficacy
agree strongly agree disagree disagree strongly

7. Any other comments:

Thank you / Grazie / Danke (schön) / Ευχαριστώ

Karen George

8.3 Lifeboard questions for Employability Clients

1. Employment/Training/Education

How happy are you with your Employment/Training/Education?

Ten: you are very happy with your Employment/Training/Education.

Zero: you are not happy with it at all.

2. Accommodation

How happy are you with your accommodation?

Ten: you are very happy with your accommodation.

Zero: you are not happy with it at all.

3. Money

How happy are you with your money situation?

Ten: you are very happy with your money situation.

Zero: you are not happy with it at all.

4. Relationships

How happy are you with your relationships? This can include any relationships.

Ten: you are very happy with your relationships.

Zero: you are not happy with them at all.

5. Influences

How much are you influenced by others to do things that you really don't want to do?

Ten: you are very influenced by others.

Zero: you are not influenced at all.

6. Stress

How stressed are you at this time in your life?

Ten: you are very stressed.

Zero: you are not stressed at all.

7. Alcohol

How much is alcohol a part of your life?

Ten: alcohol is a large part of your life.

Zero: alcohol is not part of your life at all.

8. Drugs

How much are drugs a part of your life? (This can be anything that you think are drugs: medication, coffee, cigarettes, etc.)

Ten: drugs are a large part of your life.

Zero: drugs are not part of your life at all.

9. Health

How happy are you with the state of your health?

Ten: you are very happy with the state of your health.

Zero: you are not very happy with it at all.

10. Happiness

How happy are you at this time in your life?

Ten: you are very happy.

Zero: you are not happy at all.

8.4 New Interview Frames of Reference Subject headings

KMOP New Frame of Reference:

1. Accommodation
2. Appearance/Personal Hygiene
3. Activities
4. Relationships
5. Community
6. Support
7. Stress (R)
8. Medication
9. Health
10. Progress

ZIB New Frame of Reference:

1. Employment / Training / Education
2. Relationships
3. Stress (R)
4. Health
5. Readiness
6. Trouble
7. Freedom
8. Clarity
9. Self-confidence
10. Happiness and Satisfaction

ANS New Frame of Reference:

1. Work
2. Relationships
3. Health
4. Stress (R)
5. Work / life balance
6. Support
7. Skills
8. Barriers
9. Accommodation
10. Cooperation

8.5 Information Management System Usability Questionnaire

Date questionnaire was completed:	
Name of Practitioner:	
Organisation you work for:	
Town/region where you work:	
Description of your target client group:	

Please tick all only one box in each line

Please answer in English

		IMS Usability Questionnaire					Please tick appropriate boxes			
		Rickter Scale® Information Management System					Male		Female	
Age	18-30	31-40	41-50	51-60	61 plus	Are you a regular internet user?				
						Yes		No		
Nos.	Usability & Navigation Questions					Strongly Agree	Agree	Disagree	Strongly Disagree	
1	The IMS responds too slowly to inputs									
2	I would recommend the IMS to my colleagues									
3	The instructions and prompts are helpful									
4	The IMS has sometimes stopped unexpectedly									
5	Operating the IMS is full of problems									
6	I sometimes don't know what to do next with the IMS									
7	I enjoy my sessions with the IMS									
8	I find that help information is not very useful									
9	If the IMS stops it is not easy to restart it									
10	Working with the IMS is satisfying									
11	The way the IMS information is presented is clear and understandable									
12	The documentation on the IMS is clear and understandable									
13	There is never enough information on the screen when it is needed									
14	I feel in command of the IMS when I am using it									
15	I think the IMS is inconsistent									
16	I would like to use the IMS every day									
17	I can understand and act on the information provided by the website									
						Strongly Agree	Agree	Disagree	Strongly Disagree	

18	There is too much to read before you can use the IMS				
19	Tasks can be performed in a straightforward manner using the IMS				
20	Using the IMS is frustrating				
21	The IMS has helped me overcome any problems I have had using it				
22	The speed of the IMS compares well with other websites				
23	I keep having to go back to my IMS training information				
24	It is obvious that practitioner needs have been fully taken into consideration				
25	There have been times in using the IMS when I have felt quite tense				
26	The organisation of the menus or information lists seems quite logical				
27	The IMS allow the practitioner to be economic with keystrokes				
28	There are too many steps required to get something to work				
29	Error prevention messages are not adequate				
30	It is easy to make the IMS do exactly what you want				
31	The IMS has not always done what I was expecting				
32	The IMS has a very attractive presentation				
33	The amount or quality of help information is adequate				
34	It is relatively easy to move from one part of a task to another				
35	It is easy to forget how to do things with the IMS				
36	The IMS occasionally behaves in a way which cannot be understood				
37	The IMS is really very awkward				
38	It is easy to see at a glance what the options are at each stage				
39	Most times I have to ask colleagues for help when I use the IMS				
40	Navigating the IMS is easy				

Please check you have ticked each item.

If you would like to make a comment about the website with regards to something that has not been raised above please do so now:

.....
Thank you / Grazie / Danke (schön) / Ευχαριστώ **Karen George**