

The Rickter Company

○ ○ ○ ○ ○ ● ● ● ● ● Awakening Individuals to Choice



**Lifelong
Learning
Programme**

**Karen George
Northumbria University**

**Leonardo da Vinci
Transfer of Innovation
Final Evaluation Report**

No: 2011-1-DE2-LEO05-08036

Contents

Executive Summary.....	6
1 Introduction	8
1.1 Core Partner: KMOP - History and Target Group Description	8
1.2 Core Partner: ANS - History and Target Group Description.....	9
1.3 Core Partner: Zentrum für Integration und Bildung - History and Target Group	10
1.4 Core partner: The Rickter Company Ltd - History and Target Group Description	11
1.6 The Evaluator: Northumbria University.....	11
2 Method of Rickter Scale® Process.....	12
2.1 Transfer of Innovation Method	12
2.1.1 Project phases	13
2.1.2 The Transfer of Innovation Aims and Objectives	14
3 Evidence, Evaluation and Conclusion	15
3.1 Evaluation Method.....	15
3.2 Evidence.....	17
3.2.1 Project Outputs	17
3.2.2 Phase Overviews	18
3.2.3 Results and analysis.....	20
3.3 Evaluation	30
3.4 Conclusion.....	32
4 Works Cited.....	33
5 Bibliography	34
6 Appendices.....	35
6.1 Rickter Scale® Training Evaluation Questionnaire	35
6.2 Practitioner Interim Questionnaire.....	38
6.3 ‘Lifeboard’ questions for Employability Clients	42
6.4 New Interview Frames of Reference Subject headings	44
6.5 Information Management System Usability Questionnaire	45
6.6 Final Practitioner Questionnaire	48
6.7 Managers Questionnaire	49
6.8 Client Questionnaire	50
6.9 TOI Scaling New Heights Results.....	52
R1 Overall Programme Gender Report Graph 5.9.13	52
R2 Overall Programme Age Report Graph 5.9.13	52

R3 Overall Programme Employment Report Graph 5.9.13.....	53
R4 Overall Programme Ethnicity Report Graph 5.9.13	53
R5 Overall Programme Disability Report Graph 5.9.13.....	54
R6 Overall Programme Distance Travelled By Gender 5.9.13.....	54
R7 Overall Programme Distance Travelled By Age 5.9.13	55
R8 Overall Programme Distance Travelled By Employment 5.9.13	55
R9 Overall Programme Distance Travelled By Ethnicity 5.9.13.....	56
R10 Overall Programme Distance Travelled By Disability 5.9.13.....	56
R11 ‘Lifeboard’ Distance Travelled By Gender with ZIB 5.9.13.....	57
R12 ZIB New Frame of Reference Distance Travelled By Gender with ZIB 5.9.13	57
R13 ‘Lifeboard’ Distance Travelled By Age with ZIB 5.9.13.....	58
R14 ZIB New Frame of Reference Distance Travelled By Age with ZIB 5.9.13.....	58
R15 ‘Lifeboard’ Distance Travelled By Employment with ZIB 5.9.13	59
R16 ZIB New Frame of Reference Distance Travelled By Employment with ZIB 5.9.13	59
R17 ‘Lifeboard’ Distance Travelled By Ethnicity with ZIB 5.9.13.....	60
R18 ZIB New Frame of Reference Distance Travelled By Ethnicity with ZIB 5.9.13.....	60
R19 ‘Lifeboard’ Distance Travelled By Disability with ZIB 5.9.13	61
R20 ZIB New Frame of Reference Distance Travelled By Disability with ZIB 5.9.13	61
R21 ‘Lifeboard’ Distance Travelled By Gender with ANS 5.9.13	62
R22 New ANS Frame of Reference Distance Travelled By Gender with ANS 5.9.13.....	62
R23 ‘Lifeboard’ Distance Travelled By Age with ANS 5.9.13	63
R24 New ANS Frame of Reference Distance Travelled By Age with ANS 5.9.13	63
R25 ‘Lifeboard’ Distance Travelled By Employment with ANS 5.9.13	64
R26 New ANS Frame of Reference Distance Travelled By Employment with ANS 5.9.13 ..	64
R27 ‘Lifeboard’ Distance Travelled By Ethnicity with ANS 5.9.13	65
R28 New ANS Frame of Reference Distance Travelled By Ethnicity with ANS 5.9.13	65
R29 ‘Lifeboard’ Distance Travelled By Disability with ANS 5.9.13	66
R30 New ANS Frame of Reference Distance Travelled By Disability with ANS 5.9.13.....	66
R31 ‘Lifeboard’ Distance Travelled By Gender with KMOP 5.9.13.....	67
R32 New KMOP Frame of Reference Distance Travelled By Gender with KMOP 5.9.13.....	67
R33 ‘Lifeboard’ Distance Travelled By Age with KMOP 5.9.13	68
R34 New KMOP Frame of Reference Distance Travelled By Age with KMOP 5.9.13.....	68
R35 ‘Lifeboard’ Distance Travelled By Employment with KMOP 5.9.13	69
R36 New KMOP Frame of Reference Distance Travelled By Employment with KMOP	69

R37 'Lifeboard' Distance Travelled By Ethnicity with KMOP 5.9.13.....	70
R38 New KMOP Frame of Reference Distance Travelled By Ethnicity with KMOP 5.9.13...	70
R39 'Lifeboard' Distance Travelled By Disability with KMOP 5.9.13.....	71
R40 New KMOP Frame of Reference Distance Travelled By Disability with KMOP 5.9.13..	71
R41a 'Lifeboard' Distance Travelled for all Interviews by Programme Table 5.9.13	72
R41b 'Lifeboard' Distance Travelled for all Interviews by Programme Graph 5.9.13.....	72
R42a 'Lifeboard' Distance Travelled Summary Average for ANS Table 5.9.13	73
R42b 'Lifeboard' Distance Travelled Summary Average for ANS Graph 5.9.13	73
R43a 'Lifeboard' Distance Travelled Summary Average for KMOP Table 5.9.13.....	74
R43b 'Lifeboard' Distance Travelled Summary Average for KMOP Graph 5.9.13	74
R44a 'Lifeboard' Distance Travelled Summary Average for ZIB Table 5.9.13	75
R44b 'Lifeboard' Distance Travelled Summary Average for ZIB Graph 5.9.13.....	75
R45a ANS New Frame Distance Travelled for all Interviews by Programme Table 5.9.13 ..	76
R45b ANS New Frame Distance Travelled for all Interviews by Programme Graph 5.9.13.	76
R46a ZIB New Frame Distance Travelled for all Interviews by Programme Table 5.9.13....	77
R46b ZIB New Frame Distance Travelled for all Interviews by Programme Graph 5.9.13...	77
R47a KMOP New Frame Distance Travelled for all Interviews by Programme Table	78
R47b KMOP New Frame Distance Travelled for all Interviews by Programme Graph	78
R48a UK-NW New Frame Distance Travelled for all Interviews by Programme Table	79
R48b UK-NW New Frame Distance Travelled for all Interviews by Programme Graph	79
R49 Weekly Interview Totals by Project	80
R50 Cumulative Number of Interviews per practitioner Interviews up until 05/09/2013 ..	81
R51 View of an Individuals Actions from one Practitioner	82
R52 Results of ZIB Manager Evaluation Questionnaire	83
R53 Results of KMOP Manager Evaluation Questionnaire	84
R54 Results of ANS Manager Evaluation Questionnaire.....	84
R55 Results of All the Managers Evaluation Questionnaires.....	85
R56 Results of KMOP Practitioners Evaluation Questionnaires.....	86
R57 Results of ANS Practitioners Evaluation Questionnaires	86
R58 Results of ZIB Practitioners Evaluation Questionnaires.....	87
R59 Results of All the Practitioners Evaluation Questionnaires	88
R60a Results of ZIB Clients Evaluation Questionnaires Table	89
R60b Results of ZIB Clients Evaluation Questionnaires Graph.....	90
R61a Results of ANS Clients Evaluation Questionnaires Table	91

R61b Results of ANS Clients Evaluation Questionnaires Graph	92
R62a Results of KMOP Clients Evaluation Questionnaires Table	93
R62b Results of KMOP Clients Evaluation Questionnaires Graph	94
R63a Results of All the Client Evaluation Questionnaires Table	95
R63b Results of All the Client Evaluation Questionnaires Graph.....	96
6.10 Dissemination activities in the UK.....	97

"This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein."

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. The project started in October 2011 and finished 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. The innovation to be transferred is the Rickter Scale® Process itself, is a motivational assessment, evaluation, action planning and impact measurement package, which can provide the 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, and 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 has been 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 two year lifetime, from October 2011 to August 2013, prior to the results being presented at a final International Conference in Newcastle, UK on 4 September 2013. 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 Report indicated that by the end of October 2012, the Rickter Scale® Process was an effective and efficient tool in the interdependence of practitioners with their clients. The feedback from the project partners both then and since has led to further 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. 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. This is clearly evident within the data stored in the IMS. The IMS is a powerful tool which evidences areas of need, highlighting differences between age, gender, employment, ethnicity and disability. The Project Partners' were able to enhance their understanding of clients, consequently improving the support they give to clients to move forward. In some instances it also highlighted areas of need which are not part of their present support package. Improved links were identified to gain some support elsewhere. For example, additional sources of support for clients included widening the network of trusted external referral agencies that the organisation worked with. The Partners' chosen client groups all moved forward. These were both monitored and compared. As a result of this Transfer of Innovation, the sharing of appropriate information derived from the use of the Rickter Scale Process with other staff - both within the organisation and external to it - is continuing to develop benchmarks and measurable best practice for all partners as well as raising quality standards and without doubt, significantly helping the target client groups towards employment and opportunity readiness.

1 Introduction

In these times of economic downturn and financial anxiety across Europe, one thing is clear; countries must ensure that families can provide for themselves through employment, rather than depending on benefits. Every support should be given to individuals to achieve their potential, to reach a level of opportunity-readiness and employability. Currently in all the partner countries there are far too many people who are socially excluded. This is morally unjustifiable.

Organisations need to demonstrate the effectiveness of their work to justify their funding and demonstrate they are providing value for money to all their stakeholders. Accountability and a duty of care are more important than ever before.

For example with the introduction of the Work Programme in the UK, with payments to providers linked directly to sustained employment, it is essential that providers are able to monitor the journey of each and every individual, to know where they are starting from and at any point along the way, how far they have travelled towards their goals. This is not just about measuring the impact of their interventions and supporting individuals into employment or opportunity readiness, but nurturing those attributes in individuals that help keep them in work. The Rickter Scale® Process is designed to facilitate this. Existing processes lack the defined detail and dedicated support which is core to the Rickter Scale® Process. The TOI partners are tasked to demonstrate the use of the Rickter Scale® Process and IMS as a quality management tool. The partners have worked together on other European projects. The learning opportunities they provide and assessment models they use are widely different as they have each developed their own approach to offering effective learning opportunities and assessment to their clients.

1.1 Core Partner: KMOP Family and Child Care Center - History and Target Group Description

Kendro Merimnas Oikoyennias kai Pediou (KMOP), also known as Families and Children's Centre, Athens, Greece, is a leading Greek NGO (Non-Government Organisations) aiming to promote active inclusion of various socially excluded and underprivileged groups, with a special focus on mental disorders. Specifically, KMOP has a solid background and substantial expertise in providing housing and rehabilitation services to individuals with mental disorders. KMOP has a strong expertise in social inclusion, gender equality, immigrants, employability, VET and citizenship, with a focus on vulnerable social groups such as women, one parent families, elderly as well as youth and the long-term unemployed. Research and social studies are among the most important components of KMOP's activities. Since its establishment in 1979, KMOP has developed and implemented numerous successful projects and research in Greece and increasingly abroad. KMOP has extensive experience in vocational training and counselling programs targeting vulnerable people. It focuses on the implementation of specific programmes and actions aiming at the diffusion of know-how and the development of innovations in education and training of socially vulnerable groups. KMOP provides comprehensive support to immigrants, people with disabilities and youngsters at risk of dropping out of school. Most of KMOP's activities are carried out in disadvantaged areas with beneficiaries of all ages from at risk groups of social exclusion, including those with special needs.

KMOP aims to transform public psychiatric institutions to integrated support centres run by NGOs and place mentally ill people in specialised homes or have them attend day care centres and participate in community based services. KMOP offer multiple services in social, health, education, employment and legal fields under the overarching objective of rehabilitating and when possible reintegrating people with severe mental disorders.

Staff of Day Care Centres evaluate client need/desire to participate in supported paid employment or in prevocational rehabilitation programs (occupational training) and encourage them to participate in educational programs in order to improve their skills in different areas, e.g., computers, organic farming, carpentry, basic business education. Day Care staff support clients to write their CV and complete application forms as well as addressing negative or irrational ways of thinking that act as a barrier to employment (fears of performance/irrational expectations/money/responsibilities).

The Greek learners like to gain feedback after any assessment as it offers them a sense of direction. The learners feel it is important that assessments are validated to add to their sense of achievement and offer added value to their skills in the form of an accredited certification.

1.2 Core Partner: ANS Employment Desk for Domestic Care Workers - History and Target Group Description

Anziani e Non Solo, Carpi, Italy, is a cooperative society working since 2004 in the field of social innovation, with a specific focus on management of project and promotion of products and services in the field of welfare and social inclusion.

Their activities include:

- Active ageing and support to frail and dependent elderly
- Training and support to family carers, informal and formal carers
- Fight against poverty and support to social inclusion of disadvantaged people

ANS areas of competence are:

- Project management and social research
- Training and e-learning
- Validation of informally acquired skills
- Social information
- Development of software packages for workers of social offices and employment services

Within its activities, ANS has promoted several projects at local, National and European level and, among its clients, there are: local and regional administrations, foundations, NGOs, trade unions, job centres and social cooperatives.

ANS manages an employment services desk promoted by Carpi Municipality. The main aim of this desk is to support the care work supply/ demand matching in order to promote and guarantee that immigrant care workers can work legally with a regular job contract whilst enhancing the quality of care activities, so that families can be assured of a better quality of life for their dependent elderly relatives.

In order to create domestic care workers profiles and to put them in the database of the Province, each care worker has to answer questions which identify the professional skills of the care worker and collect further useful information for the demand supply matching.

Once the care worker has answered all the questions, documents are compiled and the care worker then has to wait for a match with a family's request. The demand and supply matching is monitored and regularly updated.

The most important element of the Italian partner's use of the Rickter Scale Process is the clients' motivation to carry out the complete process so as to gain a recognised qualification, which by doing they believe they have more opportunity of getting a job.

1.3 Core Partner: Zentrum für Integration und Bildung GmbH (ZIB) - History and Target Group Description

Applicant co-ordinator: Zentrum für Integration und Bildung, Solingen (ZIB), Germany, is a private vocational training centre in the western part of Germany and offers professional counselling, training and job placement for vulnerable people wanting to access the labour market. This includes the long-term unemployed, job returners, migrants and elderly people. ZIB also acts as a service provider for the application and administration of EU funded qualification courses. ZIB has been operating since 2004, and there are local branches in the cities of Solingen, Wuppertal, Leverkusen and Marburg. ZIB's work supports people who are dependent on social benefits on their journey towards professional qualifications and employment. Accordingly they offer:

- Preparation courses for the successful completion of advanced vocational training for young people
- Individual counselling and job placement for unemployed people
- IT-related qualification courses for those seeking further education
- Language courses and courses including literacy skills for migrants
- Training courses for woman returning to work following maternity leave
- Counselling, training and job placement for unemployed people over 50 years old

Each client brings his/her unique individual needs to become the central focus of ZIB work, while their partners are contracting bodies such as the federal Employment Agency, local Job Centres, state governmental departments, EU administration bodies and private companies.

In the German assessment process referred to as 'competency analysis', students were quite happy to do written tests in literacy and numeracy, though practical assessment was very popular when the tasks involved team working. The teachers in the Assessment Centres recommend further training to follow these assessments, based on the identified individual strengths and weaknesses.

ZIB strongly believes in the idea of "building Europe" and has taken part in co-operation projects with schools and other vocational training centres throughout Europe for many years. Successful Lifelong Learning projects like ASK which was selected as an example of "good practice" by the German National Agency and WIN reflect the productive work of ZIB.

1.4 Core partner: The Rickter Company Ltd – History and Target Group Description

The Rickter Company is the partner offering the innovation to be transferred from the UK to Germany, Greece and Italy. After the initial training period with the Lifeboard the Rickter Company develops with each partner key indicators, a “Frame of Reference” appropriate to each partner’s clients and a set of cue questions to best structure the interview towards the development of goals and an action plan for as many of the Frame of Reference themes/headings as are relevant to the individual at that time. In this way the clients are enabled to think about what they want to do in their lives and in doing so have a far greater chance of achieving their goals. The Process is about planning the work required, then working the plan, and everything done one small step at a time. The frames of reference must therefore reflect the specific vocational, cultural and language needs of all beneficiaries. The Impact Management System is the means of capturing those ‘small step movements’ – hopefully on the journey towards their personal goals, and also because of the nature of the four organisations and target client groups involved, the journey towards the aims and objectives of each partner organisation: to enable individuals to become job ready or simply opportunity ready as in the case of the Greek partner, KMOP. The Rickter Company itself trains and supports all practitioners selected to use the Rickter Scale® Process, whether within this TOI Project or with its customer organisations in the UK.

The Rickter Company identified a local authority in Ayrshire in Scotland, UK to work with and collected data through the IMS. Due to the high level of Data Protection required the evaluator is only given a limited number of reports and no identifiers were shared. This is to protect confidentiality for both the local authority and the client group.

The service works with Adult Learners supporting individuals to improve their Literacy and Numeracy Skills, in order to improve their chances of employment or promotion within the workplace and also to cope better with day to day living. This is because there is a high correlation between poor literacy and numeracy and low rates of unemployment. In this particular part of Scotland the combination of poor basic skills and unemployment is not only high, but because of the closure of heavy industries since the 1980s, there are many instances where two or even three generations of the same family are unemployed. This obviously has a knock-on effect in their communities, and is strongly linked to social exclusion, poverty and poorer health.

1.5 The Evaluator: Northumbria University

Northumbria University in Newcastle upon Tyne, UK, a Higher Education Institution applies complexity thinking within wellbeing and enterprise. This unique research and enterprise community brings complexity thinking to the understanding of communication, participation, knowledge creation and leadership. They are developing approaches for enhancing wellbeing, working with individuals and organisations within Northumbria University as well as at local, national and international levels. The focus is on:

- Social phenomena as emerging in the mutual interrelationships of the human condition, behaviour and the external environment

- Working across boundaries in understanding and improving human organizations
- Individual wellbeing as part of a wider context, which includes life style, behaviour, social and physical environments
- Links between physical, mental and social aspects of wellbeing.

Karen George has been tasked as the evaluation partner for Northumbria University. Karen is a Rickter Scale® user herself and plays an active role throughout the project. Following a phase of implementation with the target groups she evaluates the initial practitioner feedback leading to the Rickter Scale® Process upgrade. A second period of implementation with the target groups will then monitor the effectiveness of the adaptations. Towards the end of this phase, all practitioners, management and the service users will assess the Rickter Scale® Process to ascertain their personal evaluation of the project itself. A final evaluation report will be published and together with the enhanced Rickter Scale® Process, will be disseminated by the partners in their own countries through the internet, regional public events and an international conference at Northumbria University in Newcastle upon Tyne in September 2013.

2 Method of Rickter Scale® Process

An existing evaluation of The Rickter Scale® Process authored by Dr Deidre Hughes, (2010) a UK government advisor on employment and an internationally recognised expert on impact measurement, describes “The Rickter Scale® Process as entailing 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.” The incorporation of 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).

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 (2013) The UK Commission for Employment and Skills 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).

2.1 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 (ASK, Leonardo Partnership, 2011).

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

- Germany: women returners of whom the majority are migrants from Eastern Europe;
- Greece: people with long-term mental health issues or learning difficulties;
- Italy: carers of the elderly with a majority being unqualified migrants from Eastern Europe;
- United Kingdom: families with multiple challenges including unemployment, literacy and numeracy.

NB: Because the Rickter Company was the source of the innovation being transferred, it was agreed that for the purpose of this TOI a partner organisation in Scotland would be chosen as a baseline for comparison with our European Partners. Therefore Nan Wood, the Company's Trainer and Operations Director, has been working extensively together with that project's staff to ensure the quality of their use of the Rickter Scale® Process. This work has included the delivery of Rickter Scale Training to the organisations staff, supporting them with interviewing, follow-up and refresher sessions, the management and close monitoring of all practitioner interviews, analysis of ongoing inputs to the online Impact Management System that she has had access to 24/7 in order to act in the role of an external verifier - especially of the quality of interview content – both qualitative and quantitative. She has also developed resources in English for the use of this project and others using the Process in the UK as a result of feedback from the TOI Partners' Practitioners, and as suggested in the Interim Evaluation Report. These resources include video demonstrations of the Rickter Scale interview that Practitioners can now access via the Rickter Company website: www.rickterscale.com and online via 'U-Tube'.

2.1.1 Project phases

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

The project has run through six phases within its two years duration. Each phase comprised the following work:

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 Interim Evaluation 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 Reports

Questionnaires were completed in the second work package, group feedback in the third and fourth and data evaluated from the semi-structured interviews in the fourth. Follow-up Questionnaires were included in Phase 5 to present the summative findings in this Final Evaluation Report. Phase 6 has seen the conference arrangements in place, this final evaluation report is complete, all the relevant documents from the project are available on the website and dissemination of results regionally has already started with the interim project results having been presented at a number of live partner events, such as Rickter Company training events, and network presentations in Germany, Greece and Italy.

2.1.2 The Transfer of Innovation Aims and Objectives

The Transfer of Innovation is not just about enhancing employability. It looks not only at what essentially needs to be communicated and how that information can be utilised through ICT, but more specifically focuses on the development and adaptation of The Rickter Company's Impact Management System (IMS), which complements the Rickter Scale® Process itself, to create a more 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 was designed for the implementation of an adapted and enhanced version of the original Rickter Scale® Process and Impact Management System available before October 2011, so that agencies in Germany, Greece and Italy could better support the excellent work of their staff and see for themselves the effectiveness of their input.

It is the client groups who are pursuing employability, and opportunity readiness. They are the beneficiaries, and so for them, the project seeks to achieve: increased awareness; new perspectives on their own circumstances; an understanding of their own 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 have been personal to each individual client, but have had 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 has been 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. The Project has aimed to evidence this regardless of the beneficiaries' culture, or circumstances. The Rickter Scale Process is inherently non-judgemental and non-intrusive. Answers to interview questions are not mandatory or demanded and there is no such thing as a 'right' or 'wrong' answer.

At all times the practitioners are encouraged to align themselves with the Rickter Company mission: 'to awaken individuals to choice, ownership and responsibility'.

Benefits 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 demonstrates a much improved model of Quality Assurance for VET.

A total of 519 Rickter Scale® Interviews were conducted between the UK, Germany, Italy and Greece over the life of the TOI.

3 Evidence, Evaluation and Conclusion

3.1 Evaluation Method

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 was undertaken in two phases so as to effectively contribute 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'. This also informs the partners about the effectiveness of the project. The evaluation process itself encouraged the partners to reflect on what has been happening. This has allowed for identification of good practice whilst enabling strategies to be developed to overcome issues along the way.

The evaluation process considered the impact of the project for all stakeholders. The external evaluator observed and sought opinion on the extent to which objectives and proposed outcomes were met throughout the project and looked at the added value gained from stakeholder participation. The evaluation process supported the project through the delivery of the Interim and Final Evaluation Reports. The reports were utilised to formally report back to the project funding body via the National Agency of the Coordinator Partner ZIB, Germany, at the conference and to other prospective stakeholders via the website. Both the Interim and Final Evaluation Reports provide opportunities for the partners to reflect on the Rickter Scale® Process, recognise participant achievements, and consider and discuss both short and longer-term strengths, weaknesses, opportunities and threats.

The Final Evaluation key question and focus is, 'How successful is the Transfer of Innovation, and how is this success 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 individuals 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, and where in collaboration with their Rickter Practitioner, they complete and take responsibility for an action plan. At the client's second interview, when the same questions are reviewed as were asked in the first interview, they consider their own perception of any movement. This may be progress, regression or even stasis in relation to their desired state and goals.

In calculating the percentage of 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 how well each individual client has responded, not only to the Frame of Reference questions, but how they have responded to the interventions, support and general input they have been receiving from their assigned Rickter Scale Practitioner and other staff that might also be working with them. 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 this Final Evaluation Report the data is fully explored in this way. 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;
- Also as far as the logistics of the exercise has allowed, feedback is also presented from a sample of clients, practitioners and managers from each partner organisation.

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

And so, in line with the reporting arrangements required by the Leonardo Da Vinci Programme the evaluator has now completed both Interim and Final Evaluation Reports.

3.2 Evidence

3.2.1 Project Outputs

The Project produced successful outputs as follows:

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;

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;

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;

Website: Production of project website with possibility of downloading relevant products which is essential for the dissemination of the results;

Leaflets and Posters: Leaflets in English and German and posters which is important for dissemination of the project idea and results;

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;

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;

Data collected in Impact Management System (IMS): IMS is uploaded with data by the trained Practitioners from every one of their client interviews, and the Rickter Scale® Process is modified in collaboration with all partners to be more effective with the different target groups;

Study of 'Unique features of the Rickter Scale® Process and differences between the existing assessment and motivation tools in use in partner countries': This study examines some unique features of the process, and compares the Rickter tool with other techniques commonly in use in the partner countries. This study is additional to the list of outputs as submitted in the original Application, and was specifically requested by the German NA;

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;

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;

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;

Newsletter no 4: Newsletter to inform the public about the project, results/outcomes and achievements from the UK perspective;

International Conference: Conference presents to stakeholders details about the project, results/outcomes and achievements. This took place on 4 September in Newcastle, UK;

Final Evaluation Report: To inform the NA, stakeholders and the public about the project evaluation;

Final Internal Project Report: To inform stakeholders and the public about the project, results/outcomes and achievements.

3.2.2 Phase Overviews

Representatives from Germany, Greece and Italy completed the questionnaires (see the appendices 6.1 and 6.2), gave in-session feedback and worked with over their chosen target client groups and conducted 517 Rickter Scale® interviews with those 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 continues throughout the life of the project.

The first questionnaire was designed to gain feedback on the training course (see Appendix 6.1). The second questionnaire (see Appendix 6.2) was 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 hand-outs 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 translation 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.

However an additional 'Compendium of Terms' was produced for the Project, with each partner contributing their best translation of key words and phrases specific to the use of the Rickter Scale® Process and IMS – Impact Management System. This was found to be most useful in establishing a common understanding of technical, psychological and sociological terms across the partnership, which also helped to develop a more complete understanding of the concepts and values espoused by the Rickter Company and embodied in their products and way of working.

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 (see Appendix 6.2). This followed the initial Rickter use with the 'Lifeboard' Frame of Reference. This set of ten questions was initially used in the Rickter Scale® interviews with all clients (see Appendix 6.3). 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 6.4. 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 Phase 4. A usability questionnaire (see Appendix 6.5) was completed to find out how satisfied the practitioners were with the Impact Management System (IMS). 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 ease of use of the IMS, and a more efficient tracking system was put in place to monitor actions taken to deal with any IMS issues raised by the Practitioners. Consequently, it became apparent that many of these issues were due to human error in the inputting of data, rather than being of a purely technical nature.

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.

Phase 5 provided data and analysis for compilation from the IMS on the Rickter Interviews (Appendices 6.9, R1-51). Feedback and analysis was also compiled from the managers, practitioners and clients questionnaire responses (Appendices 6.9, R52-63b). The Rickter Scale® Process was reviewed and some further changes were made to better suit the client groups with the new 'Frames of Reference' which were appropriately translated.

Phase 6 (see Appendix 6.10) has seen all the documentation available on the Scaling New Heights in VET website, the conference arranged, regional networks developing and the final evaluation and project report completed. Further projects have been discussed as well as the TOI partners each becoming an Associate Partner of The Rickter Company, to ensure the continued use and on-going dissemination of the Rickter Scale® Process throughout Germany, Greece and Italy, with plans to create a European network of Rickter Scale users. As Associate Partners ZIB, ANS and KMOP will cascade the Rickter Scale® Practitioner Training in their own countries, ZIB being the first of the partners to have Rickter Scale Practitioners graduate to become Trained and Licensed Rickter Scale Trainers.

3.2.3 Results and analysis

3.2.3.1 End of Training Questionnaire

The practitioners felt that the Initial Training course aims and objectives were met and 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 all achieved.

The practitioners felt confident that the Rickter Scale® Process is worth every effort to implement and that the Rickter Scale® is a useful tool that stimulates and inspires individuals to take responsibility for their own life and plan steps to improve it. The practitioners felt they understood the theory underpinning the Rickter Scale® and were clear about using the information gained through the process. They felt competent and confidence in the use of the Process immediately following the Training and felt that practice would help improve their competence, confidence, knowledge and skills further. Generally the practitioners enjoyed using the Rickter Scale® and felt comfortable using it. The trainer's style was effective in meeting the course needs and participants appreciated the group working, which gave them the opportunity to mix with others and gain insight into their Partners' working strategies and methods. They felt very motivated by the training.

The practitioners generally felt their organisations had an adequate system of staff supervision and operated an adequate referral agency networks. However, they did feel the Rickter Scale® might be a good tool to use within their organisations for Staff Appraisal and Supervision. They also felt their organisations currently offer an adequate environment for client interviews. They felt the Rickter Scale® would complete the work they do, which although initially more time consuming than their current processes, would bring more long-term benefits, by moving their clients on quicker. The Rickter Scale® would 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. They felt it would be very productive in gathering both qualitative and quantitative information.

3.2.3.2 In-Session Feedback from the initial “Lifeboard” Trials

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. At this time the practitioners were using the ‘Lifeboard’ Frame of Reference, to familiarise themselves with the structure and process 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 simple conversation or traditional coaching. 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 derived from the interview was very helpful in identifying which areas to work on and what steps to take next.

Generally, practitioners felt they had appropriate support with confidential interview space and adequate time to complete the interviews within their own organisations. Some felt there was a lack of opportunity to use the Rickter Scale® and others had issues with a lack of privacy in their offices. 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, and Practitioners felt the Process was helpful in selecting goals. Clients were curious about the use of the Rickter Board, and after the interview said they now understood where they had to start with their actions. However, a very small number of clients, although initially excited and happy with the Process, were quoted as expressing concern at the follow-up interview about “old wounds” being reopened. This is a concern that the Rickter Company trainers had emphasised as something that should not happen when the Rickter Scale® Process protocols are followed correctly. The Practitioners who quoted this response agreed that they had in fact deviated from those protocols.

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 with more severe learning difficulties found the questions difficult to understand and the Process did work 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 often only a Wednesday or Sunday evening during their working week. There was also an issue around confidentiality which the partner investigated in terms of how the Rickter Scale® fitted into their service practice with regards to their own confidentiality policy and procedures. The matter was resolved by the partner.

Practitioners recognised issues with some of the questions on the “Lifeboard” for their beneficiaries and as a result started to identify what would become the more appropriate headings to be used during the adaptation phase.

3.2.3.3 Overview of Interim Practitioner Questionnaire Results

Preparation of the practitioners

The practitioners felt the Rickter Scale® training is perfectly adequate and felt confident in using the Rickter Scale® Process. The practitioners believed the Rickter Scale® is a useful and positive tool to use with their clients, 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.

Appropriateness of Frames of Reference

The second section looked at the Frames of Reference, starting with the ‘Lifeboard’. Practitioners were asked if the current headings within the ‘Lifeboard’ Frame of Reference were appropriate to their client group. 40% of those answering felt it was appropriate, but 60% felt it was not.

Of course, this was entirely expected as the ‘Lifeboard’ Frame of Reference used in the UK is designed to be a generic set of questions. The whole purpose of this TOI Project was to start from a default position to then enable each partner to decide exactly what questions would be more appropriate to their own client group. The intention is that a Frame of Reference must always reflect the specific needs of the client group using it, as well as helping to fulfil the aims and objectives of the provider organisation.

The practitioners felt the “Lifeboard” Frame of Reference needed some of the headings changed during the Adaptation Phase as was always planned for, as they were too general, especially for the mental health clients in Greece.

However, practitioners also commented 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. At this point the practitioners were starting to recognise headings that could be useful to their clients and possible new headings for discussion in their teams.

Interview environment

The majority of practitioners held their interviews in offices. Initially there were concerns with privacy and time constraints which were later taken on board as the trainers reminded practitioners that privacy and having sufficient time are golden rules for the process to be fully effective.

Overview of actual use of the Rickter Scale®

The practitioners' main reason in determining which clients should use the Rickter Scale® was usefulness to the client, closely followed by mental capacity to work with the concept. The practitioners suggested its valuable use across a mix of ages, gender and client abilities. The Rickter Scale® evidenced how good it is at encouraging people to take more responsibility for their life by setting their goals and continuously working towards their desired state. The Practitioners felt the Rickter Scale® helped clients to achieve their aims/objectives. The on-going monitoring identified work strategies to help people stay in vocational training, rehabilitation and improvements psychologically, with clients gaining greater self-awareness and self-management.

Specific outcome for practitioners

Practitioners felt that the Rickter Scale® helps in eliciting significant client information and contributes to a means of improving team communication about individual clients, also as a means of improving communication with external agencies regarding individual clients and as a standardised structure for interviewing clients. Most could see how the Rickter Scale® contributed to producing evidence of their effectiveness in terms of demonstrating their support and intervention with clients. Practitioners felt that the Rickter Scale® contributed to clarification of client needs/limitations/barriers/options. Practitioners felt that the Rickter Scale® contributes to a measure of the client's soft indicators. Most also felt strongly that the Rickter Scale® contributes to producing the client's action plan and to completing recording documentation that is easy to use.

Specific outcomes for clients

The practitioners felt that the Rickter Scale® contributes to identification of their priorities for support/intervention and to a new perspective on their current circumstances, by seeing the both the big picture, and connections between the issues illustrated on the Rickter Scale® Board. Most felt that the Rickter Scale® contributes to identification of strategies that have worked in the past, to exploration of options for the future and contributes to a means of setting goals. Most felt that the Rickter Scale® contributes to a means by which clients can take responsibility for their future and to a realisation of the progress/achievements made. The practitioners also felt that the Rickter Scale® contributes to a means of improving individuals' self-awareness, self-confidence, self-esteem and self-efficacy.

3.2.3.4 Interim IMS Usability Feedback and Questionnaire

The results of the Interim IMS usability questionnaire identified some useful improvements for the IMS. During the initial use of the IMS there were issues with the translation strings and case communication which were resolved. An additional evaluation was directed by Northumbria University. The evaluation showed the IMS as a very useful tool and in addition to the pointers above the following recommendations were made:

- Intermittent back buttons;
- A breadcrumb trail;
- Quick keys to move from one page to another;
- Improved graphic options;
- Improved segregation and integration of data;
- A help system;

- Improved presentation for expanded us;
- Improvements in overall navigation and user experience to make the use of the IMS more intuitive.

In general any information management system will always be under scrutiny by its users for ways to improve it, so as to optimise its performance for its customers as systems software improves. This TOI project specifically sought such scrutiny and feedback. The new on-going issue log came from such feedback and will improve quality tracking and ensure agreed corrective action is taken on any technical issues raised, with information about any remedial action taken being fed back to the person who raised the issue, ensuring a solution is found and customer satisfaction maintained.

3.2.3.5 Rickter Client Interviews at 10.7.13

Evidence from the Rickter Scale® IMS

Screen shots have also been added from the IMS to evidence special options of overall programme involvement by gender, age, employment status, ethnicity and disability (see Appendix 6.9, R1-5) and by distance travelled by gender, age, employment status, ethnicity and disability (see Appendix 6.9, R6-40). Appendix 6.9, R45a and R49b show the distance travelled through the various Frames of Reference from the project whilst Appendix 6.9, R50 and R51 shows the cumulative totals for interviews which can also break down the interviews statistics via client, practitioner, partner or overall TOI programme - which is very valuable for both project management and quality management.

Evidence of client ethnicity

The IMS produces a range of data and graphs which are extremely useful in managing and directing work programmes for staff and the support needs of clients. There are general graphs showing percentage of client categories across the whole project (see Appendix 6.9, R1-45). This information is very useful when percentages targets have been set for benchmarking.

3.2.3.6 Evaluations of Vocational Training Organisations Usage

Initially the practitioners used the 'Lifeboard' overlay (see Appendix 6.3) which was found very useful in identifying the barriers in people's lives. As the practitioners became more comfortable with the use of the Rickter Scale® Process, they started to recognise other questions that would be better applied to their specific clients to better achieve their aims. The project encouraged ZIB, KMOP and ANS to develop 6 specialised headings for their group and to keep 4 static headings from the 'Lifeboard' that they felt would apply to their role and engage their clients (see Appendix 6.4). When the project was in the third stage each country again discussed the questions they were using.

The IMS evidences data in graph form for distance travelled within the various which shows useful information when developing the Frame of Reference. Appendix 6.9, R14 and R15 show ZIB clients, in Germany, distance travelled by employment status with the 'Lifeboard' and then the new ZIB Frame of Reference. You can clearly see that the newly developed Frame of Reference is much more effective as the clients are clearly moving forwards in all employment-related headings. The 'Lifeboard' usage in R15 shows negatives in both unemployed of - 0.4 and part time employed of -

0.7 and the inactive in education and training stood at +0.6. Once the Frame of Reference was altered to better suit the ZIB clients (see R16) unemployed went up to 1, part time employed to 0.75 and inactive in education and training to 2.3.

The IMS is used to monitor when and where headings need adjustment to promote positive movement forward for each category. ZIB saw the need for further changes to the Frames of Reference questions when working with women who are job returners and single parents. They suggested 5 question changes, leaving 2 previous questions out and adding 2 new headings. Those changes clearly made an improvement in distance travelled towards the client desired state.

To further view the positive effect of the Transfer of Innovation see Appendix 6.9, R25 and R26. Evidence is shown again with the positive travel enhancement in the specially developed 'Frame of Reference' for ANS, in Italy. ANS said the Frames of Reference applied to migrant women and home carers will not be changed, but they would expand the exploration of questions concerning the heading 'work-life balance. ANS eventually changed this heading to 'Freedom' which can be seen in R25 and R26 to have again made an improvement in distance travelled towards client desired state in the inactive clients with the 'Lifeboard' from -0.18 to +0.80 with the ANS New Frame of Reference and employed Full-time clients with the 'Lifeboard' from -0.58 to +0.10 with the ANS New Frame of Reference.

If any status reduces with a new Frame of Reference the organisation knows to investigate which heading or headings are not working. As more organisations sign up to the Rickter Scale® Process, headings and usage in each area can be shared so that headings become unique to the wellbeing of client groups in each country. Wellbeing is a hot topic in Europe presently and research is already taking place with the use of the Rickter Scale®, investigating how community participation can help with client wellbeing and employability (George, Sice, Young, Mansi, & Ellman, 2012).

KMOP in Greece confirmed that the Rickter Scale® Process is useful with clients with mild to moderate mental illnesses or learning difficulties, with which they had good results. They found that the process was not so good with those whose mental impairment is severe. They are to look further at the break down of their clients as certain age groups travelled further with the 'Lifeboard' than with the new Frame of Reference (see the comparison in Appendix 6.9, R55 and R54). The 25-49 year olds have travelled much further with the new Frame of Reference whereas the 55-64 year olds work better with the 'Lifeboard'. The 65+ was about the same. KMOP practitioners have suggested investigating the use of further Frames of Reference for their clients. KMOP could also further investigate whether differences in client ethnology has an effect on how their mental health clients move forward.

In the UK-NW the service started by using the generic 'Lifeboard' Frame of Reference, where they found it useful to identify barriers in people's lives, but they wanted to concentrate on adult literacy and employment. In Appendix 6.4 the UK-NW New Frame of Reference is found and implements changes for families affected by long-term unemployment and a low skill set. The new questions are more holistic to the work they are undertaking in skill development and family support. The fact that their clients do not have to read or write to achieve the assessment, especially as all their clients have these problems, is hugely positive in this field of work. The Practitioners felt that in relation to the support they provide, the new questions produced a more achievable Action Plan for their clients. All the Practitioners like how the Rickter Scale® engages with the clients.

The Rickter Board enabled conversation and for the client to see the connections and the impact of improved reading and writing and number skills on their lives. One Practitioner commented, "I think it is important to offer choice rather than making Rickter a mandatory part of their learning". As the mission statement of the Rickter Company is all about offering choice, we wholeheartedly agree with this comment. People will only participate to the best of their ability when they feel they have made their own choices and have ownership and control.

The outcomes from using the tailored overlay have been very positive, especially around reading, spelling and speaking. Confidence has grown in these areas and this has resulted in a positive impact on the whole person. As a result, people are managing their money better, and feel more able to go into schools and talk about their children's education with teachers. For some, they feel they have more to offer an employer, and for those already employed, they also feel better equipped to do more tasks at work. They do not feel so overwhelmed by forms, either at work or in their day to day lives. They have much higher expectations than before, and can see and feel how that achievement impacts on them through using the Rickter Scale® Board.

A few of the Practitioners stated that it was very difficult to get people back for Review Interviews, as when they had achieved their goals they stopped seeking the support being offered by the service. However, we also look upon this as a positive outcome, in that the clients have not become dependent on the service but have become more independent in their lives.

The greater use of the Rickter Scale® Process develops a greater understanding of clients and how changes here and there can formulate numerous 'Frames of Reference' which work specifically to sections of client groups. This is where information sharing can save time for new organisations using the Process and develop positive benchmarks. More detailed information can be found on the Scaling New Heights in VET website (Woods, 2013).

Appendix 6.9, R41a and R41b show the outcomes for practitioners' use of the 'Lifeboard' Frame of Reference, which has not been specifically adapted for a specialist group but is already showing reliability with the positive distance travelled. There is an overall positive movement forwards from 6.32 to 6.79.

The movement towards the desired state across all headings is 25.41% evidencing validity in learning. 37 clients were involved in the 'Lifeboard' use from ZIB, ANS and KMOP.

Appendix 6.9, R45a and R45b show the outcomes for clients using the specially adapted ANS Frame of Reference with an overall average positive distance travelled for all clients from 6.94 to 7.34 across all headings. The movement towards the desired state across all headings is 21.51%, again showing reliability. If you consider that the ANS clients suffered an earth quake during the study and many lost their homes and places of work this movement forwards is incredible.

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.

Appendix 6.9, R46a and 46b shows the outcomes for clients using especially adapted Frame of Reference for ZIB with an overall positive distance travelled from 5.85 to 7.14. This compounds the reliability of the system. The movement towards the desired state across all headings is 46.74%. All ten headings positively moved forwards.

Appendix 6.9, R47a and 47b shows the outcomes for clients using especially adapted Frame of Reference for KMOP with an overall positive distance travelled from 6.89 to 7.52. The movement towards the desired state across all headings is 42.00%. All ten headings positively moved forwards.

Appendix 6.9, R48a and R48b shows the outcomes for clients using the specially adapted board for the UK Project's Adapted 'Essential Skills' Frame of Reference with an overall positive distance travelled from an average of 4.91 to 6.5 across all headings. This again shows the reliability with an overall movement towards the average desired state across all headings of 61.81%.

The UK group clients have a poor standard of numeracy and literacy, and as such movement forwards can be slow and more difficult to judge so this result again shows an exceptional positive movement forwards. The UK group also shows how greater the improvements can be as practitioners become more experienced and identify improved interview questions to assist their clients to move further forward.

3.2.3.7 Final Evaluation Questionnaires

Practitioners

The final practitioner questionnaire can be found in Appendix 6.9, R52-R55. The practitioners felt that the Rickter Scale® Process considerably or quite significantly improved their understanding of their clients' needs, identify areas of support and resources needed for clients and the quality of work with clients. They felt it quite significantly improved the measurement of clients' progress, helped to measure the impact of their support and interventions with their clients, and improved the client review process. The practitioners felt that the IMS system and reports are considerably or quite significantly useful. They felt that the following improvements could be made to the Rickter Scale® Process and IMS that would benefit their clients:

- ANS wanted to do further reviews with clients even though in 2 months they will have finished the project to record their progress in terms of employability;
- ZIB would prefer not to have to fill in the date of the interview at every action in the IMS;
- ZIB would like the ability to fill in the practitioner and clients actions at same time in the IMS;
- ZIB would prefer the Frame of Reference headings to be repeated below the respective evidence and action sections in the IMS

Managers

The manager questionnaire can be found in Appendix 6.9, R56-R59. The managers felt that the Rickter Scale® Process considerably or quite significantly helps to measure the impact of the Practitioners' intervention and support, to review their team's work, identify new support needs or resources and to improve the quality of their work. They felt quite significantly that Rickter Scale® Process provides evidence for funders and stakeholders. The managers felt that the IMS and reports produced were considerably or quite significantly useful. The ZIB manager commented that the overlays are adapted well to the needs of their target group of job returners. They would like to now

have them adapted to other client groups as well, especially to migrants in language courses who are entering the job market. ZIB felt the reports the IMS produces are okay.

ZIB also recommended further improvements to IMS:

- General revision with easier navigation;
- Adaption to German environment, i.e. different classification for migrants and ethnicity choices generally;
- NB The present drop-down menu offers choice of client ethnicity in the EU format required by EU-funded projects in the UK

Clients

The client questionnaire can be found in Appendix 6.9, R60a-R63b. ZIB clients (see Appendix 6.9, R60a and R60b) averaged a scaling of 9.2 for feeling comfortable in using the Rickter Scale® Board. For clarity of purpose they averaged 8.8. For goal clarity they scaled 9.4. For feeling that the Rickter Board's slider movement helps clients to feel where they are in their life and where they would like to be, they scaled 6.2. They scaled 7.2 for Process helpfulness in using the Rickter Scale® Board in their interviews. The ZIB clients scaled 9.6 for ease of understanding the questions. They scaled 8.8 for how easy the Rickter Scale® Process makes it for clients to talk about themselves and the things going on in their lives. Clients scaled 8.8 for how aware they were having used the Rickter Scale® about what they've already achieved and what their skills and abilities are. They scaled 8.8 for how easy they felt it is to see links between the different headings on the Rickter Scale® Board. The ZIB clients scaled 9 for how positive they felt immediately after their last Rickter Scale® interview. None of the ZIB clients felt there was anything about the Rickter Scale Process that they would like to see improved.

The overall totals for ZIB show a high level of satisfaction with the Rickter Scale® Process. Appendix 6.9, R60a and R60b clearly shows this as the majority of scaling is between 7-10 and heavier scaling on 10. This evidences that the transfer of innovation for ZIB has worked well for their clients.

Appendix 6.9, R61a and R61b show ANS clients averaged 9.6 for comfort of use of the Rickter Scale® Board. Clarity of use they averaged 8.8. For goal clarity they scaled 8.4. For feeling that the Rickter Board's slider movement helps clients to feel where they are in their life and where they would like to be, they scaled 8.8. They scaled 9.6 for Process helpfulness in using the Rickter Scale® board in their interviews. The ANS clients scaled a 9 for ease of understanding the questions. They scaled 9 on how easy the Rickter Scale® makes it for clients to talk about themselves and the things going on in their lives.

Clients scaled 9.6 for how aware were they about what they've already achieved and what their skills and abilities are having used the Rickter Scale®. They scaled 9 for how easy they felt it is to see links between the different headings on the Rickter Scale® board. The ANS clients scaled 9.6 for how positive they felt immediately after their last Rickter Scale® interview. One ANS client additionally commented that it would be useful to make more questions about the following aspects: job, health, relationship with husband/ fiancé, family, etc. They also said "It has been a very important testing for me. It let me know the person I'm, my strengths and the potentialities I didn't expect to have. I've learnt how to develop myself, how to become stronger and more self-confident". A second client said "It let me discover that I'm more skilled and prepared than I imagined myself to be. I

realised for instance, about a specific experience that I gave more than I thought I could give. This tool has the power to let things inside me get out”.

It is important to note that during the TOI Italy had an earth quake which damaged the offices and homes and work places of practitioners and clients. This had an effect on how people felt and their scaling. Naturally people were under more stress and found it difficult to be as positive as they had been prior to the earthquake. The overall totals for ANS show an outstanding level of satisfaction with the Rickter Scale® Process. Appendix 6.9, R61a and R61b clearly show this as the majority of scaling are between 8-10 and heavier scaling on 10. ANS clients suffered great stress during this trial from the earthquake and would have had more difficulty in seeing positivity in their lives so this evidence shows an outstanding transfer of innovation for ANS, clearly showing the Rickter Scale® Process has not just worked well for their clients but has positively helped clients to recognise their achievements after the earthquake and thus enhance in the recovery process.

KMOP clients (see Appendix 6.9, R62a and R62b) averaged 8.3 for how comfortable they felt in using the Rickter Scale® Board. For clarity of use they averaged 7.2. For goal clarity they scaled 6.5. Slider movement helps KMOP clients to feel where they are in their life and where you would like to be scaled 8. They scaled 7.3 for Process helpfulness in using the Rickter Scale® board in their interviews. The KMOP clients scaled 7.2 for ease of understanding the questions. They scaled 7 on how easy the Rickter Scale® makes it for clients to talk about themselves and the things going on in their lives. Clients scaled 6.7 for having used the Rickter Scale®, how aware were they about what they've already achieved and what their skills and abilities are. They scaled 5.8 for how easy they felt it is to see links between the different headings on the Rickter Scale® board. The KMOP clients scaled 7 for how positive they felt immediately after their last Rickter Scale® interview. None of the KMOP clients felt there was anything about the Rickter Scale Process that they would like to see improved.

The overall totals for KMOP show a positive level of satisfaction with the Rickter Scale® Process. Appendix 6.9, R62a and R62b shows this as the majority of scaling are between 6-8 and heavier scaling on 7. KMOP clients are mental health patients who have more difficulty in seeing positivity in their lives so this evidence shows a fantastic transfer of innovation for KMOP, clearly showing the Rickter Scale® Process has worked well for their clients.

Overall the project clients (see Appendix 6.9, R63a and 63b) averaged 9 for comfort of use of the Rickter Scale® Board. Clarity of use they averaged 8.3. For goal clarity they scaled an average of 8.1. Slider movement helps project clients to feel where they are in their life and where you would like to be scaled an average of 7.7. They scaled an average of 8 for Process helpfulness in using the Rickter Scale® board in their interviews. The project clients scaled an average of 8.6 for ease of understanding the questions. They scaled an average of 8.3 on how easy the Rickter Scale® makes it for clients to talk about themselves and the things going on in their lives. Clients scaled an average of 8.4 for having used the Rickter Scale®, how aware were they about what they've already achieved and what their skills and abilities are. They scaled 7.9 for how easy they felt it is to see links between the different headings on the Rickter Scale® board. The project clients scaled 8.5 for how positive they felt immediately after their last Rickter Scale® interview. The feedback comments given by project clients were very positive about the Rickter Scale Process. When you take on board the fact that mental health patients often struggle with positivity and that the ANS clients suffered an earthquake, average scaling of 7.7 – 9 shows an extremely good transfer of innovation. The more

practitioners use this system the more adept they will become enabling them to further transfer their skills and knowledge to others at work and on the Rickter Scale® website.

3.3 Evaluation

The project kick-off meeting went well, with everyone accepting their responsibilities and sub-contractors being signed up. The meeting was unavoidably delayed by a month which did have a knock on effect on the rest of the project schedule. However the project has still managed to finish on time and successfully achieve all the objects.

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 on accessibility. 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 site works well now for everyone.

The Rickter Scale® training went very well with the in-session training feedback being acted upon immediately to incorporate vernacular group work as suggested. The training questionnaire, which is detailed in the interim report, showed the practitioners were very satisfied with the training (George, 2012). 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 becomes to support the development of appropriate action plans and become more effective supporting clients to make progress.

Practitioners have gained a good understanding of the Frames of Reference which are part of the development plan and have been 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 reflects the client groups' needs, but adapts to the practitioners' 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 the appropriate support.

The practitioners coped well with the Rickter interviews, though in a very few instances, early on in the project felt somewhat powerless and that they were intruding into their client's personal affairs. These issues were discussed in the following training and it was found that practitioners were slipping into counselling mode. Experience in 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 however when the interview is not controlled and the interview becomes more of a counselling session or goes off-line, allowing the client to talk about things that are not relevant to the questions. Although the Rickter Scale® Process is an excellent tool for counselling, in this instance it is not the role of the practitioner to counsel their clients. Their 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 about how they react to the client feedback is the way to improve. Although there are 'You Tube' example interviews now linked to the Rickter Company website, www.rickterscale.com some further videoed interviews with voice over or 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. 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. 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 517 interviews being completed 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 specifically tailored Frames of Reference for different client groups and different aspects of each organisation's work. The solution focused method used in the Rickter Scale® and enhanced understanding of client wellbeing gained shows a positive psychological way of working developed from understanding of work from experts such as Abraham Maslow, Carl Rogers, Martin Seligman, Malcolm Gladwell, Tom Rath, Daniel Siegal and Insoo Kim Berg and Peter Szabo (Examples of their work can be found in the Bibliography). There are many others but these were the ones that the Rickter Company repeatedly mentioned as helping to shape the present day Rickter Scale®.

New partnership ideas have been discussed at the last meeting of partners. All scheduled meetings have taken place. All work packages and products due have been effectively completed. All the partners are familiar with Leonardo da Vinci Lifelong Learning project working as they have worked together previously, which should also make administration easier. Work package and phase leaders have managed their phases effectively. There have been some difficulties with the Impact Management System, particularly in the first year. However, the developer has worked through

these issues. It is obviously quite complex with the four languages involved, but the system has steadily improved and continues to be improved. The usability survey flagged up some issues which needed to be taken on board, in particular the fact there was 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. Navigating from one area of the system to another can be quite frustrating especially if the practitioner has to go all the way to the bottom of the page, to click 'return' button to go back to the previous page.

Considerable dissemination activity has already taken place and the project intends to continue to maintaining high levels of dissemination after the formal end of the project. The dissemination which 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 website.

The satisfaction of management/organisations and the clients is already being taken on board. The wider use of the Rickter Scale Process is being developed within ZIB, ANS and KMOP and further expansion has already taken place with Bulgaria, in Europe and other projects are being developed around the world. The Rickter Company is in negotiations with several possible funders to further develop the online process and widen the use of the Rickter Scale®.

3.4 Conclusion

The Frames of Reference which are the sets of questions that were developed collaboratively by the Partners to ensure the greatest effectiveness and relevance of the transferred innovation not only reflect the specific needs of the Partners' chosen target client groups, but also serve the professional needs of their Practitioners, and contribute to the Partners' enhanced fulfilment of their organisations' aims and objectives. This is clearly evident within the data stored in the IMS and from the questionnaire feedback. The IMS has proven to be a powerful tool evidencing areas of need, highlighting differences between age, gender, employment, ethnicity and disability in the TOI.

The Project Partners' were able to enhance their understanding of their clients consequently improving the support to clients and their move towards specific goals for which they themselves took ownership and responsibility. In some instances it also highlighted areas of need which were not part of their present support package. Improved links were identified with external referral agencies to gain the necessary support elsewhere. The Partners' chosen client groups all moved forward, all being monitored and compared monitored and compared during their engagement with the partner organisations. As a result of the newly available information derived from both the use of the Rickter Scale Process and the aggregation and analysis available from Impact Management System, sharing of appropriate information with other likeminded practitioners is also developing best practice and benchmarks for these organisations, as well as enhancing the Quality of service provision.

Without a doubt, this Transfer of Innovation has been a definite success and is productively promoting the use of the Rickter Scale® as an innovative and motivational assessment and evaluation process. With plans already being enacted to create a network of Rickter user organisation not only between the four partners of this TOI but extending that network to other partner organisations across Europe, the benefits to clients, practitioners and managers are likely to

become greater. Such an undertaking has the potential to have a significant impact not just on employability but also on social welfare and social inclusion throughout Europe and beyond.

4 Works Cited

ASK, Leonardo Partnership. (2011.). *Assessment and Evaluating Non-formally or Informally Acquired Skills in Vocational Training*. ASK, Leonardo Partnership.

Berg, I. K., & Szabó. (2005). *Brief Coaching for Lasting Solutions*. New York: Norton & Co, Inc.

Dr Hughes, D. (2010). *The Ricker Scale®: Making a Difference*. Retrieved July 8, 2013, from Ricker Scale®:

<http://www.rickerscale.com/assets/docs/Ricker%20Paper%20Dr%20Deirdre%20Hughes%20Master%2017%20Nov%202010.pdf>

European Commission. (2012). *European Commission - Leonardo da Vinci actions - Multilateral Projects: Transfer of Innovation*. Retrieved 04 12, 2012, from European Commission - Education and Training: http://ec.europa.eu/education/leonardo-da-vinci/transfer_en.htm

George, K. (2012, December). *Interim Evaluation Report* . Retrieved from Scaling New Heights in VET: http://www.scalingnewheightsinvet.eu/wp-content/themes/thunderbolt/docs/TOI%20INTERIM-EVALUATION_FinalVersion.pdf

George, K. E., Sice, P., Young, R., Mansi, S., & Ellman, J. (2012). *Wellbeing in Community Participation*. Barcelona: ECEG, Academic Conferences International.

Hughes, D., & Gration, G. (2009). *Evidence and Impact: Careers and guidance-related interventions*. Retrieved June 24, 2013, from Evidence and Impact: Careers and guidance-related interventions: <http://cfbt.hs.llnwd.net/e1/~media/cfbtcorporate/files/research/2009/r-evidence-and-impact-careers-and-guidance-related-interventions-re>

RNIB. (2012). *Accessible publishing - business case* . Retrieved April 12, 2012, from RNIB: http://www.rnib.org.uk/professionals/solutionsforbusiness/publishing/Pages/publisher_business_case.aspx

Temple, M. (2012). *2010 Review: The Integration of Employment and Skills*. Retrieved April 12, 2012, from UK Commission for Employment Skills: <http://www.ukces.org.uk/publications/2010-review-integration-of-employment>

UKCES. (2013). *UK Commission for Employment and Skills*. Retrieved July 8, 2013, from UK Commission for Employment and Skills: www.ukces.org.uk/

Woods, N. (2013, May). *Practitioner Feedback (3)* . Retrieved from Scaling New Heights in VET: http://www.scalingnewheightsinvet.eu/wp-content/themes/thunderbolt/docs/REPORT_TOI-practitioners-Final_new.pdf

5 Bibliography

Gladwell, M. (2000). *The Tipping Point: How Little Things can make a Big Difference*. London: Abacus.

Maslow, A. H. (1987). *Motivation and Personality* (3rd ed.). Hong Kong, Hong Kong: Longman Asia Ltd.

Rath, T., & Harter, J. (2010). *WELL BEING: The Five Essentials*. New York: Gallup Press.

Rogers, C. R. (1967). *A therapist's view of psychotherapy: on becoming a person*. London: Constable & Robinson Ltd.

Seligman, M. E. (2011). *Flourish: A New Understanding of Happiness and Well-being - and How to Achieve Them*. London: Nicholas Brealey.

Siegel, D. (2011). *Mindsight: Transform your brain with the new science of kindness*. Oxford: Oneworld Publications.

September 2013

Karen George

University of Northumbria at Newcastle

Ellison Building, Ellison Place, Newcastle upon Tyne, NE1 8ST

6 Appendices

6.1 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?

Thank you / Grazie / Danke (schön) / Ευχαριστώ

6.2 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

Preparation

1. Do you feel that the training you received in using the Rickter Scale® was adequate? YES NO
2. How might it have been improved?
3. Do you feel confident now in using the Rickter Scale®? YES NO
What might increase your confidence further?
4. Do you believe the Rickter Scale® is a useful tool to use with your clients? YES NO
Further comments:
5. Have you received support/encouragement from your Manager in using the Rickter Scale®? YES NO

Frame(s) of Reference

6. Are the current headings within the “Lifeboard” ‘Frame of Reference’ appropriate to your client group? YES NO
7. How specifically could the “Lifeboard” ‘Frame of Reference’ be improved?

Interview Environment

8. 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

9. Was any of the following lacking?

- Privacy
- Time
- Space
- Comfort

10. How could you improve the environment for Rickter Scale® interviews?

11. To what extent is your use of the Rickter Scale® with clients likely to be interrupted?

- Very likely
- Quite likely
- Unlikely
- Not at all

Use of the Rickter Scale®

12. 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 =

13. 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

14. Please give a brief summary of a case study where the Rickter Scale® was used and proved to be of value:

15. Please give a brief summary of a case study where the Rickter Scale® was used, but proved not to be of value:

16. 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+

17. How would you summarise what it is you are working to achieve with your clients?

18. Do you feel the Rickter Scale® helps you achieve these aims/objectives?

- Not at all
- A little
- Quite significantly
- Considerably

19. Please indicate how this measure of 'movement' has been perceived by:

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

Specific outcomes for staff - Do you feel that the Rickter Scale® contributes to the following?

20. A means of eliciting significant client information

agree strongly agree disagree disagree strongly

21. a means of improving team communication about individual clients

agree strongly agree disagree disagree strongly

22. a means of improving communication with external agencies regarding individual clients

agree strongly agree disagree disagree strongly

23. a standardised structure for interviewing clients

agree strongly agree disagree disagree strongly

24. evidence of your effectiveness in terms of demonstrating your support/intervention with clients

agree strongly agree disagree disagree strongly

25. clarification of client needs/limitations/barriers/options

agree strongly agree disagree disagree strongly

26. a measure of the client's soft indicators

agree strongly agree disagree disagree strongly

27. a contribution to the client's action plan

agree strongly agree disagree disagree strongly

28. recording documentation that is easy to use

agree strongly agree disagree disagree strongly

Specific outcomes for clients - Do you feel that the Rickter Scale® contributes to the following?

29. identification of their priorities for support/intervention
agree strongly agree disagree disagree strongly
30. a new perspective on their current circumstances, and seeing the big picture
agree strongly agree disagree disagree strongly
31. identification of strategies that have worked in the past
agree strongly agree disagree disagree strongly
32. exploration of options for the future
agree strongly agree disagree disagree strongly
33. a means of setting goals
agree strongly agree disagree disagree strongly
34. a means by which they can take responsibility for their future
agree strongly agree disagree disagree strongly
35. a realisation of the progress/achievements they have already made
agree strongly agree disagree disagree strongly
36. a means of improving their self-awareness
agree strongly agree disagree disagree strongly
37. a means of improving self-confidence
agree strongly agree disagree disagree strongly
38. a means of improving self-esteem/self-efficacy
agree strongly agree disagree disagree strongly
39. Any other comments:

Thank you / Grazie / Danke (schön) / ΕυχαριστώΚ Karen George

6.3 'Lifeboard' Frame of Reference

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.

6.4 New Interview Frames of Reference Subject headings

KMOP New 'Frame of Reference':

Accommodation
Appearance/Personal Hygiene
Activities
Relationships
Community
Support
Stress (R)
Medication
Health
Progress

ANS New 'Frame of Reference':

Work
Relationships
Health
Stress (R)
Work / life balance
Support
Skills
Barriers
Accommodation
Cooperation

ZIB New 'Frame of Reference':

Employment / Training / Education
Relationships
Stress (R)
Health
Readiness
Trouble
Freedom
Clarity
Self-confidence
Happiness and Satisfaction

Rickter New 'Frame of Reference':

Reading
Writing/Spelling
Speaking
Numbers
Money
Other Skills
Family Life
Personal / Community Life
Working/Education Life
Expectations

6.5 Information Management System (IMS) 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 and 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				
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

6.6 Final Practitioner Questionnaire

TOI Project | Evaluation Questions



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

Please answer the following questions by double-clicking to select a box of your choice:

Practitioners

- 1) How much does the Rickter Scale® Process improve your understanding of your clients' needs?
☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all
- 2) How much does the Process help you identify areas of support and resources needed for your clients?
☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all
- 3) How much does the Process improve your measurement of clients' progress?
☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all
- 4) How much does the Process help you to measure the impact of your support and interventions with your clients?
☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all
- 5) How much does the Process improve your client review process?
☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all
- 6) How much does the Process improve your quality of work with clients?
☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all
- 7) Is there anything about the Process you would want improved for the benefit of you or your clients?
Yes No If yes please state:
- 8) How useful do you find the IMS system and reports?
☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all
- 9) Is there anything about the IMS you would like improved for you or your clients?
Yes No If yes please state:

6.7 Managers Questionnaire

TOI Project | Evaluation Questions



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

Please answer the following questions by double-clicking to select a box of your choice:

Managers

1) How much does Rickter help to measure the impact of the Practitioners' intervention and support?

☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all

2) How much does the Process help you, as a Manager, to review your team's work?

☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all

3) How much does the Process help identify new support needs or resource needs?

☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all

4) How much does the Process help your team improve the quality of their work?

☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all

5) How much does the Process help to provide evidence for your funders and stakeholders?

☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all

6) How useful do you find the IMS system and the reports it produces?

☺☺ considerably ☺ quite significantly ☹ a little ☹☹ not at all

7) Is there anything about the Rickter Scale® Process or IMS that you would like to be improved to support the needs of your organisation? Yes No If yes please state:

6.8 Client Questionnaire

TOI Project | Evaluation Questions



Please answer the following questions by double-clicking to select a box of your choice:

Clients

Clients Questions (For this Questionnaire, Practitioners could use the Rickter Scale® Board, or simply ask the questions below and record the clients' answers. If you use the Board, you may want to cover up the pre-printed Overlay)

1. Comfort
How comfortable are you about using the Rickter Scale® Board? (compared to completing a written questionnaire, or just answering a lot of questions)
10: very comfortable – 0: not comfortable at all
2. Clarity
How clear are you about what the Rickter Scale® is being used for?
10: very clear – 0: not clear at all
3. Goals
Having used the Rickter Scale®, how clear are you about your goals and your action plan?
10: very clear – 0: not clear at all
4. Sliders
How much does moving the sliders help you to feel where you are in your life and where you would like to be?
10: it helps a lot - 0: it doesn't help at all
5. Process
How helpful is it for you to use the Rickter Scale® board in your interviews?

10: it helps a lot - 0: it doesn't help at all

6. Questions

How easy was it for you to understand the questions?

10: very easy – 0: not easy at all

7. Talking about yourself

How easy does the Rickter Scale® make it for you to talk about yourself and the things going on in your life?

10: very easy – 0: not easy at all

8. Awareness

Having used the Rickter Scale®, how aware are you about what you've already achieved and what your skills and abilities are?

10: very aware – 0: not aware at all

9. Links

How easy is it for you to see links between the different headings on the Rickter Scale® board?

10: very easy – 0: not easy at all

10. After the interview

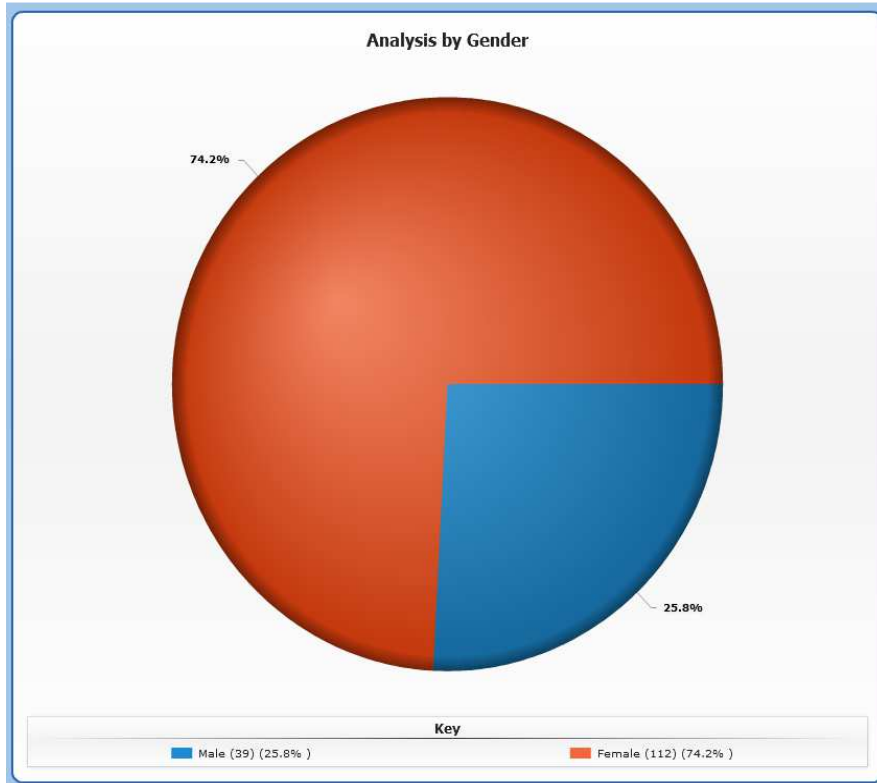
How positive did you feel immediately after your last Rickter Scale® interview?

10: very positive – 0: not positive at all

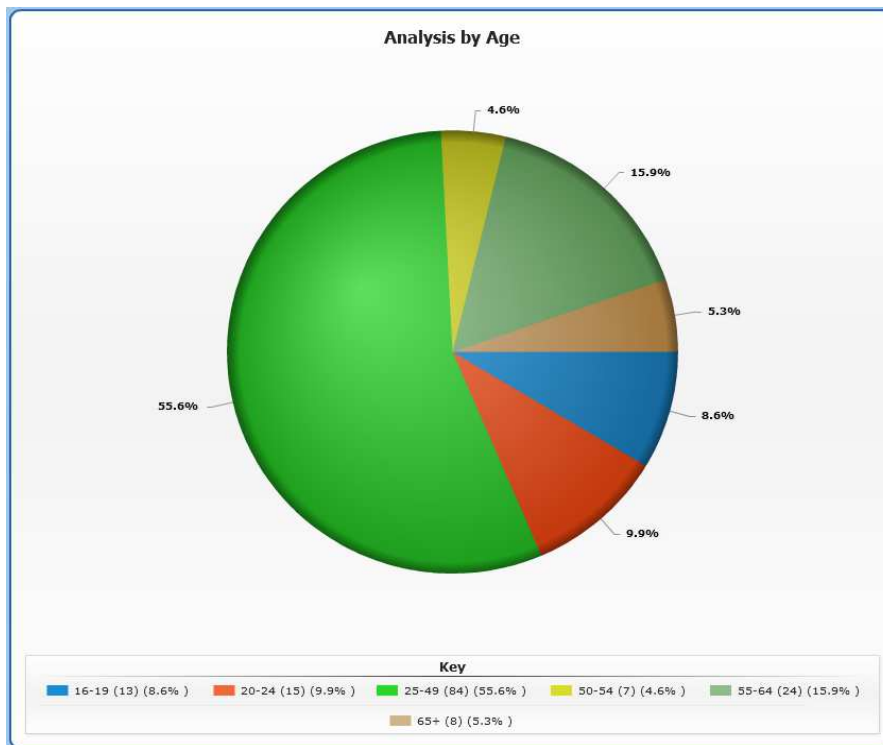
And finally: is there anything about the Rickter Scale® Process that you would like to be improved?
Yes No If yes please state:

6.9 TOI Scaling New Heights Results

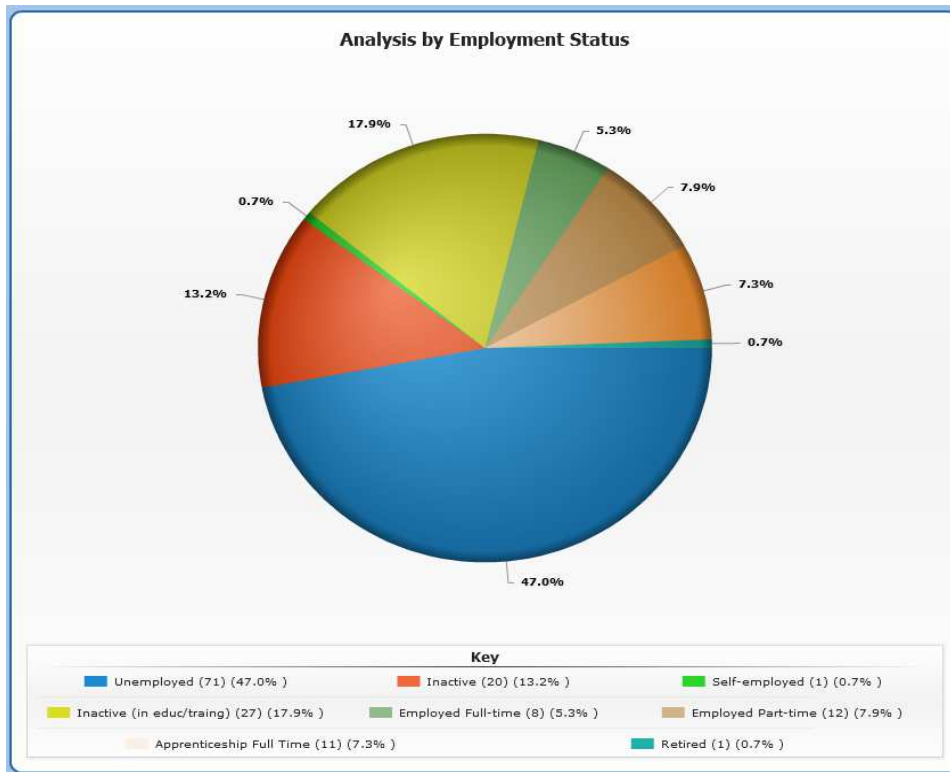
R1 Overall Programme Gender Report Graph 5.9.13



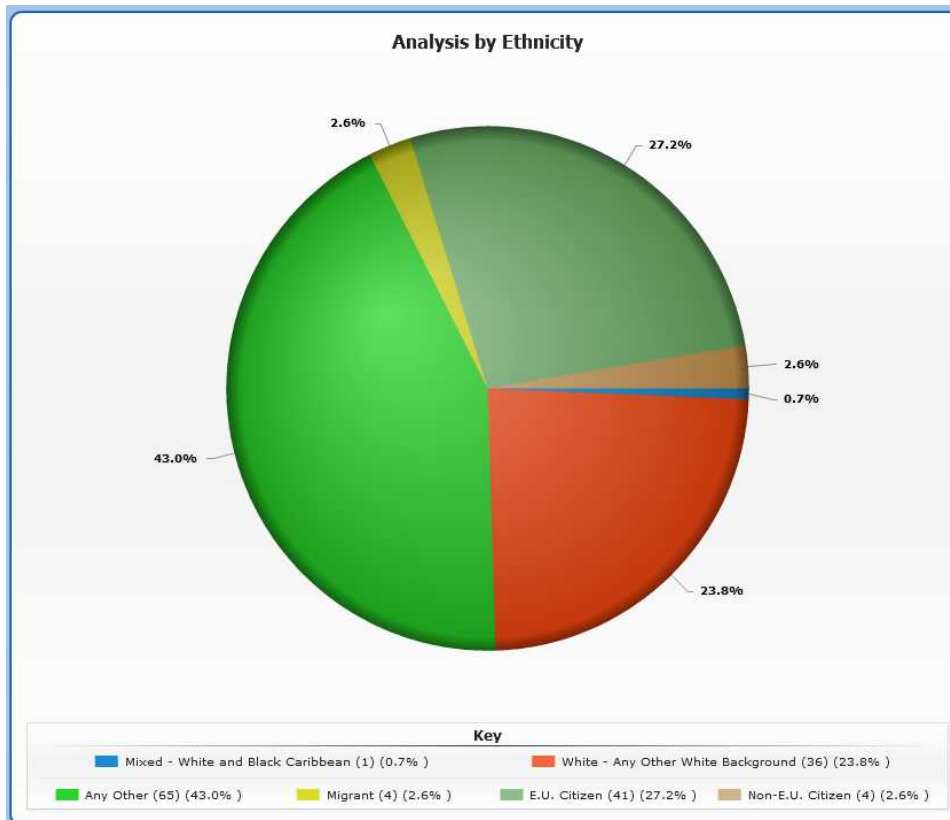
R2 Overall Programme Age Report Graph 5.9.13



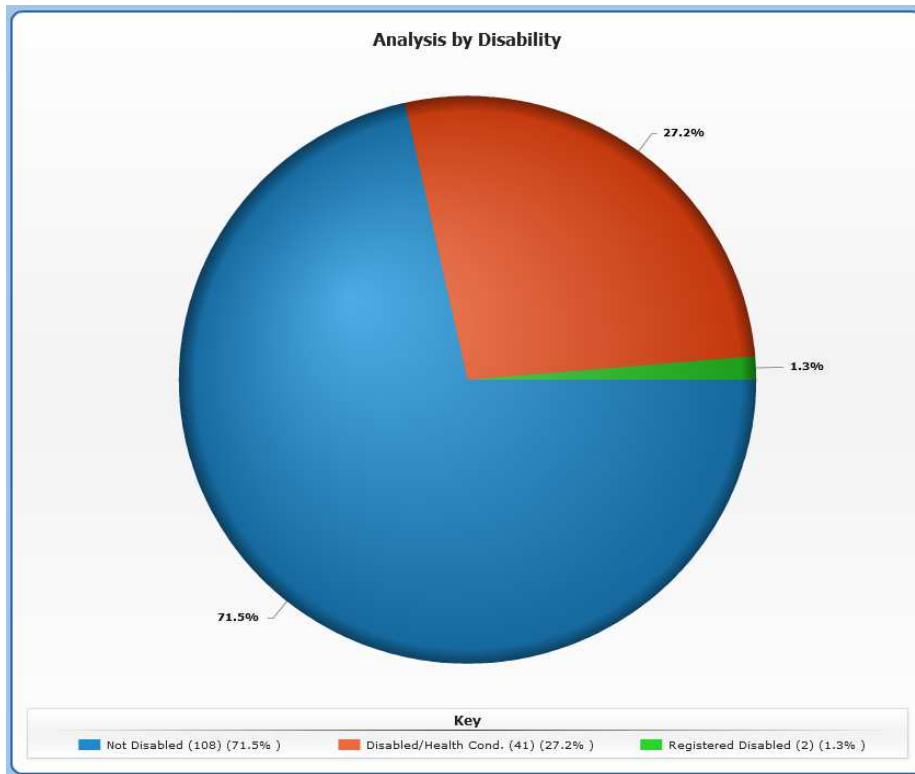
R3 Overall Programme Employment Report Graph 5.9.13



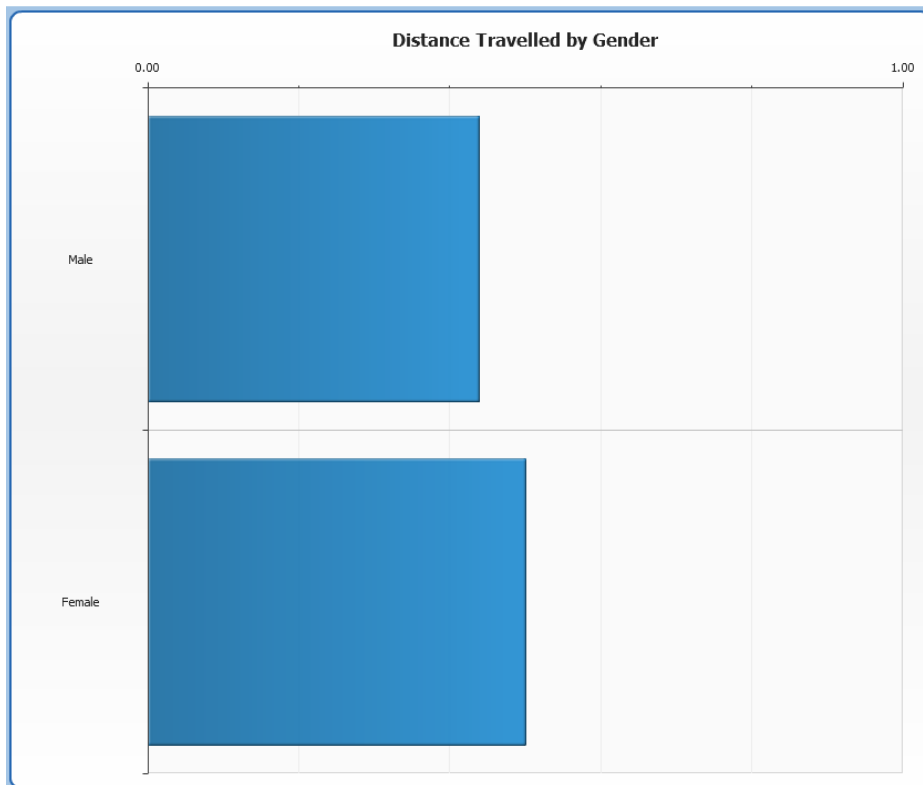
R4 Overall Programme Ethnicity Report Graph 5.9.13



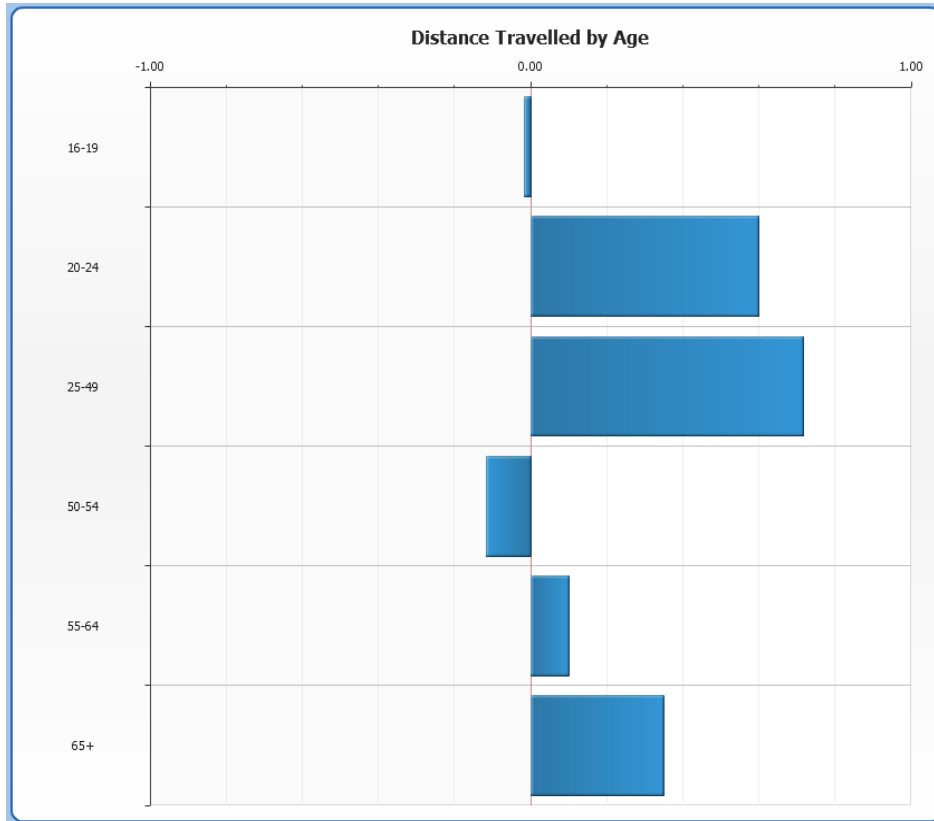
R5 Overall Programme Disability Report Graph 5.9.13



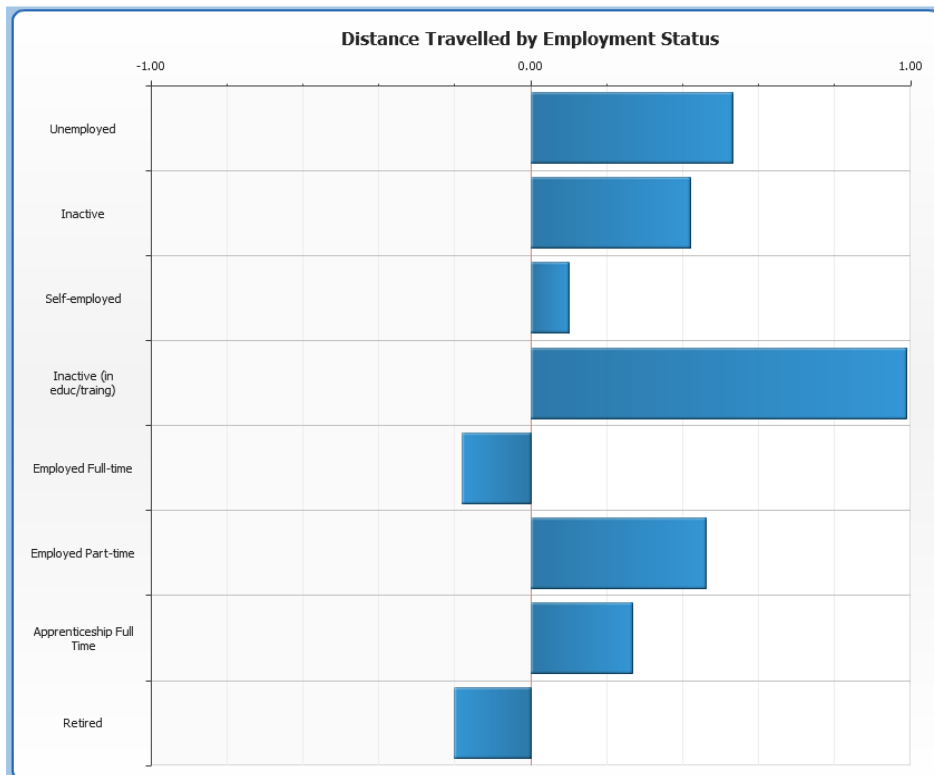
R6 Overall Programme Distance Travelled By Gender 5.9.13



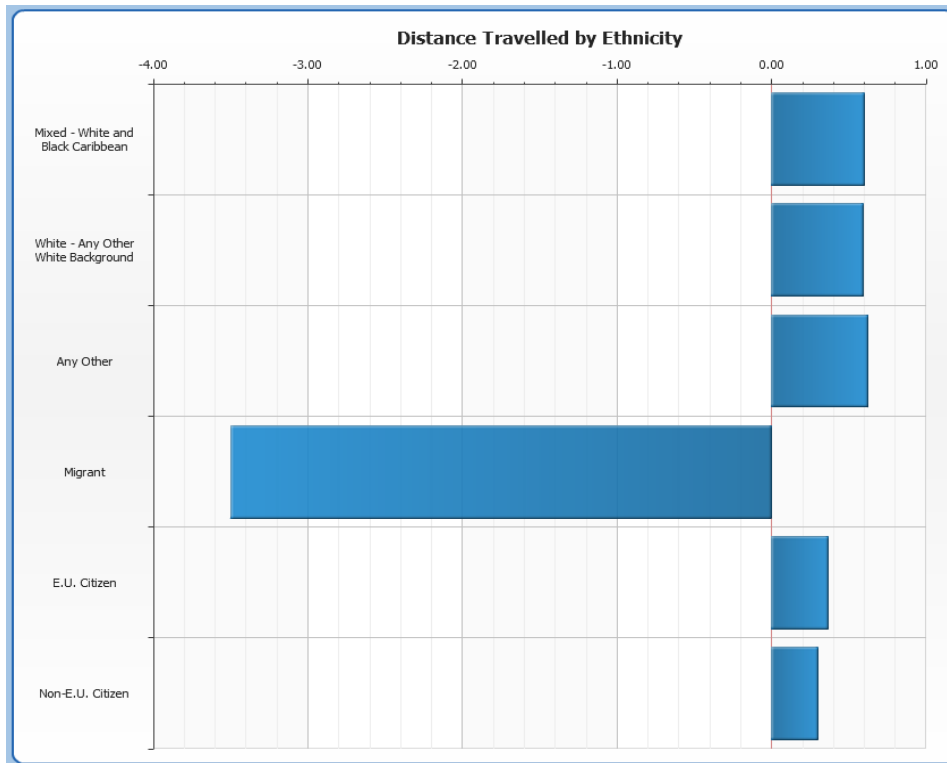
R7 Overall Programme Distance Travelled By Age 5.9.13



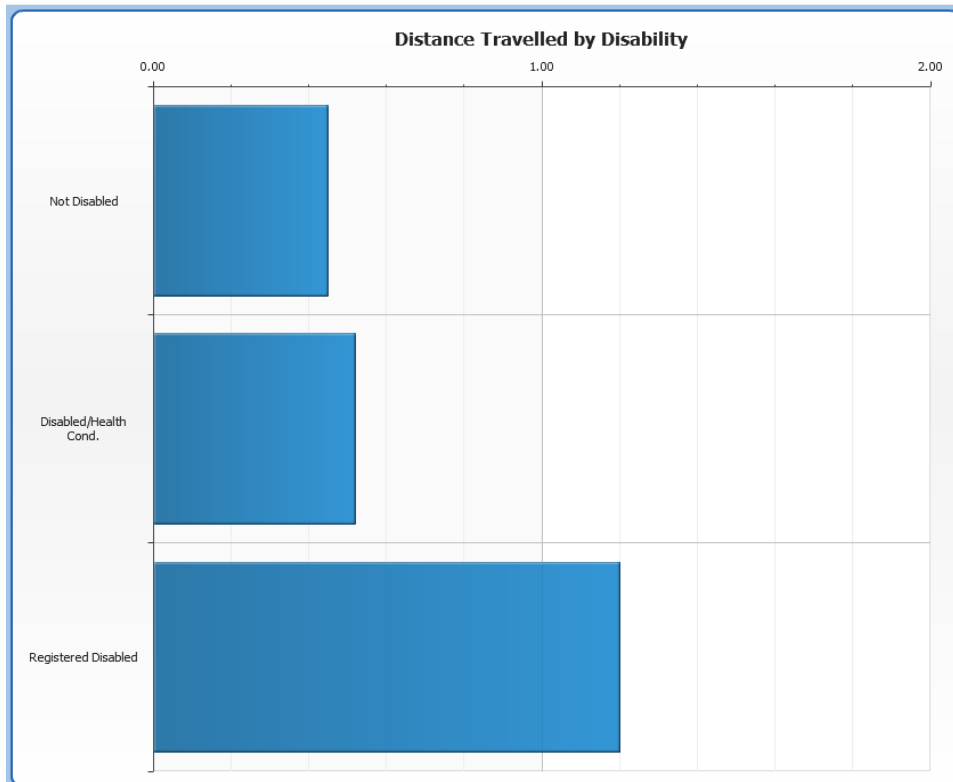
R8 Overall Programme Distance Travelled By Employment 5.9.13



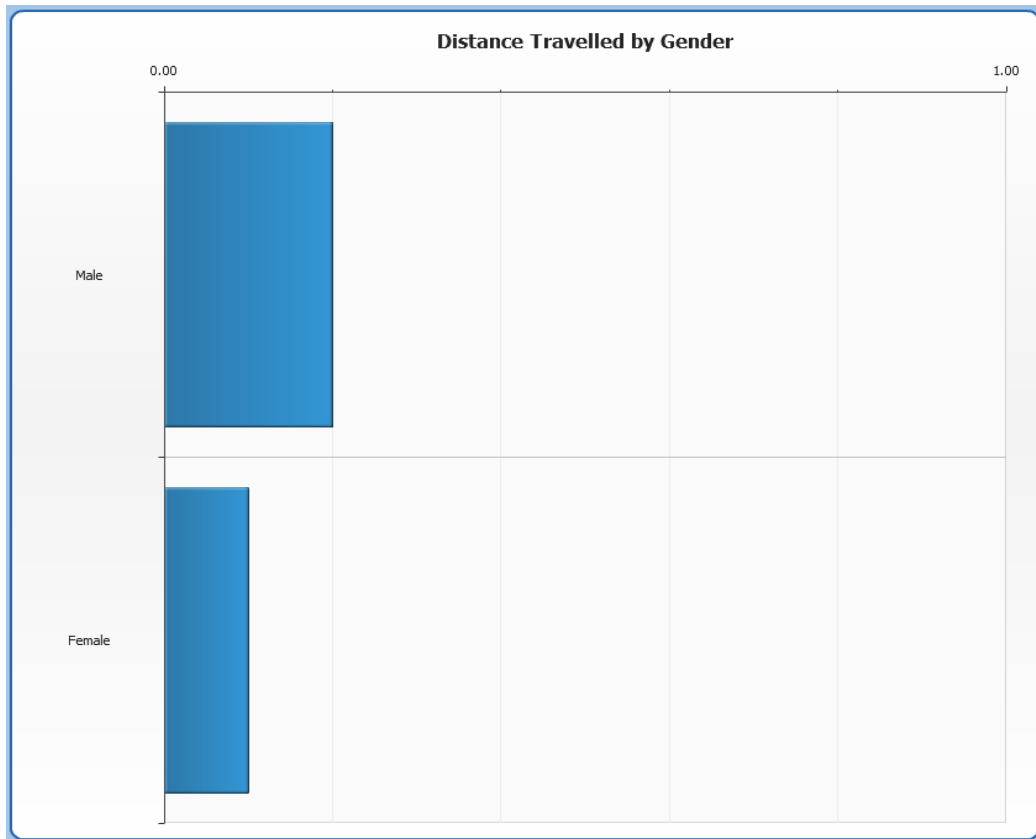
R9 Overall Programme Distance Travelled By Ethnicity 5.9.13



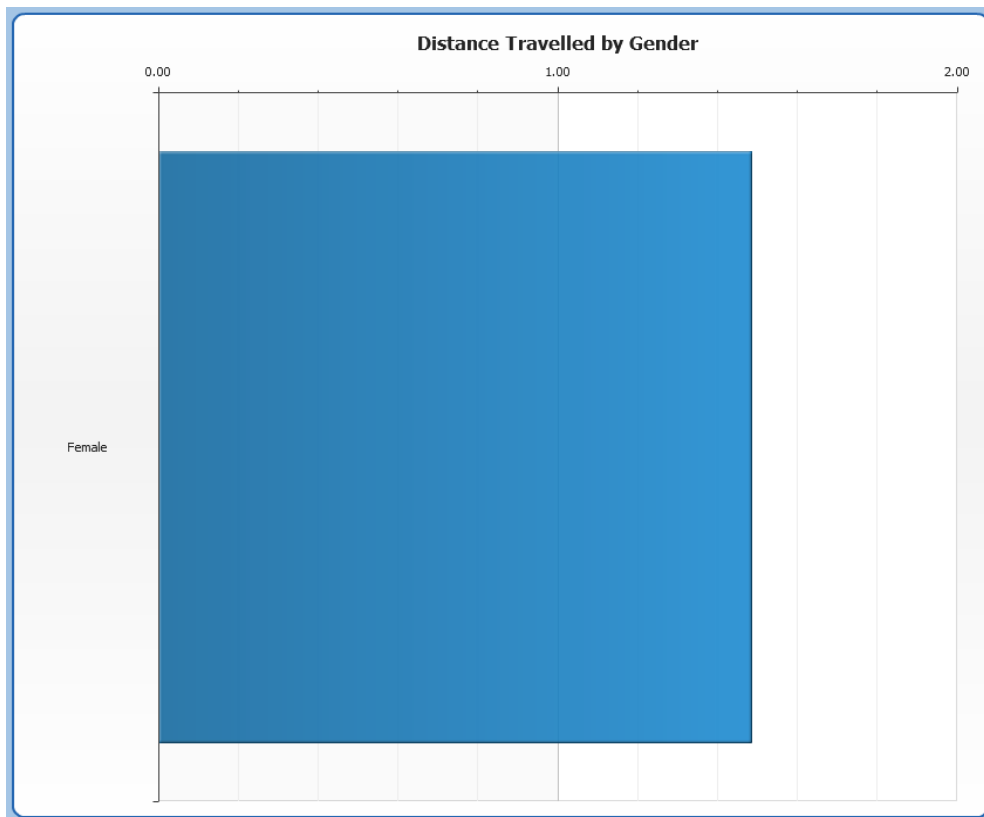
R10 Overall Programme Distance Travelled By Disability 5.9.13



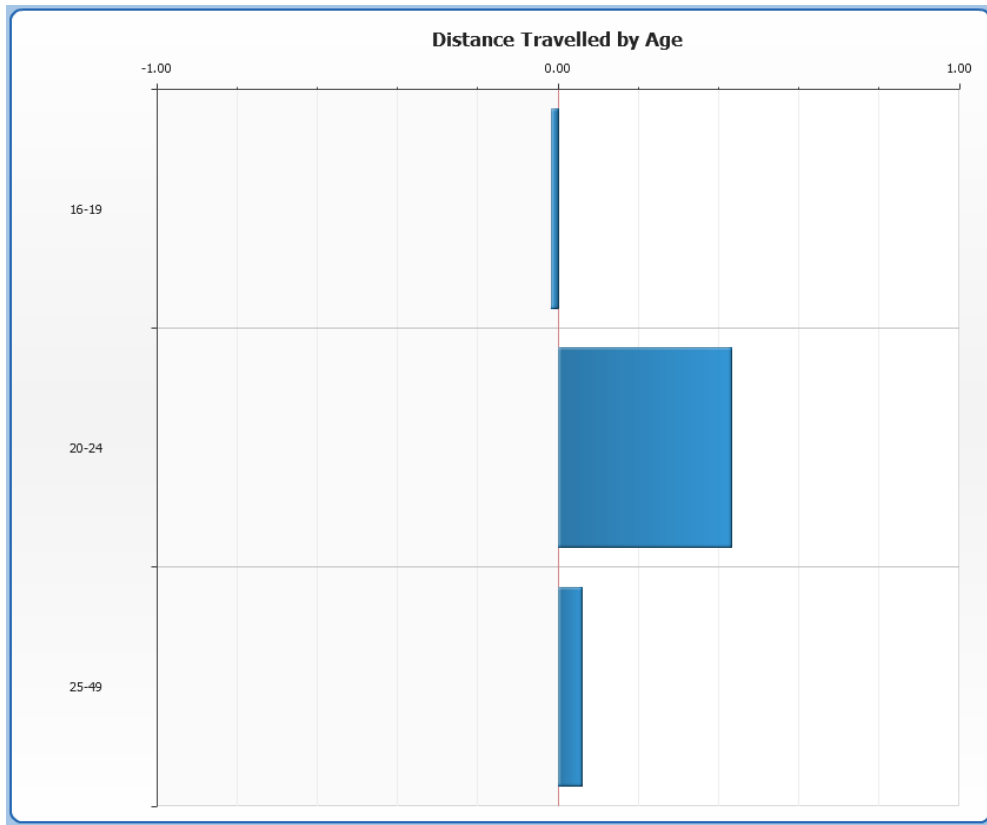
R11 'Lifeboard' Distance Travelled By Gender with ZIB 5.9.13



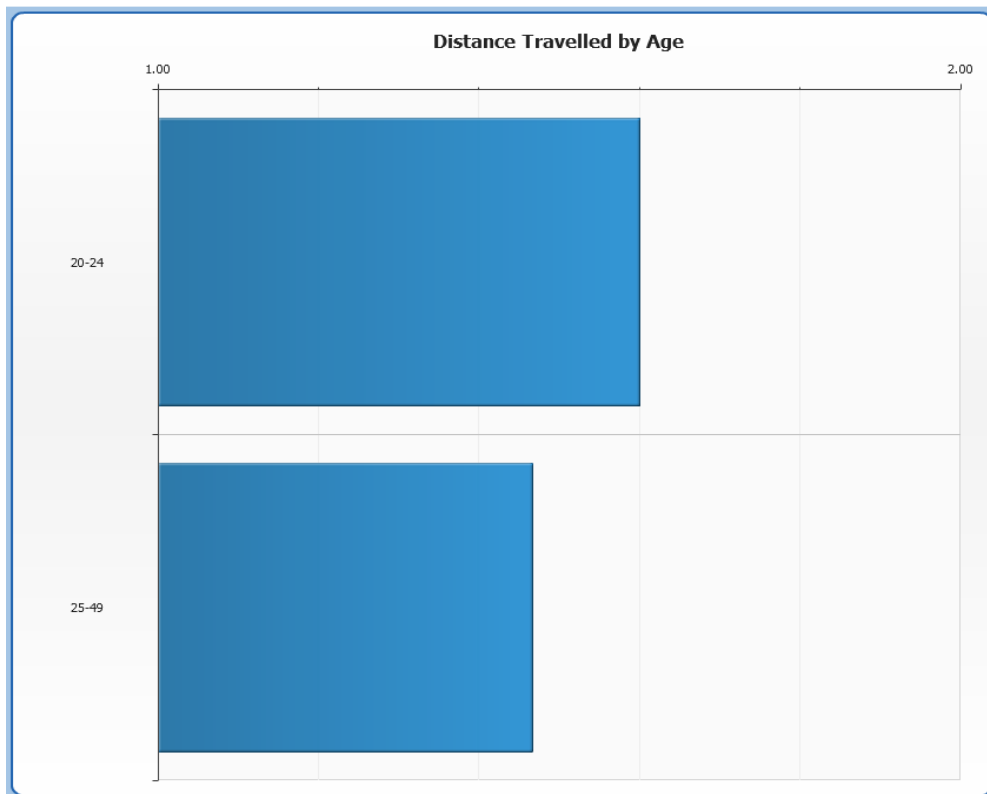
R12 ZIB New Frame of Reference Distance Travelled By Gender with ZIB 5.9.13



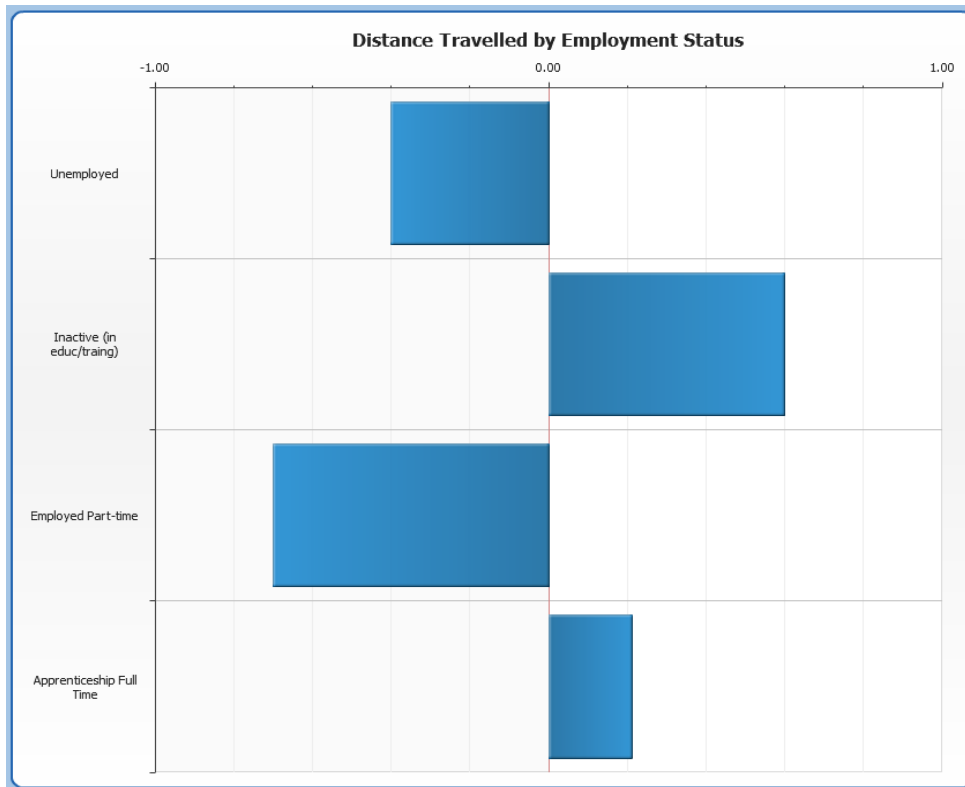
R13 'Lifeboard' Distance Travelled By Age with ZIB 5.9.13



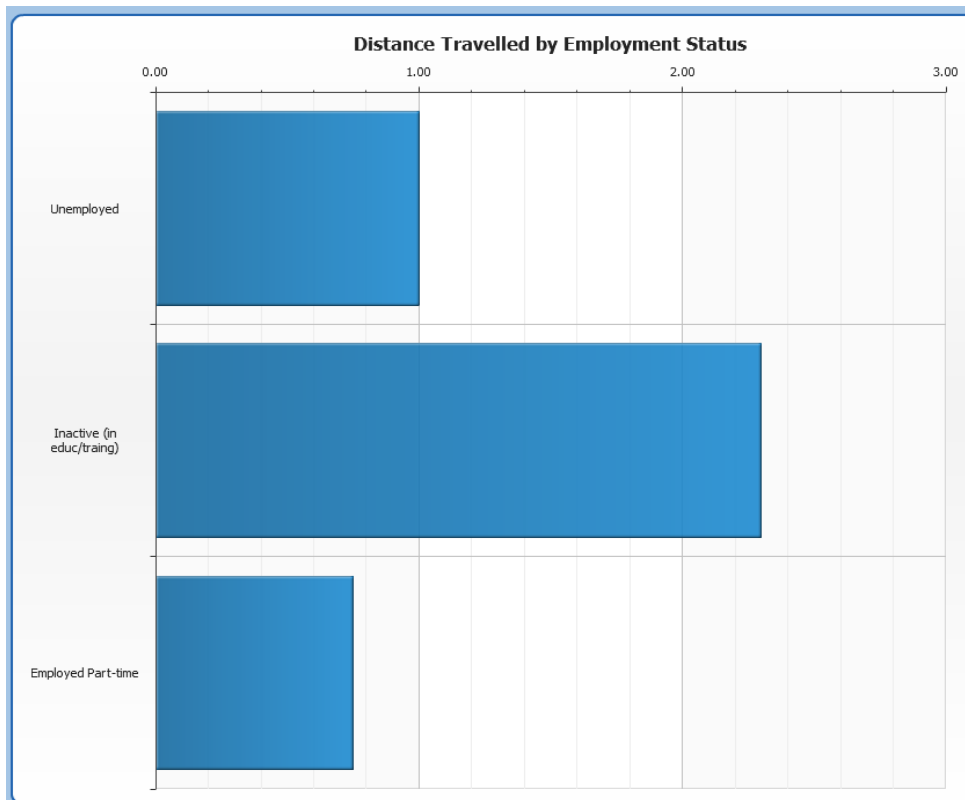
R14 ZIB New Frame of Reference Distance Travelled By Age with ZIB 5.9.13



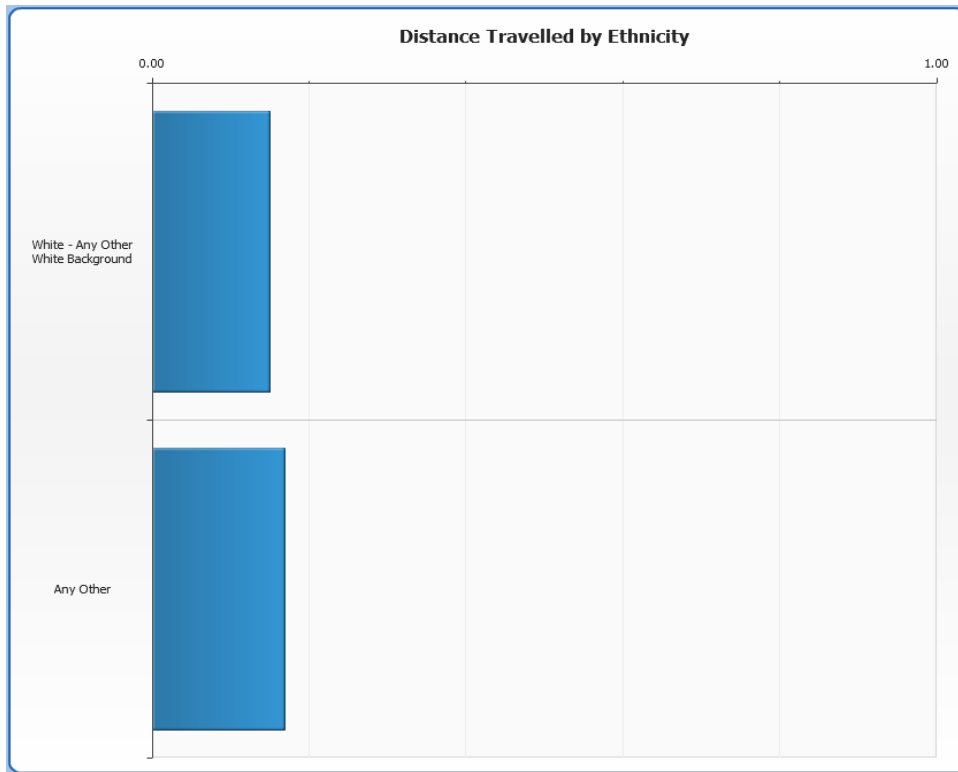
R15 'Lifeboard' Distance Travelled By Employment with ZIB 5.9.13



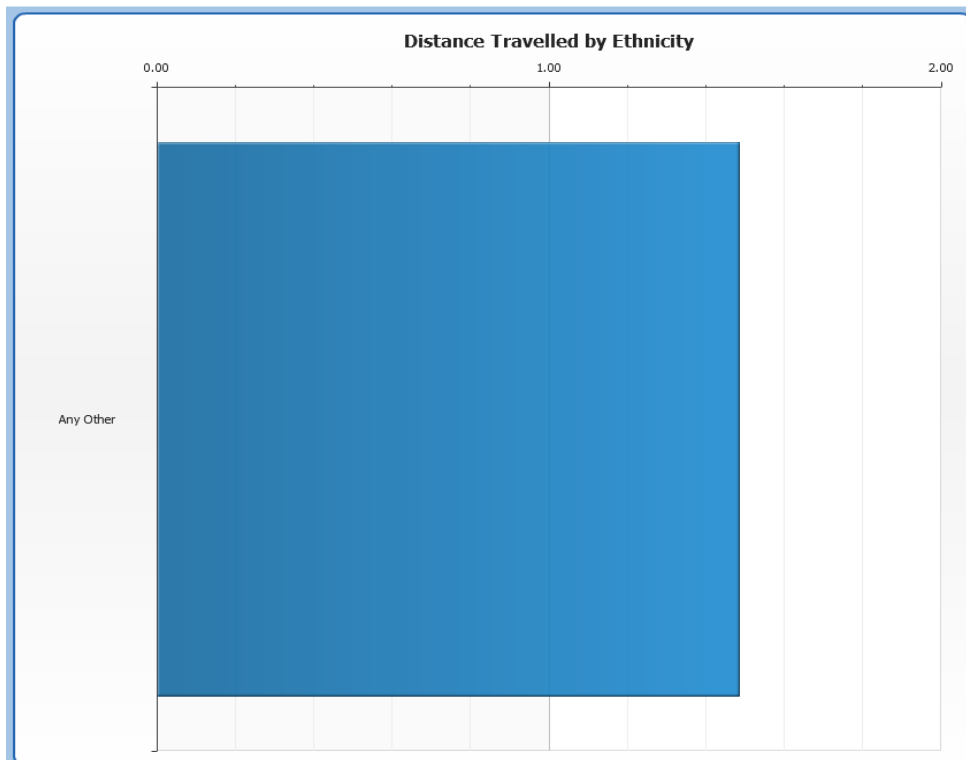
R16 ZIB New Frame of Reference Distance Travelled By Employment with ZIB 5.9.13



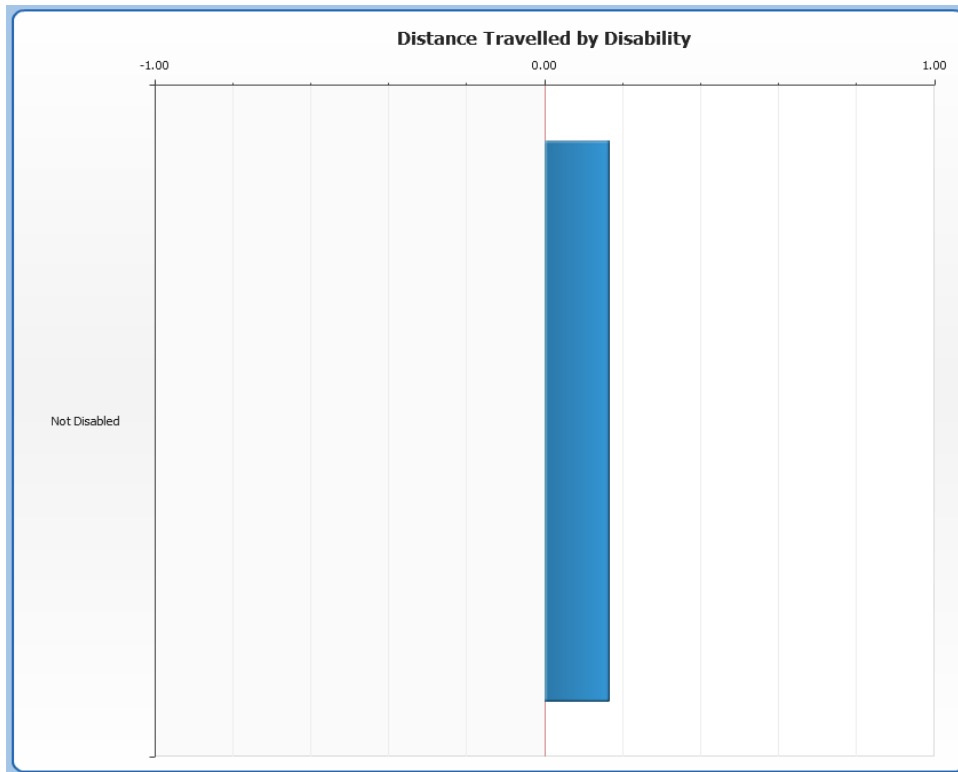
R17 'Lifeboard' Distance Travelled By Ethnicity with ZIB 5.9.13



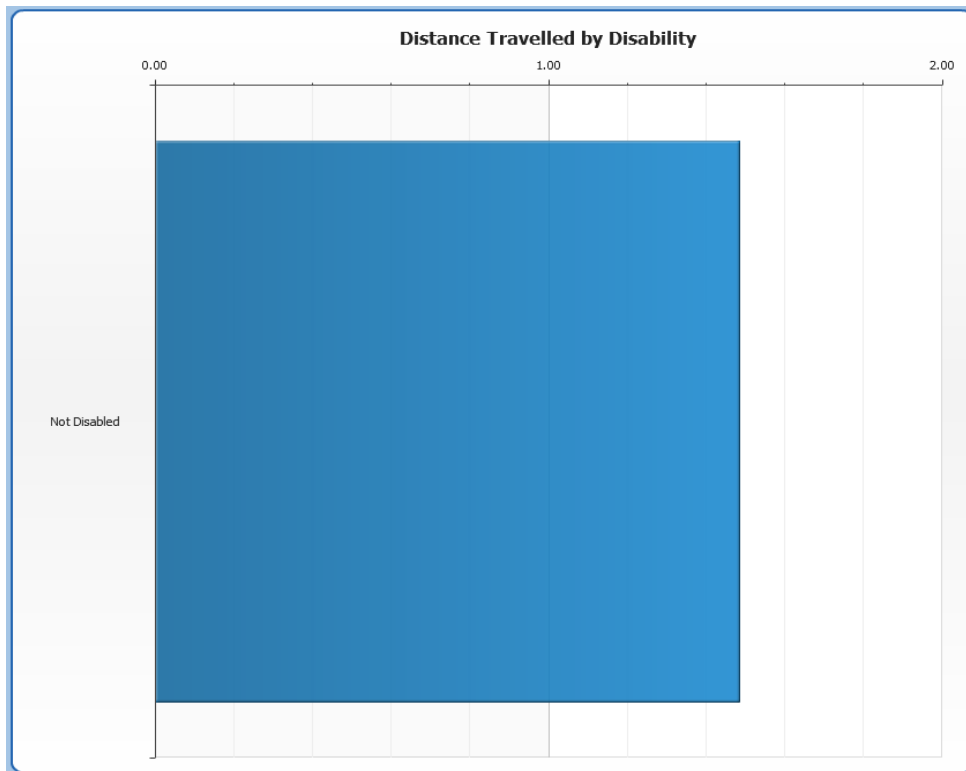
R18 ZIB New Frame of Reference Distance Travelled By Ethnicity with ZIB 5.9.13



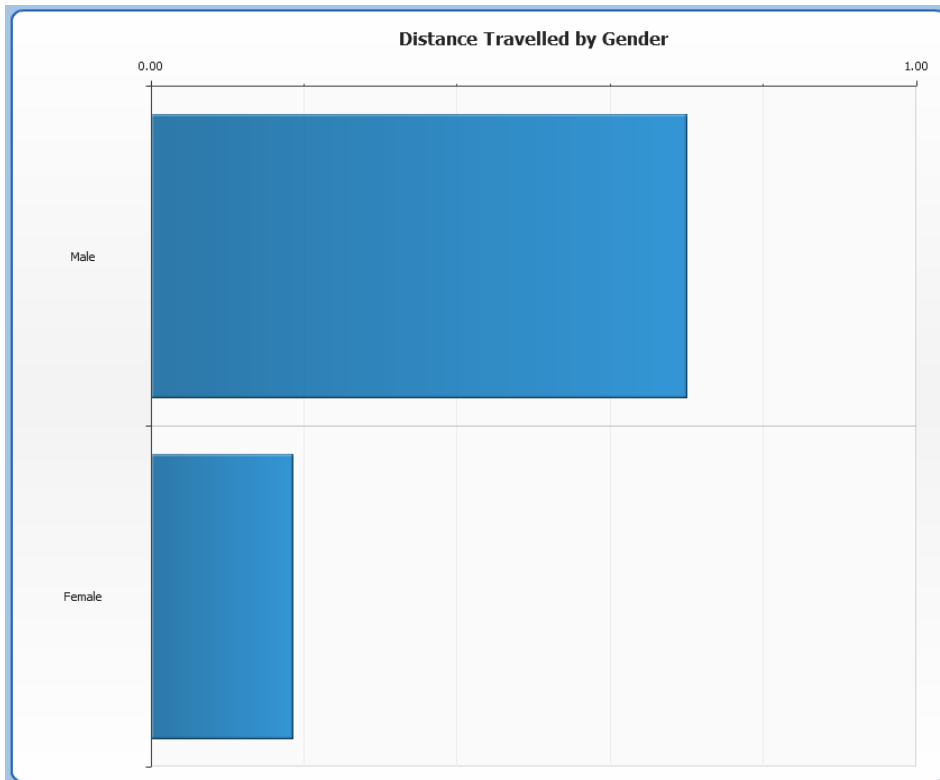
R19 'Lifeboard' Distance Travelled By Disability with ZIB 5.9.13



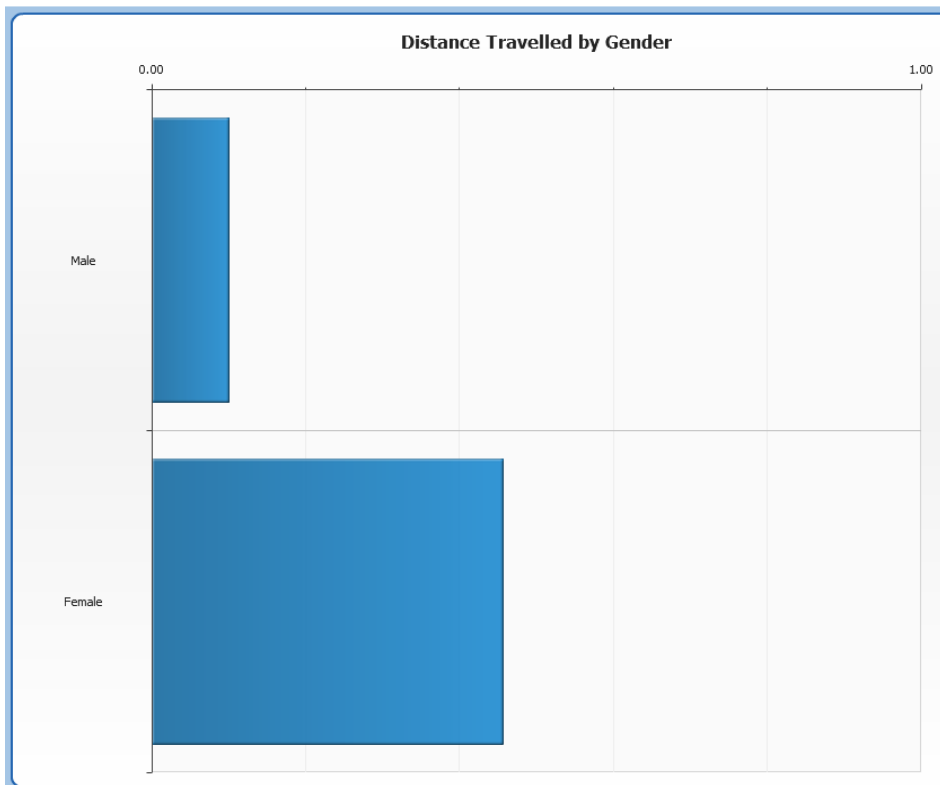
R20 ZIB New Frame of Reference Distance Travelled By Disability with ZIB 5.9.13



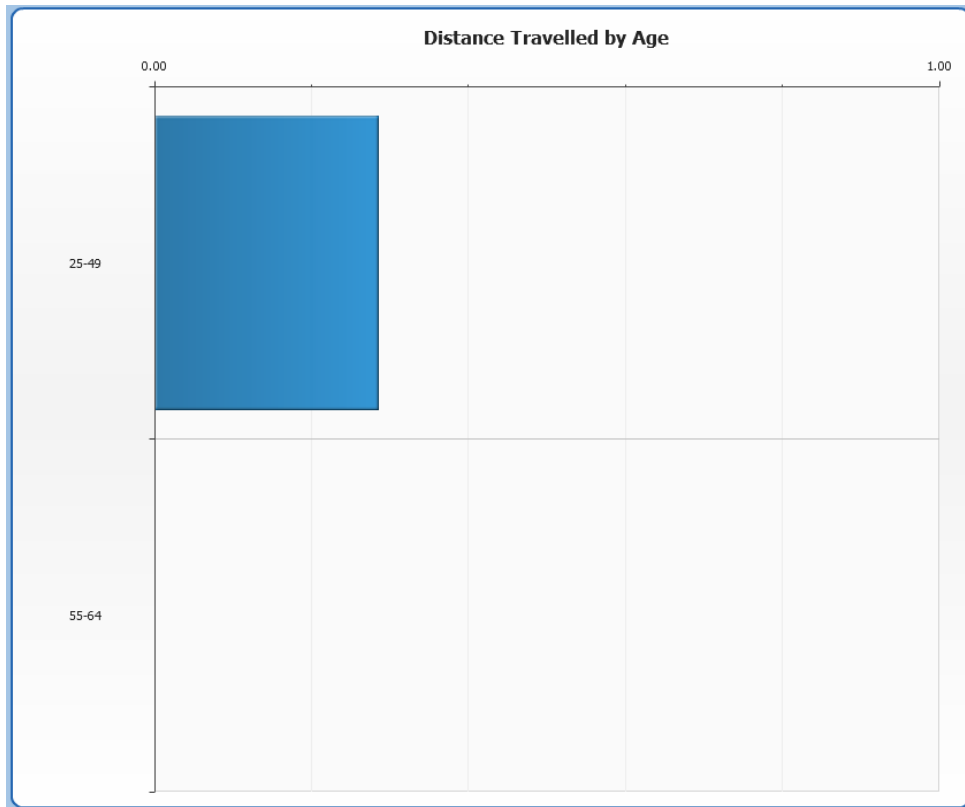
R21 'Lifeboard' Distance Travelled By Gender with ANS 5.9.13



R22 New ANS Frame of Reference Distance Travelled By Gender with ANS 5.9.13



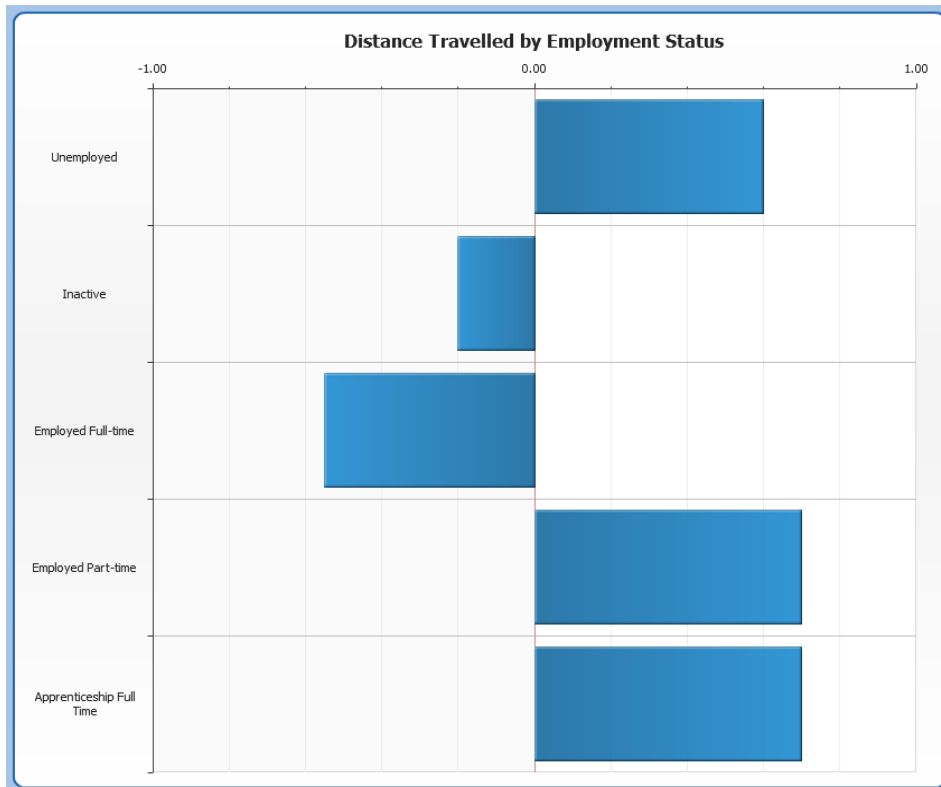
R23 'Lifeboard' Distance Travelled By Age with ANS 5.9.13



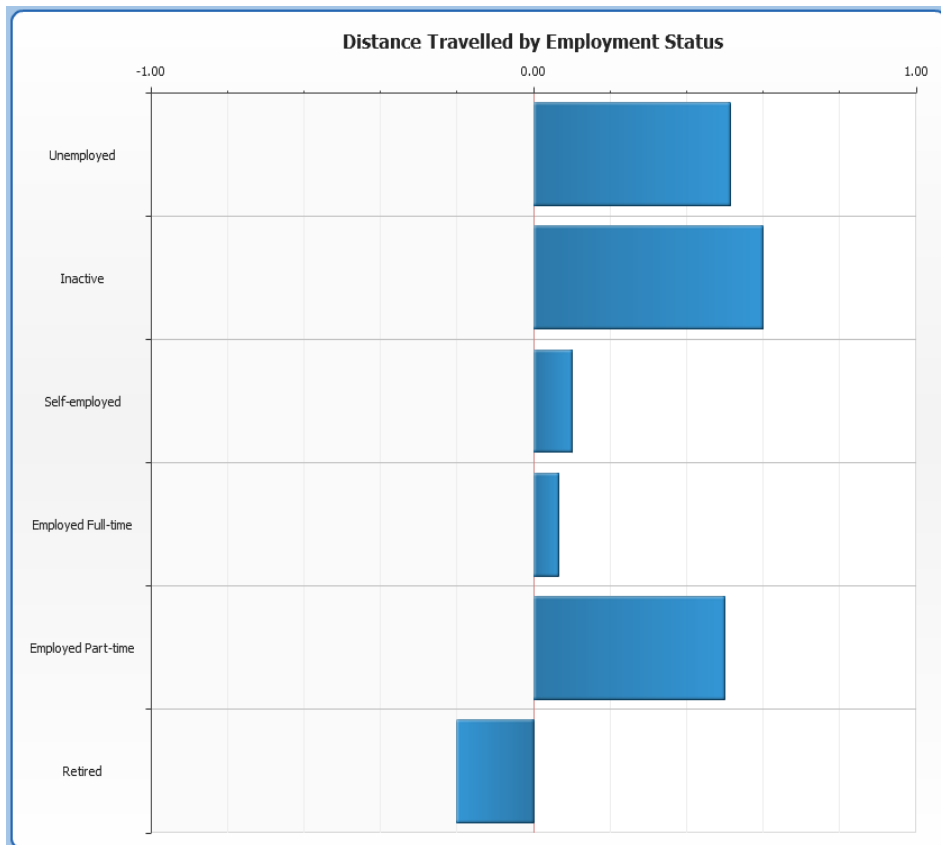
R24 New ANS Frame of Reference Distance Travelled By Age with ANS 5.9.13



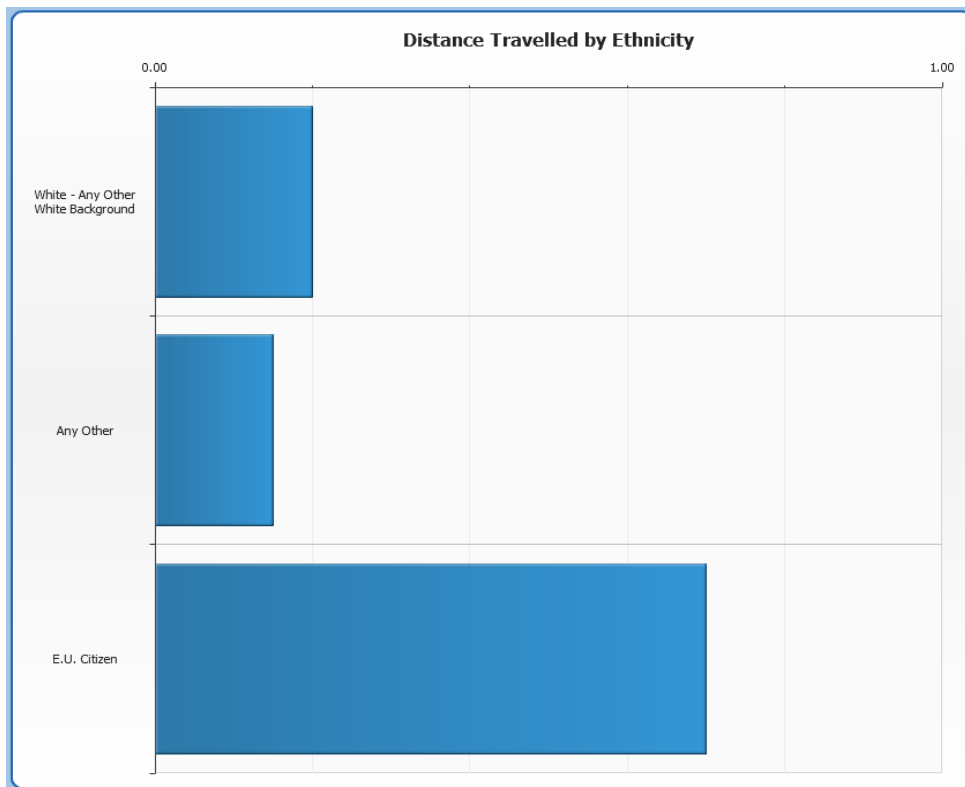
R25 'Lifeboard' Distance Travelled By Employment with ANS 5.9.13



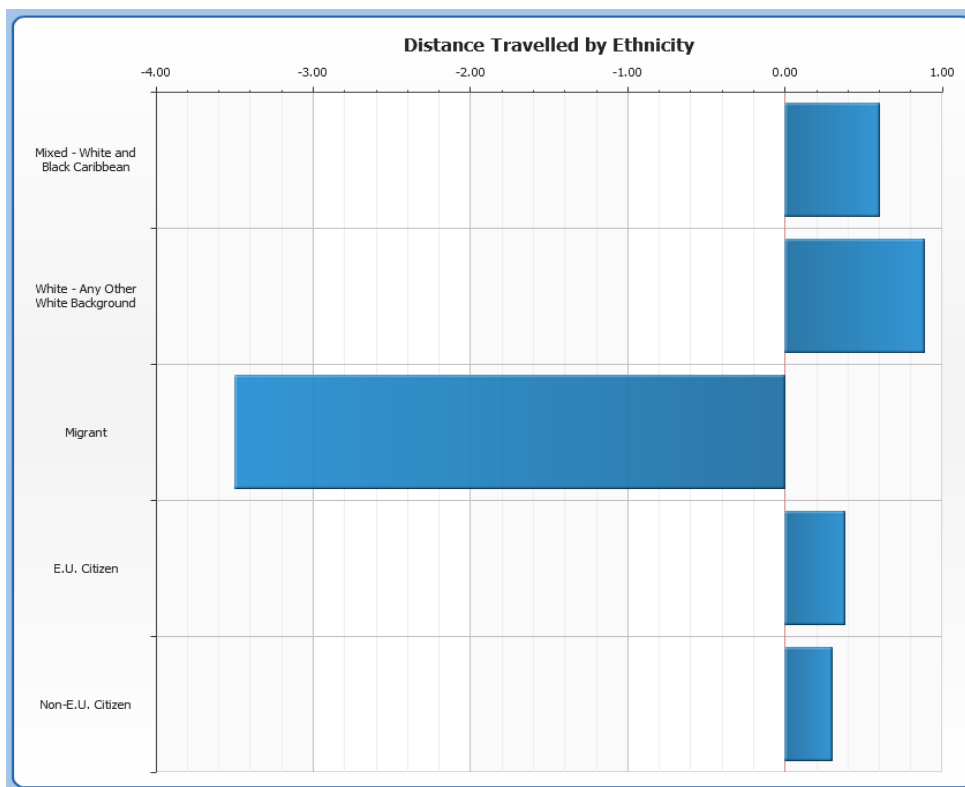
R26 New ANS Frame of Reference Distance Travelled By Employment with ANS 5.9.13



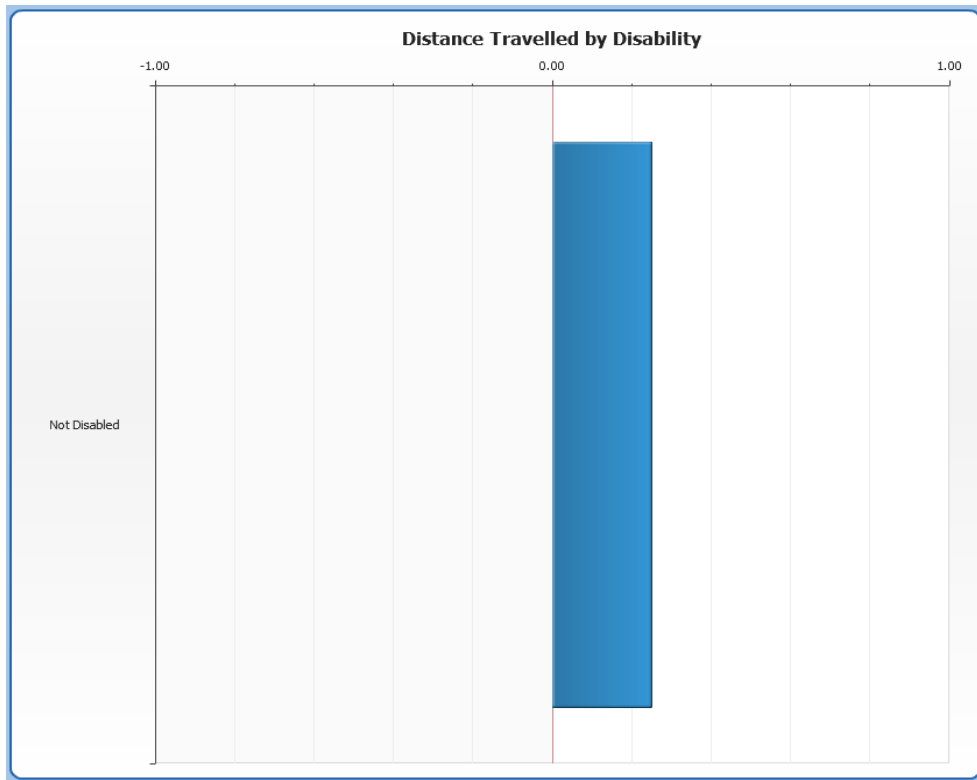
R27 'Lifeboard' Distance Travelled By Ethnicity with ANS 5.9.13



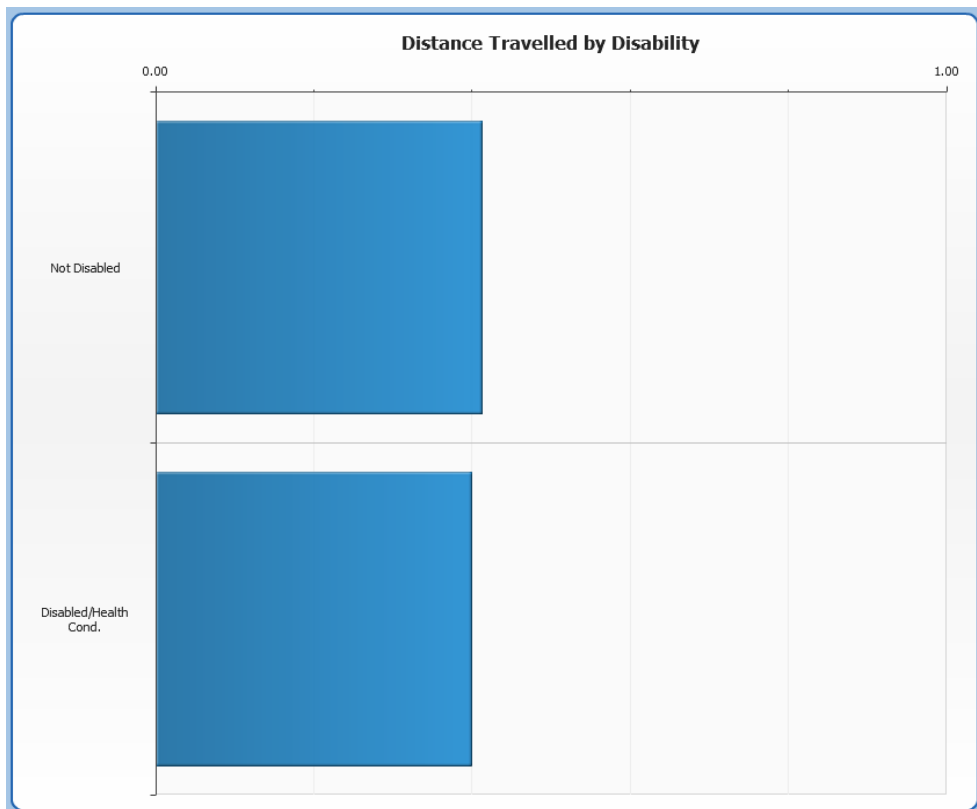
R28 New ANS Frame of Reference Distance Travelled By Ethnicity with ANS 5.9.13



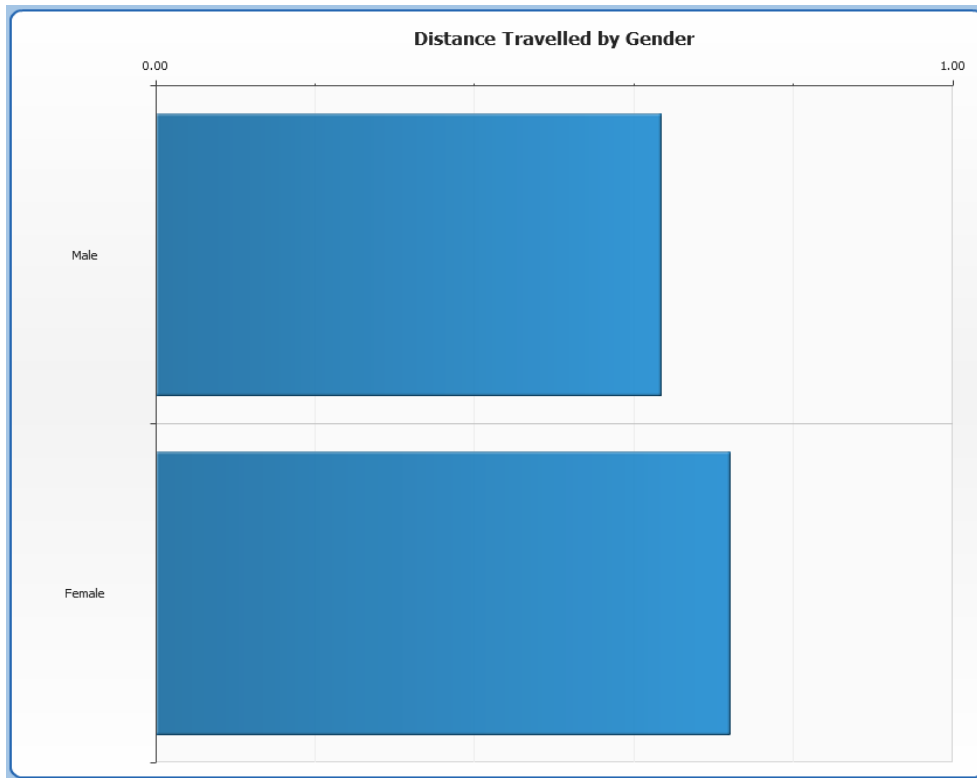
R29 'Lifeboard' Distance Travelled By Disability with ANS 5.9.13



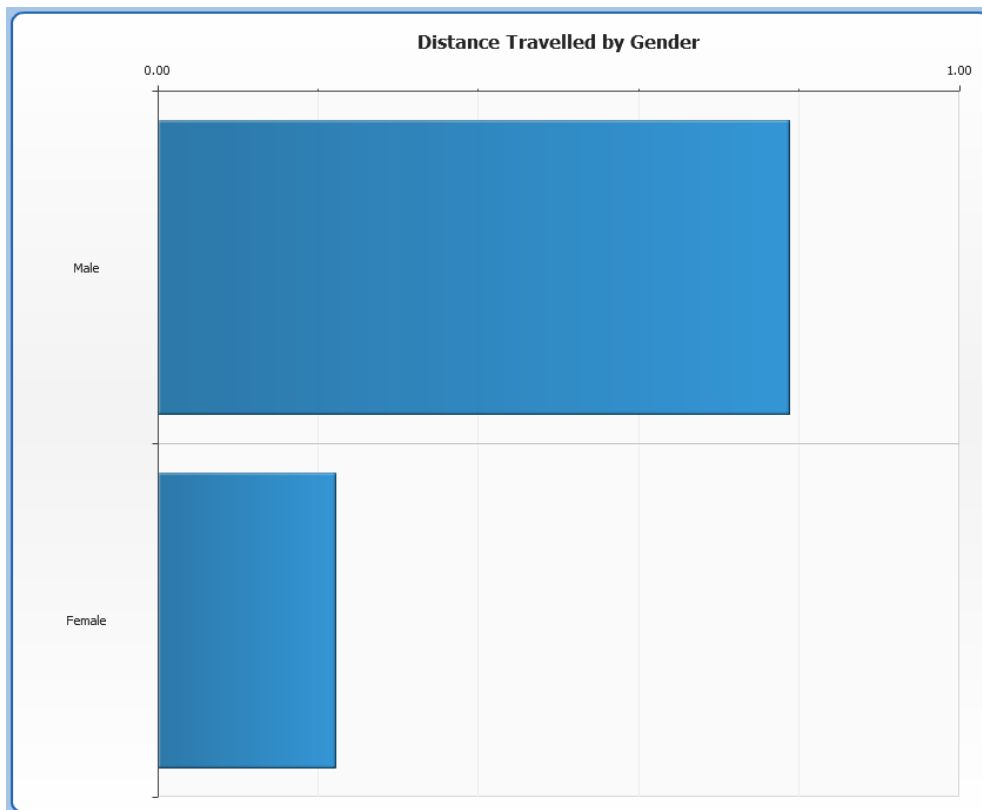
R30 New ANS Frame of Reference Distance Travelled By Disability with ANS 5.9.13



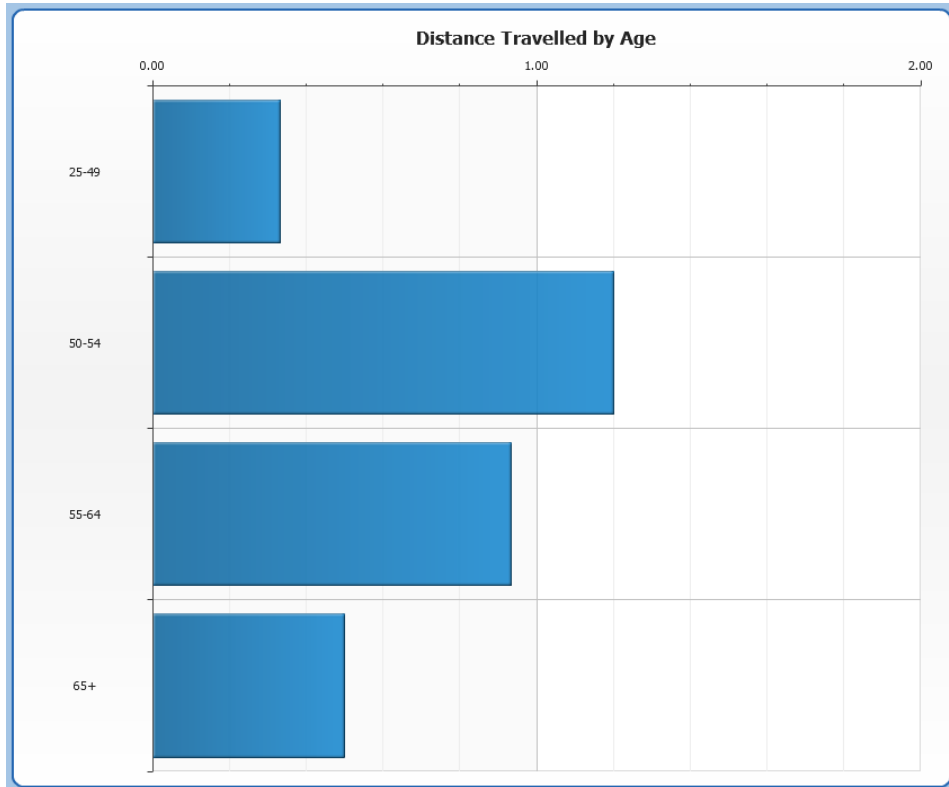
R31 'Lifeboard' Distance Travelled By Gender with KMOP 5.9.13



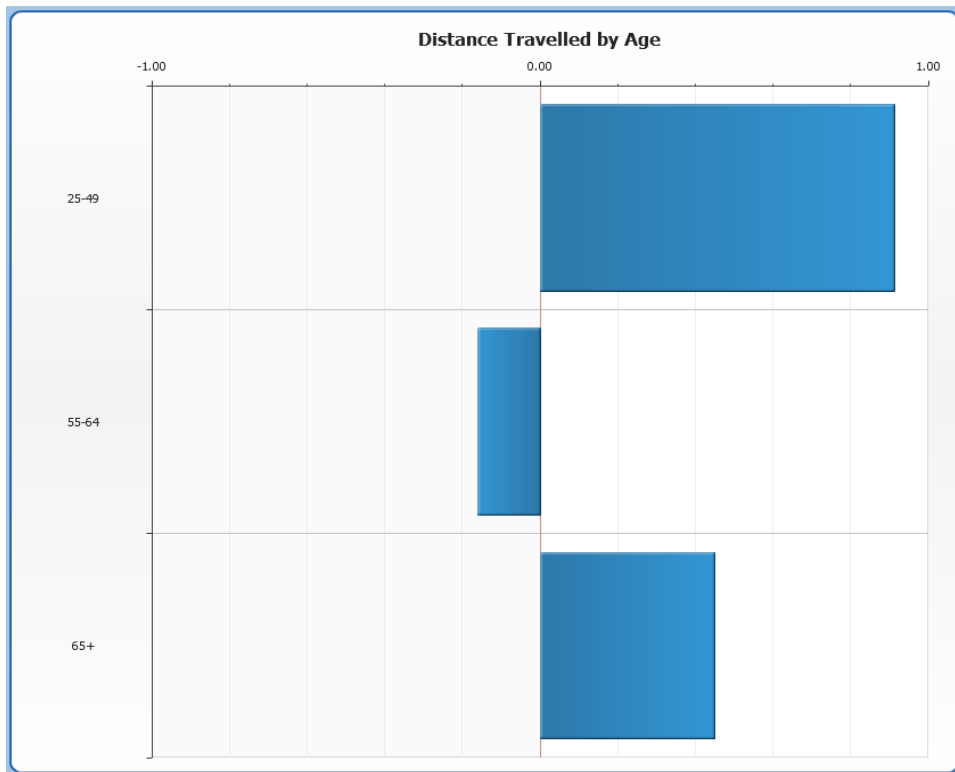
R32 New KMOP Frame of Reference Distance Travelled By Gender with KMOP 5.9.13



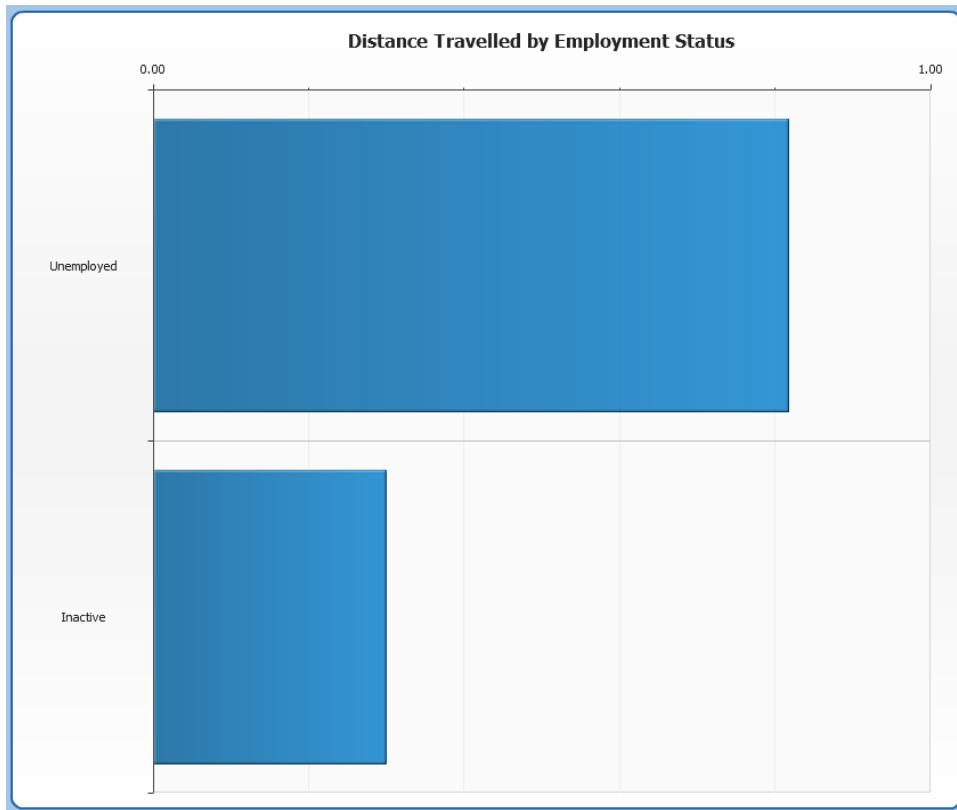
R33 'Lifeboard' Distance Travelled By Age with KMOP 5.9.13



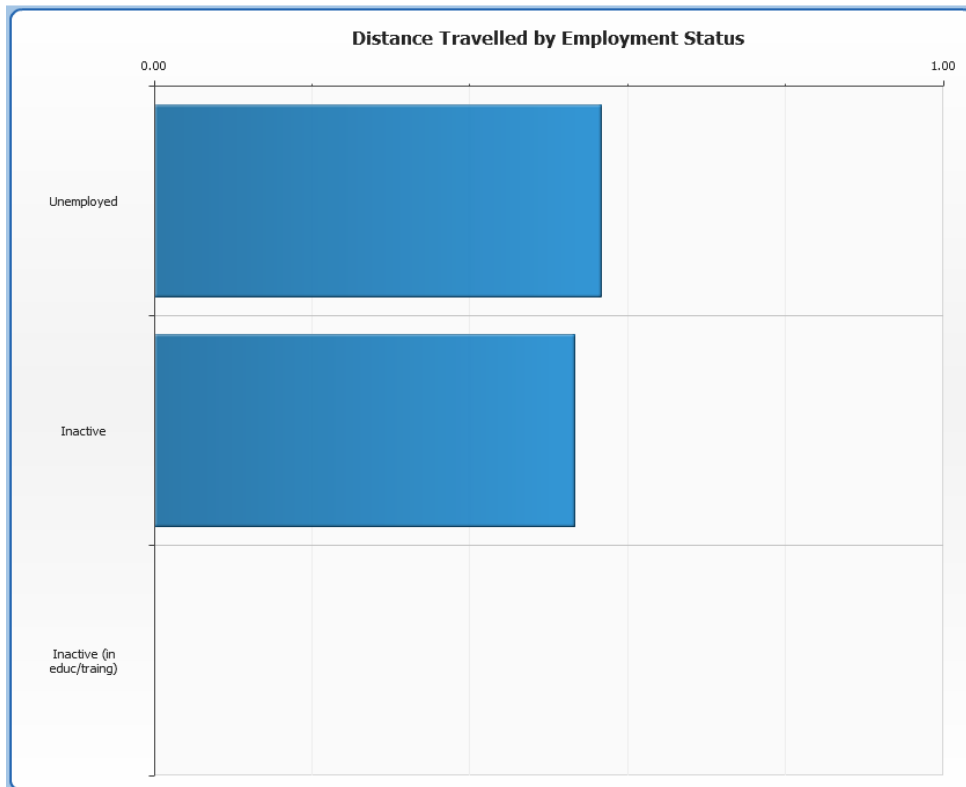
R34 New KMOP Frame of Reference Distance Travelled By Age with KMOP 5.9.13



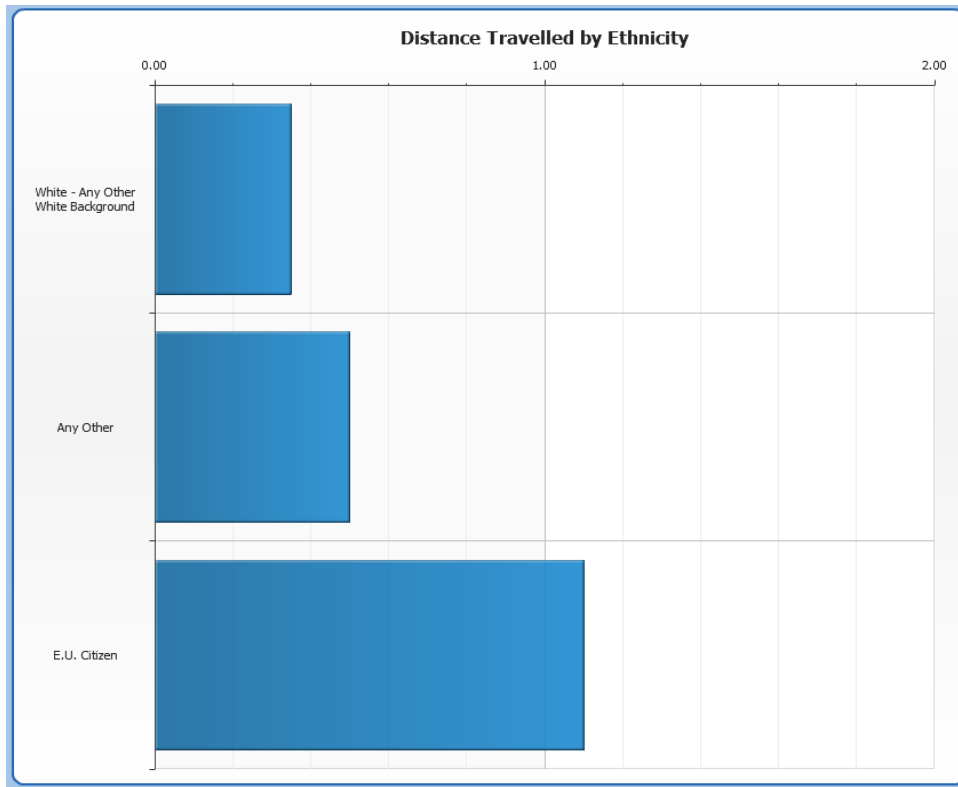
R35 'Lifeboard' Distance Travelled By Employment with KMOP 5.9.13



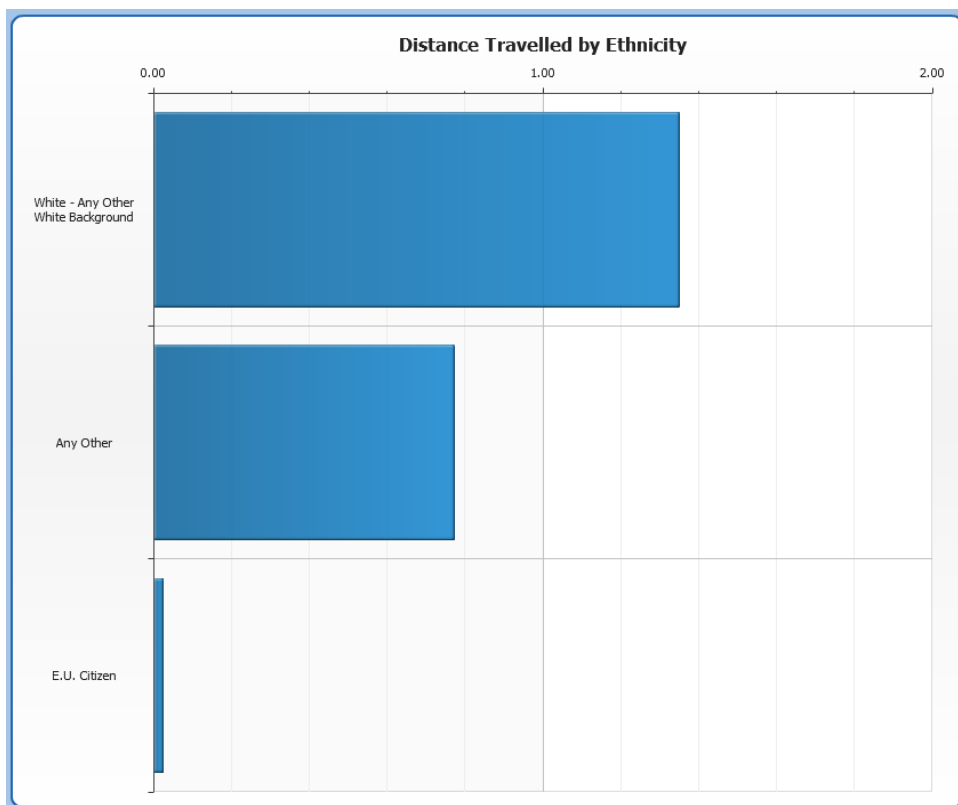
R36 New KMOP Frame of Reference Distance Travelled By Employment with KMOP 5.9.13



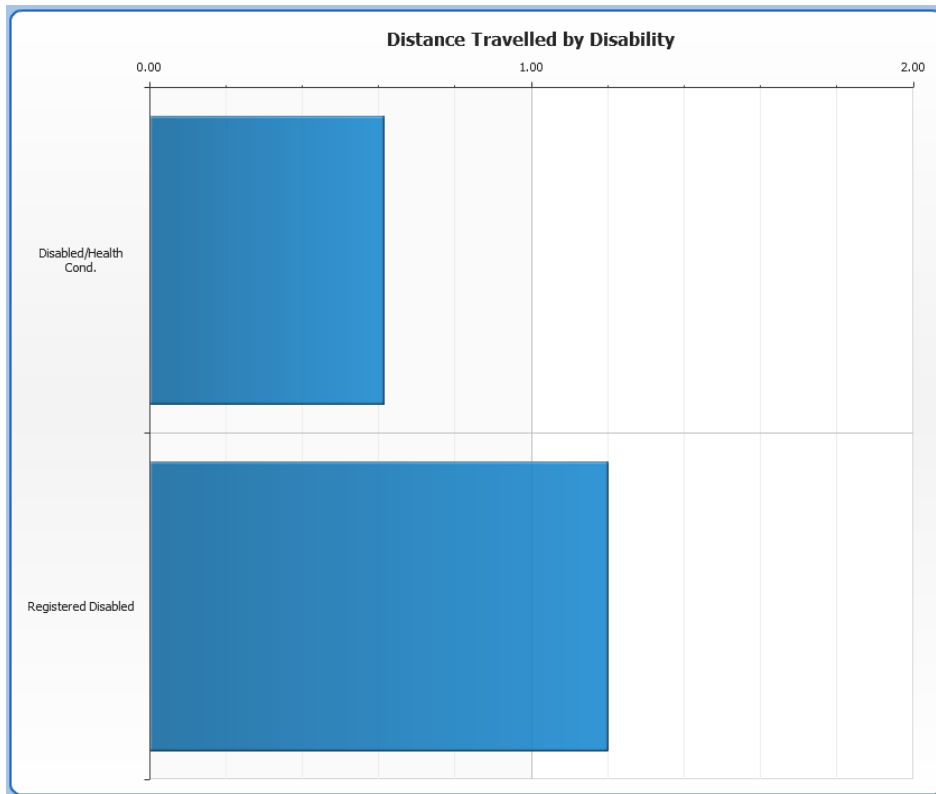
R37 'Lifeboard' Distance Travelled By Ethnicity with KMOP 5.9.13



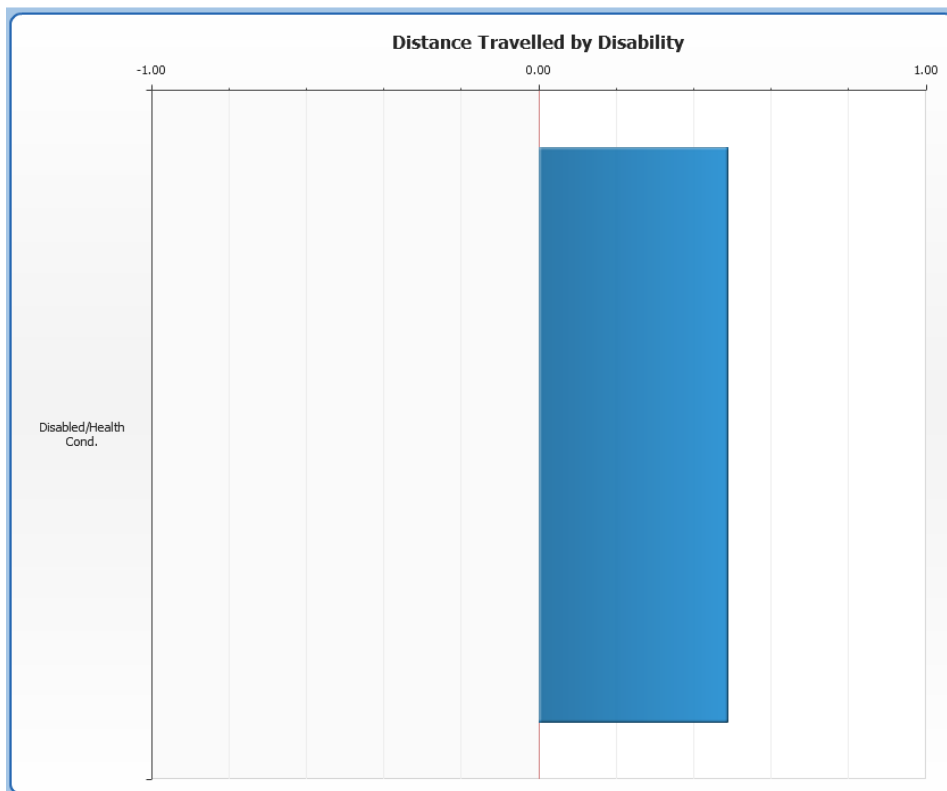
R38 New KMOP Frame of Reference Distance Travelled By Ethnicity with KMOP 5.9.13



R39 'Lifeboard' Distance Travelled By Disability with KMOP 5.9.13



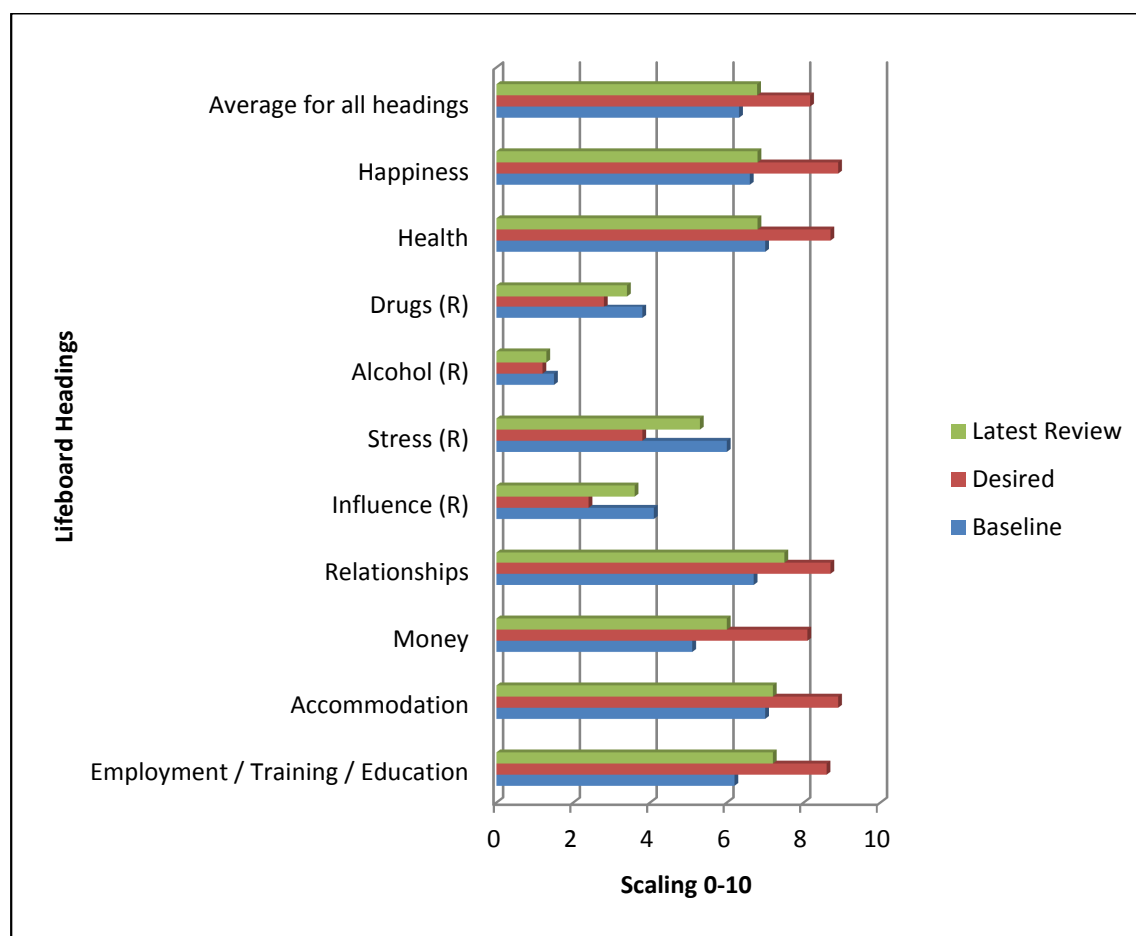
R40 New KMOP Frame of Reference Distance Travelled By Disability with KMOP 5.9.13



R41a 'Lifeboard' Distance Travelled for all Interviews by Programme Table 5.9.13

Lifeboard (Projects Used: 5)					
Number of individuals: 37 of which 0 are archived and 37 are active					
	Baseline	Desired	Latest Review	Distance Travelled Baseline to Latest Review	% Movement Towards Desired State
Employment/Training/Education	6.2	8.6	7.2	1	41.70%
Accommodation	7	8.9	7.2	0.2	10.50%
Money	5.1	8.1	6	0.9	30.00%
Relationships	6.7	8.7	7.5	0.8	40.00%
Influence (R)	4.1	2.4	3.6	0.5	29.40%
Stress (R)	6	3.8	5.3	0.7	31.80%
Alcohol (R)	1.5	1.2	1.3	0.2	66.70%
Drugs (R)	3.8	2.8	3.4	0.4	40.00%
Health	7	8.7	6.8	-0.2	0.00%
Happiness	6.6	8.9	6.8	0.2	8.70%
Average for all headings	6.32	8.17	6.79	0.47	
% Movement Towards Desired State Across All Headings: 25.41%					

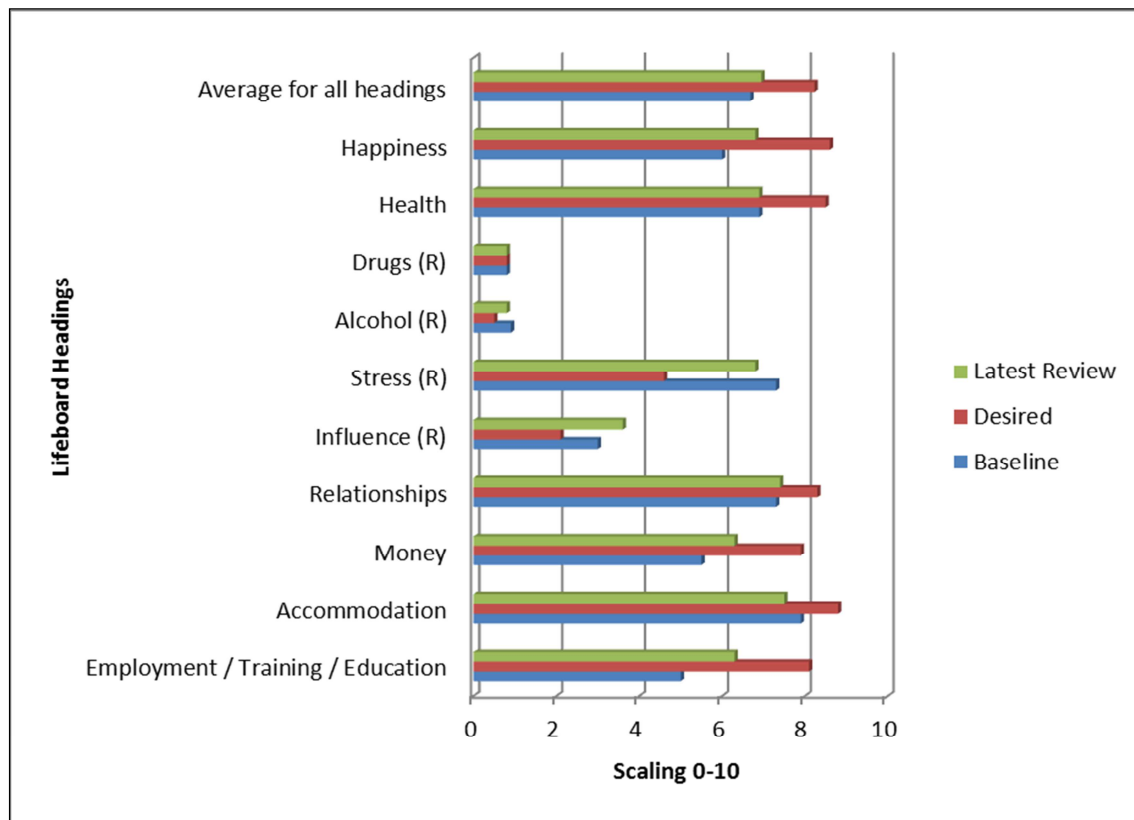
R41b 'Lifeboard' Distance Travelled for all Interviews by Programme Graph 5.9.13



R42a 'Lifeboard' Distance Travelled Summary Average for ANS Table 5.9.13

Number of individuals: 8 of which 0 are archived and 8 are active					
	Baseline	Desired	Latest Review	Distance Travelled Baseline to Latest Review	% Movement Towards Desired State
Employment / Training / Education	5	8.1	6.3	1.3	41.90%
Accommodation	7.9	8.8	7.5	-0.4	0.00%
Money	5.5	7.9	6.3	0.8	33.30%
Relationships	7.3	8.3	7.4	0.1	10.00%
Influence (R)	3	2.1	3.6	-0.6	0.00%
Stress (R)	7.3	4.6	6.8	0.6	18.50%
Alcohol (R)	0.9	0.5	0.8	0.2	25.00%
Drugs (R)	0.8	0.8	0.8	0.1	0.00%
Health	6.9	8.5	6.9	0	0.00%
Happiness	6	8.6	6.8	0.8	30.80%
Average for all headings	6.68	8.23	6.95	0.29	
% Movement Towards Desired State Across All Headings: 18.71%					

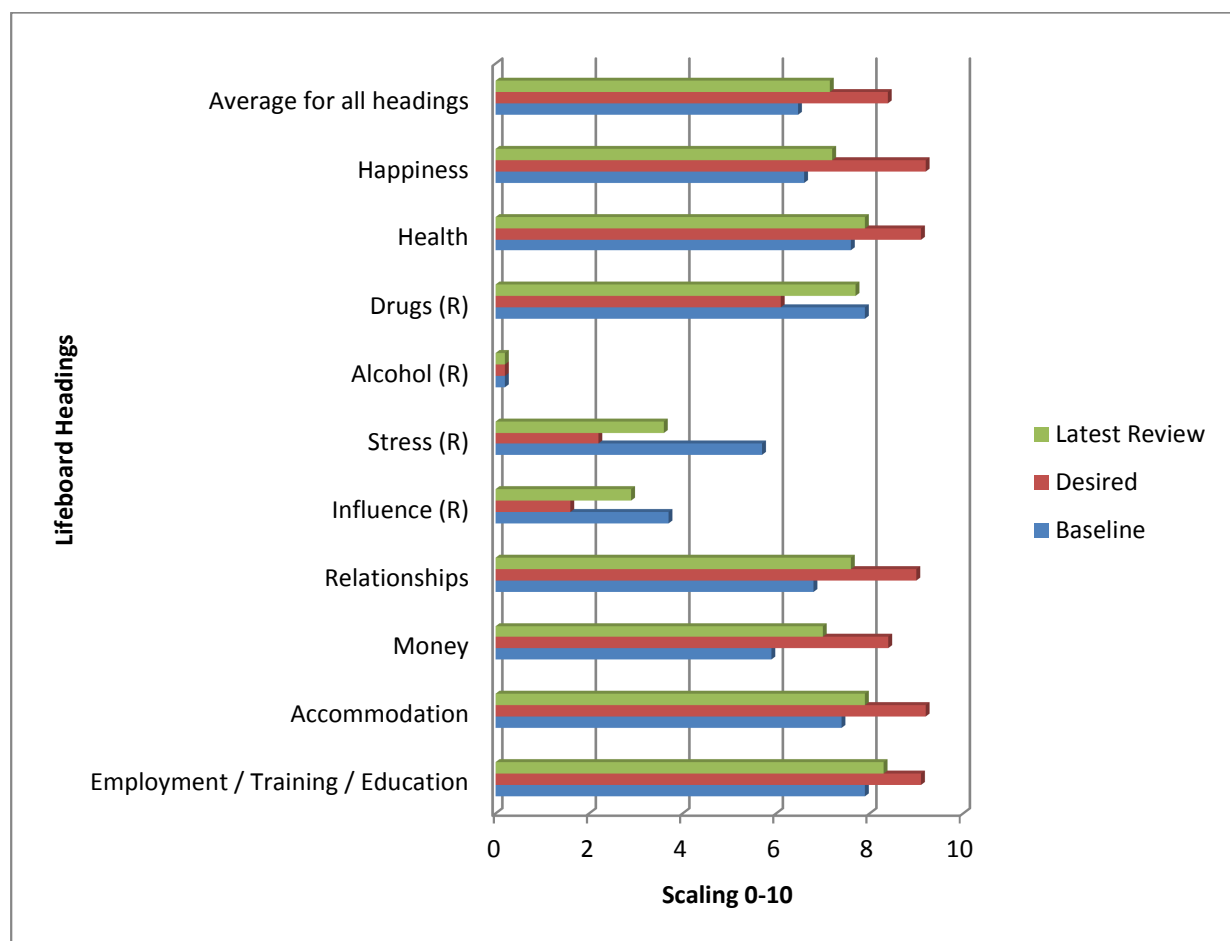
R42b 'Lifeboard' Distance Travelled Summary Average for ANS Graph 5.9.13



R43a 'Lifeboard' Distance Travelled Summary Average for KMOP Table 5.9.13

Number of individuals: 9 of which 0 are archived and 9 are active					
	Baseline	Desired	Latest Review	Distance Travelled Baseline to Latest Review	% Movement Towards Desired State
Employment / Training / Education	7.9	9.1	8.3	0.4	33.30%
Accommodation	7.4	9.2	7.9	0.5	27.80%
Money	5.9	8.4	7	1.1	44.00%
Relationships	6.8	9	7.6	0.8	36.40%
Influence (R)	3.7	1.6	2.9	0.8	38.10%
Stress (R)	5.7	2.2	3.6	2.1	60.00%
Alcohol (R)	0.2	0.2	0.2	0	0.00%
Drugs (R)	7.9	6.1	7.7	0.2	11.10%
Health	7.6	9.1	7.9	0.3	20.00%
Happiness	6.6	9.2	7.2	0.6	23.10%
Average for all headings	6.47	8.39	7.15	0.68	
% Movement Towards Desired State Across All Headings: 35.42%					

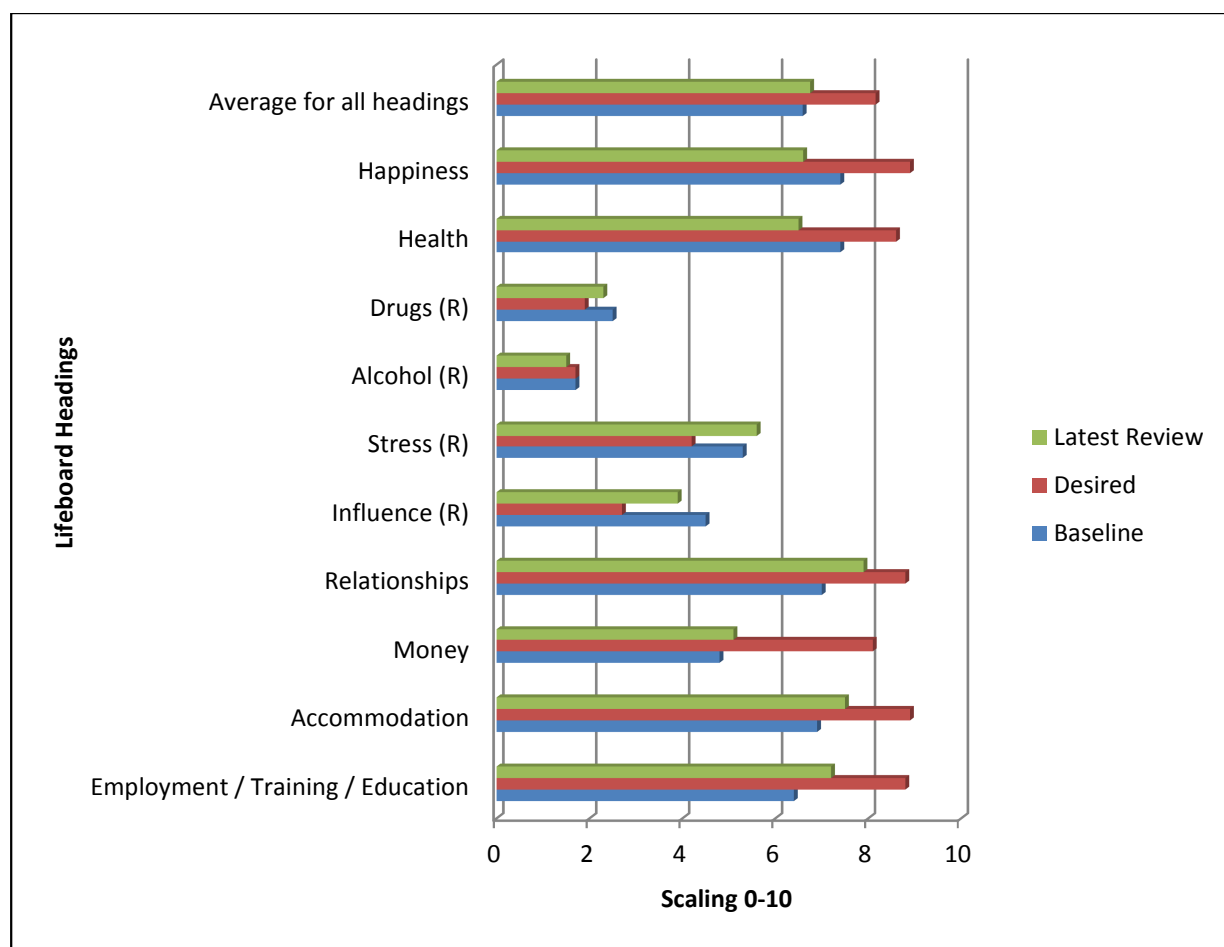
R43b 'Lifeboard' Distance Travelled Summary Average for KMOP Graph 5.9.13



R44a 'Lifeboard' Distance Travelled Summary Average for ZIB Table 5.9.13

Number of individuals: 17 of which 0 are archived and 17 are active					
	Baseline	Desired	Latest Review	Distance Travelled Baseline to Latest Review	% Movement Towards Desired State
Employment / Training / Education	6.4	8.8	7.2	0.8	33.30%
Accommodation	6.9	8.9	7.5	0.6	30.00%
Money	4.8	8.1	5.1	0.3	9.10%
Relationships	7	8.8	7.9	0.9	50.00%
Influence (R)	4.5	2.7	3.9	0.6	33.30%
Stress (R)	5.3	4.2	5.6	-0.3	0.00%
Alcohol (R)	1.7	1.7	1.5	0.2	2.00%
Drugs (R)	2.5	1.9	2.3	0.2	33.30%
Health	7.4	8.6	6.5	-0.9	0.00%
Happiness	7.4	8.9	6.6	-0.8	0.00%
Average for all headings	6.59	8.16	6.75	0.16	
% Movement Towards Desired State Across All Headings: 10.19%					

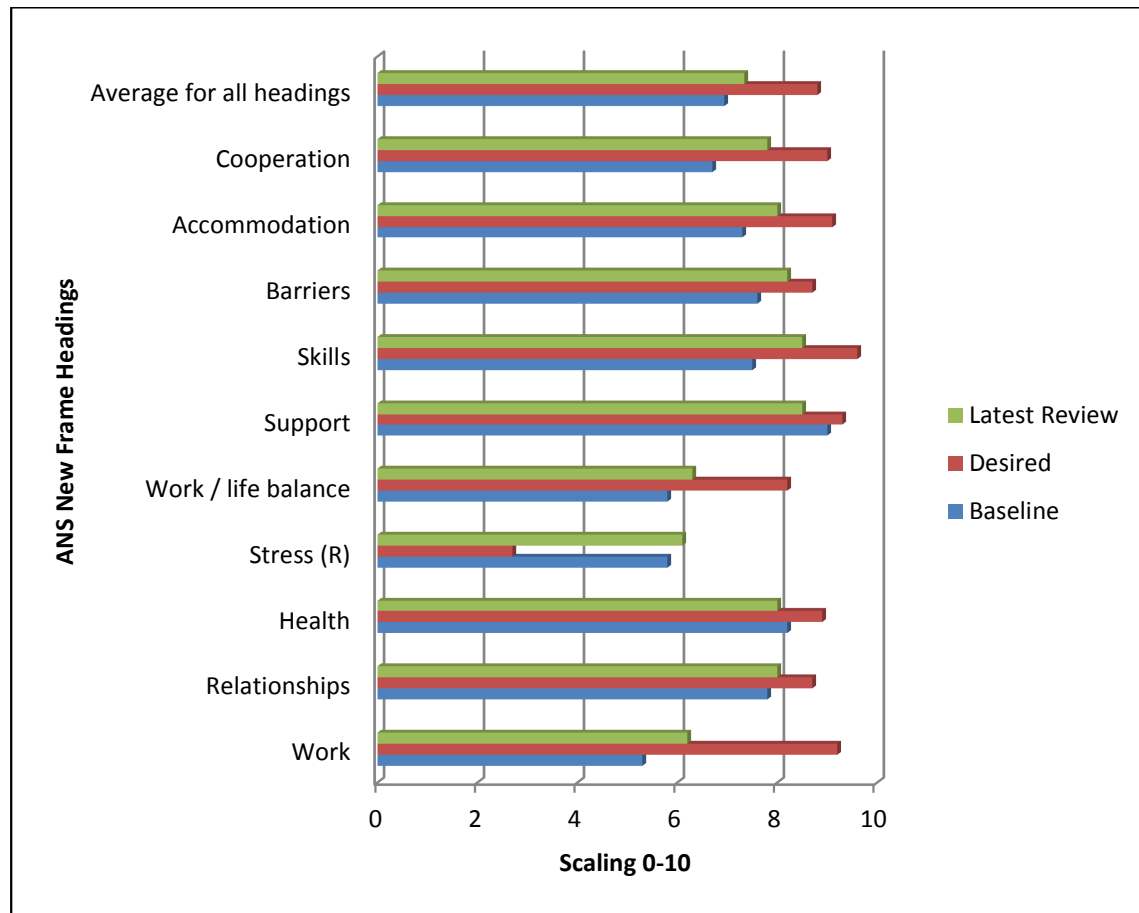
R44b 'Lifeboard' Distance Travelled Summary Average for ZIB Graph 5.9.13



R45a ANS New Frame Distance Travelled for all Interviews by Programme Table 5.9.13

(Projects Used: 1)					
Number of individuals: 26 of which 0 are archived and 26 are active					
	Baseline	Desired	Latest Review	Distance Travelled Baseline to Latest Review	% Movement Towards Desired State
Work	5.3	9.2	6.2	0.8	23.10%
Relationships	7.8	8.7	8	0.2	22.20%
Health	8.2	8.9	8	-0.1	0.00%
Stress (R)	5.8	2.7	6.1	-0.3	0.00%
Work/Life Balance	5.8	8.2	6.3	0.5	20.80%
Support	9	9.3	8.5	-0.5	0.00%
Skills	7.5	9.6	8.5	0.9	47.60%
Barriers	7.6	8.7	8.2	0.7	54.50%
Accommodation	7.3	9.1	8	0.6	38.90%
Cooperation	6.7	9	7.8	1.1	47.80%
Average for all headings	6.94	8.8	7.34	0.4	
% Movement Towards Desired State Across All Headings: 21.51%					

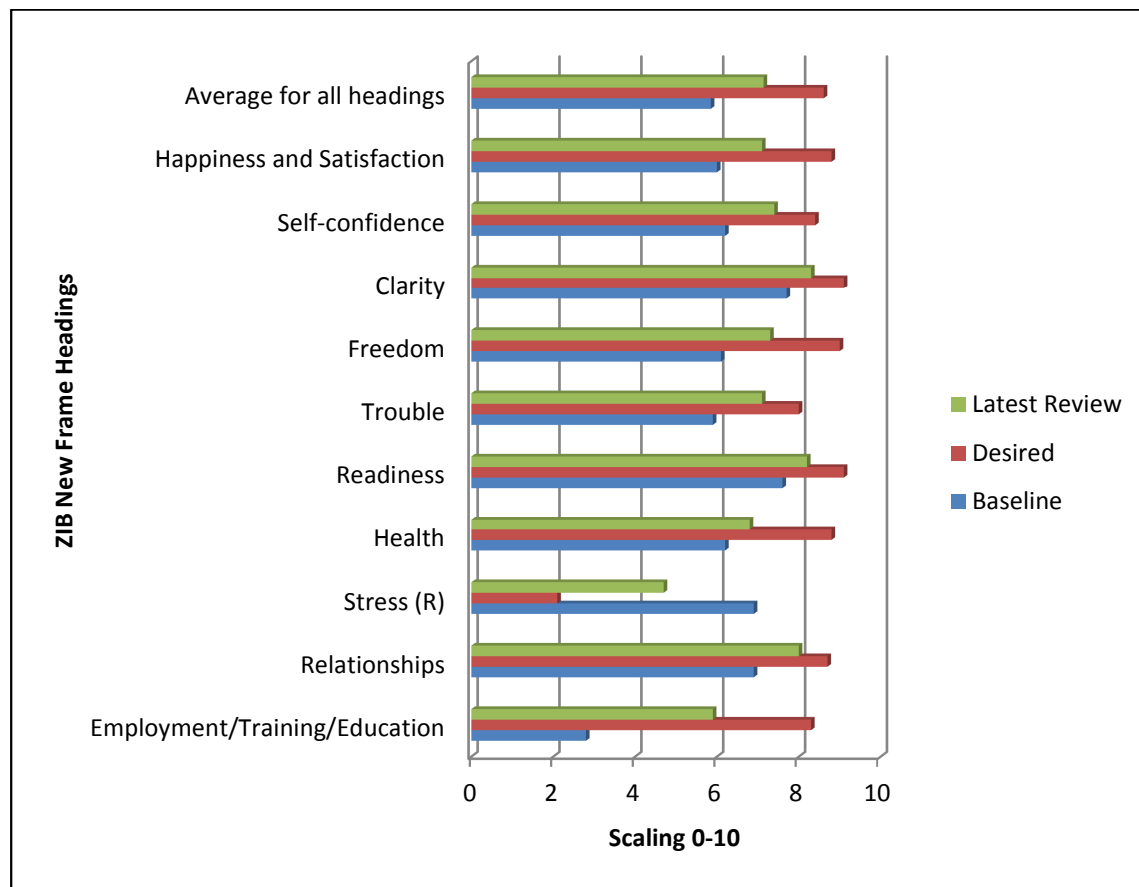
R45b ANS New Frame Distance Travelled for all Interviews by Programme Graph 5.9.13



R46a ZIB New Frame Distance Travelled for all Interviews by Programme Table 5.9.13

ZIB Frame New (Projects Used: 1)					
Number of individuals: 9 of which 0 are archived and 9 are active					
	Baseline	Desired	Latest Review	Distance Travelled Baseline to Latest Review	% Movement Towards Desired State
Employment/Training/Education	2.8	8.3	5.9	3.1	56.40%
Relationships	6.9	8.7	8	1.1	61.10%
Stress (R)	6.9	2.1	4.7	2.2	45.80%
Health	6.2	8.8	6.8	0.6	23.10%
Readiness	7.6	9.1	8.2	0.7	40.00%
Trouble	5.9	8	7.1	1.2	57.10%
Freedom	6.1	9	7.3	1.2	41.40%
Clarity	7.7	9.1	8.3	0.7	42.90%
Self-confidence	6.2	8.4	7.4	1.2	54.50%
Happiness and Satisfaction	6	8.8	7.1	1.1	39.30%
Average for all headings	5.85	8.61	7.14	1.29	
% Movement Towards Desired State Across All Headings: 46.74%					

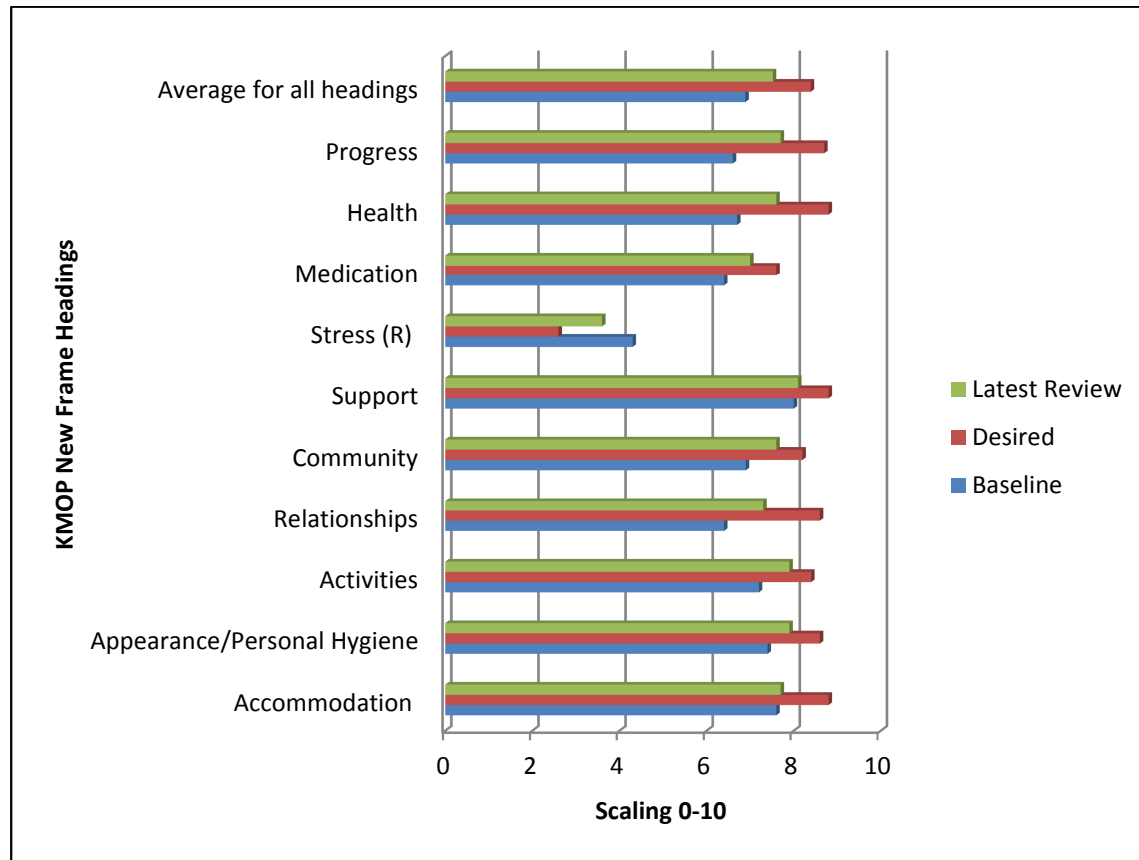
R46b ZIB New Frame Distance Travelled for all Interviews by Programme Graph 5.9.13



R47a KMOP New Frame Distance Travelled for all Interviews by Programme Table 5.9.13

KMOP Frame New (Projects Used: 1)					
Number of individuals: 18 of which 0 are archived and 18 are active					
	Baseline	Desired	Latest Review	Distance Travelled Baseline to Latest Review	% Movement Towards Desired State
Accommodation	7.6	8.8	7.7	0.1	8.30%
Appearance/ Personal Hygiene	7.4	8.6	7.9	0.5	41.70%
Activities	7.2	8.4	7.9	0.7	58.30%
Relationships	6.4	8.6	7.3	0.9	40.90%
Community	6.9	8.2	7.6	0.7	53.80%
Support	8	8.8	8.1	0.1	12.50%
Stress (R)	4.3	2.6	3.6	0.8	41.20%
Medication	6.4	7.6	7	0.6	50.00%
Health	6.7	8.8	7.6	0.9	42.90%
Progress	6.6	8.7	7.7	1.1	52.40%
Average for all headings	6.89	8.39	7.52	0.63	
% Movement Towards Desired State Across All Headings: 42.00%					

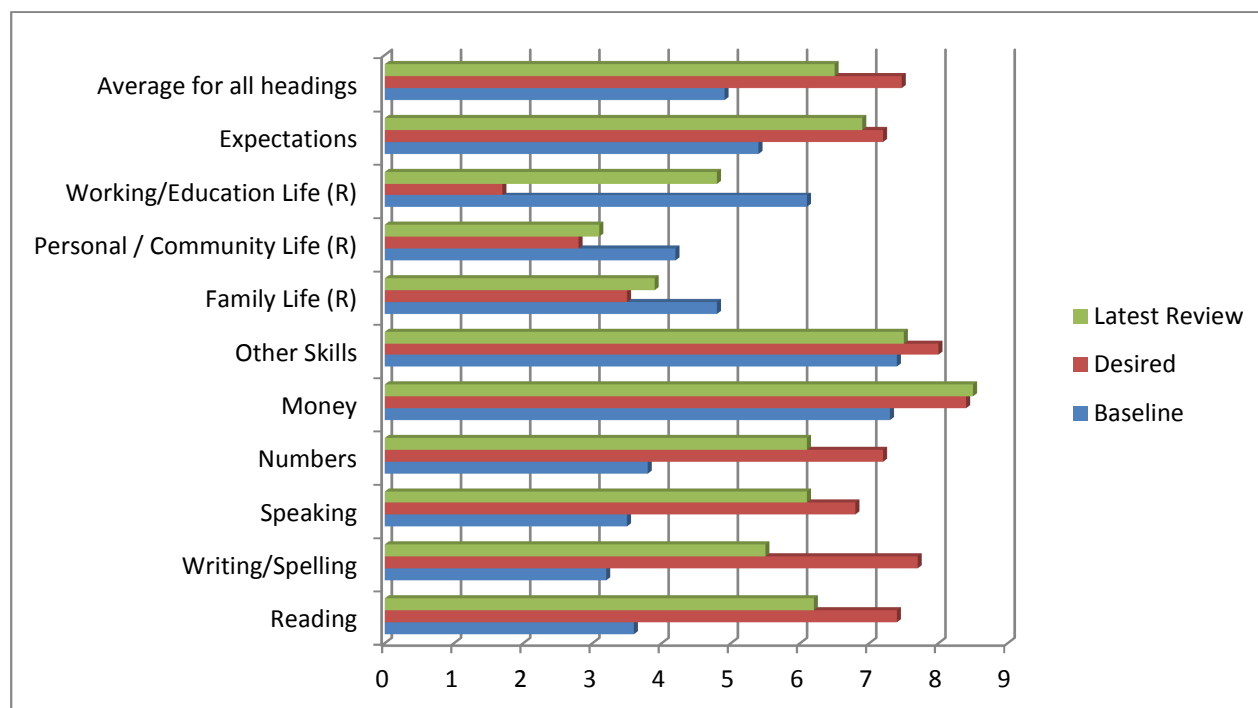
R47b KMOP New Frame Distance Travelled for all Interviews by Programme Graph 5.9.13



R48a UK-NW New Frame Distance Travelled for all Interviews by Programme Table 5.9.13

Summary: Average for UK-NW					
Number of individuals: 38 having completed 2 or more interviews. Total number of interviews = 251					
	Baseline	Desired	Latest Review	Distance Travelled Baseline to Latest Review	% Movement Towards Desired State
Reading	3.6	7.4	6.2	2.6	68.40%
Writing/Spelling	3.2	7.7	5.5	2.3	51.10%
Speaking	3.5	6.8	6.1	2.6	78.80%
Numbers	3.8	7.2	6.1	2.3	67.60%
Money	7.3	8.4	8.5	1.2	100.00%
Other Skills	7.4	8	7.5	0.1	16.70%
Family Life (R)	4.8	3.5	3.9	0.9	69.20%
Personal / Community Life (R)	4.2	2.8	3.1	1.1	78.60%
Working/Education Life (R)	6.1	1.7	4.8	1.3	29.50%
Expectations	5.4	7.2	6.9	1.5	83.30%
Average for all headings	4.91	7.47	6.5	1.58	
% Movement Towards Desired State Across All Headings: 61.81%					

R48b UK-NW New Frame Distance Travelled for all Interviews by Programme Graph 5.9.13



R49 Weekly Interview Totals by Project

Week	ANS	KMOP	ZIB
12/12/2011	0	1	0
19/12/2011	0	2	0
26/12/2011	0	0	0
02/01/2012	0	0	0
09/01/2012	4	0	2
16/01/2012	0	3	9
23/01/2012	5	3	2
30/01/2012	1	0	2
06/02/2012	0	0	0
13/02/2012	0	1	0
20/02/2012	1	1	2
27/02/2012	1	1	1
05/03/2012	0	0	2
12/03/2012	2	0	0
19/03/2012	0	3	0
26/03/2012	0	2	1
02/04/2012	0	0	2
09/04/2012	4	1	0
16/04/2012	0	4	3
23/04/2012	3	2	1
30/04/2012	6	2	0
07/05/2012	11	0	0
14/05/2012	0	5	0
21/05/2012	0	4	2
28/05/2012	5	2	0
04/06/2012	0	0	0
11/06/2012	0	1	0
18/06/2012	0	7	2
25/06/2012	0	1	1
02/07/2012	0	1	0
09/07/2012	0	1	3
16/07/2012	0	1	2
23/07/2012	0	2	2
30/07/2012	0	2	1
06/08/2012	0	0	0
13/08/2012	0	0	2
20/08/2012	0	1	1
27/08/2012	0	0	3
03/09/2012	4	1	2
10/09/2012	4	1	2
17/09/2012	13	2	1
24/09/2012	3	1	3
01/10/2012	10	1	1
Week	ANS	KMOP	ZIB

08/10/2012	1	1	0
15/10/2012	0	0	2
22/10/2012	0	0	1
29/10/2012	0	1	1
05/11/2012	0	0	0
12/11/2012	0	0	1
19/11/2012	0	3	3
26/11/2012	3	2	0
03/12/2012	0	0	0
10/12/2012	0	0	0
17/12/2012	6	0	2
24/12/2012	0	0	0
31/12/2012	0	0	0
31/12/2012	0	0	1
07/01/2013	0	0	1
14/01/2013	0	2	3
21/01/2013	0	1	2
28/01/2013	0	0	2
04/02/2013	0	2	3
11/02/2013	0	0	1
18/02/2013	0	1	2
25/02/2013	0	0	0
04/03/2013	0	1	0
11/03/2013	0	0	1
18/03/2013	0	1	6
25/03/2013	2	0	0
01/04/2013	1	1	0
08/04/2013	0	1	0
15/04/2013	0	2	0
22/04/2013	0	1	1
29/04/2013	0	1	0
06/05/2013	0	1	0
13/05/2013	0	0	1
20/05/2013	0	0	0
27/05/2013	0	0	2
03/06/2013	0	0	2
10/06/2013	0	0	0
17/06/2013	0	1	0
24/06/2013	0	0	0
01/07/2013	0	0	0
08/07/2013	2	0	0
15/07/2013	0	0	0
Totals	92	83	93

R50 Cumulative Number of Interviews per practitioner Interviews up until 05/09/2013

Anita Willim		
Lifeboard	Baseline:	12
	Review 1:	10
	Review 2:	1
Zib Frame New	Baseline:	1
Anne Preuss		
Lifeboard	Baseline:	3
	Review 1:	2
	Review 2:	1
	Review 3:	1
	Review 4:	2
	Review 5:	1
	Review 6:	1
Zib Frame New	Baseline:	13
	Review 1:	3
	Review 2:	2
Antonia Torrens		
Lifeboard	Baseline:	3
	Review 1:	3
KMOP Frame New	Baseline:	6
	Review 1:	5
	Review 2:	3
	Review 3:	2
	Review 4:	1
Bettina Vollmer		
Lifeboard	Baseline:	3
	Review 1:	3
	Review 2:	1
Zib Frame New	Baseline:	12
	Review 1:	4
	Review 2:	1
Claudia Pilo		
Lifeboard	Baseline:	4
	Review 1:	4
ANS Frame New	Baseline:	12
	Review 1:	10
	Review 2:	1
	Review 3:	1

Efi Mama		
Lifeboard	Baseline:	3
	Review 1:	3
	Review 2:	3
	Review 3:	2
KMOP Frame New	Baseline:	7
	Review 1:	5
	Review 2:	1
	Review 3:	1
	Review 4:	1
	Review 5:	1
Margarita Christopoulou		
Lifeboard	Baseline:	2
	Review 1:	2
	Review 2:	2
	Review 3:	1
KMOP Frame New	Baseline:	10
	Review 1:	5
	Review 2:	1
Marianna Caruso		
Lifeboard	Baseline:	3
	Review 1:	2
ANS Frame New	Baseline:	16
	Review 1:	9
Miriam Koehnlein		
Lifeboard	Baseline:	3
	Review 1:	1
	Review 2:	1
Zib Frame New	Baseline:	3
Panagiota Smyrni		
Lifeboard	Baseline:	1
	Review 1:	1
KMOP Frame New	Baseline:	6
	Review 1:	3
Serena D'Angelo		
Lifeboard	Baseline:	4
	Review 1:	2
ANS Frame New	Baseline:	16
	Review 1:	8

R51 View of an Individuals Actions from one Practitioner

Actions in Progress Interview					
Assigned To	Assigned On	Due By	Individuals Name	Action Required	Action Taken
xxxx	27.8.12	30.8.12	xxx	Find work; increasingly write applications	xxx is moving and has firm contact with the job centre. There are potential jobs at the new residence already researched
xxxx	27.8.12	30.8.12	xxx	Give concrete assistance in the application letter; common places research on the internet and in print media	
xxxx	27.8.12	27.9.12	xxx	xxx mental stability depends on an adequate job. They want to see that much	xxx is not as pressured as they will move midterm
xxxx	27.8.12	27.9.12	xxx	xxx asked for any assistance and help with job applications and job search	Applications in the metropolitan area of the new place of residence were created and shipped together
xxxx	27.8.12	27.9.12	xxx	xxx health status and wellbeing depends on a safe workplace and satisfactory employment	
xxxx	27.8.12	27.9.12	xxx	Find appropriate workplace	
xxxx	27.8.12	31.10.12	xxx	xxx would no longer live in a long distance relationship and clarify the family situation.	Planned move at the end of October to the significant other

R52 Results of ZIB Manager Evaluation Questionnaire

Question	considerably	quite significantly	a little	not at all
a. How much does Rickter help to measure the impact of the Practitioners' intervention and support?	1			
b. How much does the Process help you, as a Manager, to review your team's work?		1		
c. How much does the Process help identify new support needs or resource needs?	1			
d. How much does the Process help your team improve the quality of their work?	1			
e. How much does the Process help to provide evidence for your funders and stakeholders?		1		
f. How useful do you find the IMS system and the reports it produces?		1		
g. Is there anything about the Rickter Scale® Process or IMS that you would like to be improved to support the needs of your organisation?	Yes	No	Comment	
	1		The overlays are now adapted well to the needs of our target group of job returners. We'd like to have them adapted to other client groups as well, especially to migrants in language courses who are entering the job market. The IMS needs further adaption: 1. General revision with easier handling; 2. Adaption to German environment (i.e. different classification of migrants and alike. The reports IMS produces are OK.	

R53 Results of KMOP Manager Evaluation Questionnaire

Question	considerably	quite significantly	a little	not at all
a. How much does Rickter help to measure the impact of the Practitioners' intervention and support?		1		
b. How much does the Process help you, as a Manager, to review your team's work?	1			
c. How much does the Process help identify new support needs or resource needs?		1		
d. How much does the Process help your team improve the quality of their work?		1		
e. How much does the Process help to provide evidence for your funders and stakeholders?		1		
f. How useful do you find the IMS system and the reports it produces?	1			
g. Is there anything about the Rickter Scale® Process or IMS that you would like to be improved to support the needs of your organisation?	Yes	No	Comment	

R54 Results of ANS Manager Evaluation Questionnaire

Question	considerably	quite significantly	a little	not at all
a. How much does Rickter help to measure the impact of the Practitioners' intervention and support?	1			
b. How much does the Process help you, as a Manager, to review your team's work?	1			
c. How much does the Process help identify new support needs or resource needs?	1			
d. How much does the Process help your team improve the quality of their work?	1			
e. How much does the Process help to provide evidence for your funders and stakeholders?	1			
f. How useful do you find the IMS system and the reports it produces?	1			
g. Is there anything about the Rickter Scale® Process or IMS that you would like to be improved to support the needs of your organisation?	Yes	No	Comment	

R55 Results of All the Managers Evaluation Questionnaires

Question	considerably	quite significantly	a little	not at all
a. How much does Rickter help to measure the impact of the Practitioners' intervention and support?	2	1		
b. How much does the Process help you, as a Manager, to review your team's work?	2	1		
c. How much does the Process help identify new support needs or resource needs?	2	1		
d. How much does the Process help your team improve the quality of their work?	2	1		
e. How much does the Process help to provide evidence for your funders and stakeholders?	1	2		
f. How useful do you find the IMS system and the reports it produces?	2	1		
g. Is there anything about the Rickter Scale® Process or IMS that you would like to be improved to support the needs of your organisation?				
	Yes	No	Comment	
	1	2	The overlays are now adapted well to the needs of our target group of job returners. We'd like to have them adapted to other client groups as well, especially to migrants in language courses who are entering the job market. The IMS needs further adaption: 1. General revision with easier handling; 2. Adaption to German environment (i.e. different classification of migrants and alike). The reports IMS produces are OK.	

R56 Results of KMOP Practitioners Evaluation Questionnaires

Question	considerably	quite significantly	a little	not at all	Not answered
a. How much does the Rickter Scale® Process improve your understanding of your clients' needs?		2			
b. How much does the Process help you identify areas of support and resources needed for your clients?		2			
c. How much does the Process improve your measurement of clients' progress?		2			
d. How much does the Process help you to measure the impact of your support and interventions with your clients?		2			
e. How much does the Process improve your client review process?		2			
f. How much does the Process improve your quality of work with clients?		2			
h. How useful do you find the IMS system and reports?		2			
	Yes	No	Comment		
g. Is there anything about the Process you would want improved for the benefit of you or your clients?		2			
i. Is there anything about the IMS you would like improved for you or your clients?		2			

R57 Results of ANS Practitioners Evaluation Questionnaires

Question	considerably	quite significantly	a little	not at all	Not answered
a. How much does the Rickter Scale® Process improve your understanding of your clients' needs?	2	1			
b. How much does the Process help you identify areas of support and resources needed for your clients?	3				
c. How much does the Process improve your measurement of clients' progress?		3			
d. How much does the Process help you to measure the impact of your support and interventions with your clients?		3			
e. How much does the Process improve your client review process?		3			
f. How much does the Process improve your quality of work with clients?	1	2			
h. How useful do you find the IMS system and reports?	2	1			
	Yes	No	Comment		

g. Is there anything about the Process you would want improved for the benefit of you or your clients?	1	1	We have already talked about this during a supervision meeting: we wanted to do further reviews with clients 2 months later they will have finished the course to record their progress in terms of employability.	1
i. Is there anything about the IMS you would like improved for you or your clients?		2		1

R58 Results of ZIB Practitioners Evaluation Questionnaires

Question	considerably	quite significantly	a little	not at all	Not answered
a. How much does the Rickter Scale® Process improve your understanding of your clients' needs?	1	1			
b. How much does the Process help you identify areas of support and resources needed for your clients?	1	1			
c. How much does the Process improve your measurement of clients' progress?	1		1		
d. How much does the Process help you to measure the impact of your support and interventions with your clients?					2
e. How much does the Process improve your client review process?		1	1		
f. How much does the Process improve your quality of work with clients?		2			
h. How useful do you find the IMS system and reports?		2			
	Yes	No	Comment		
g. Is there anything about the Process you would want improved for the benefit of you or your clients?	1	1	Not having to fill in date of interview at every action. Ability to fill in my and clients actions at same time.		
i. Is there anything about the IMS you would like improved for you or your clients?	1	1	Headings should be repeated below respective evidence and action.		

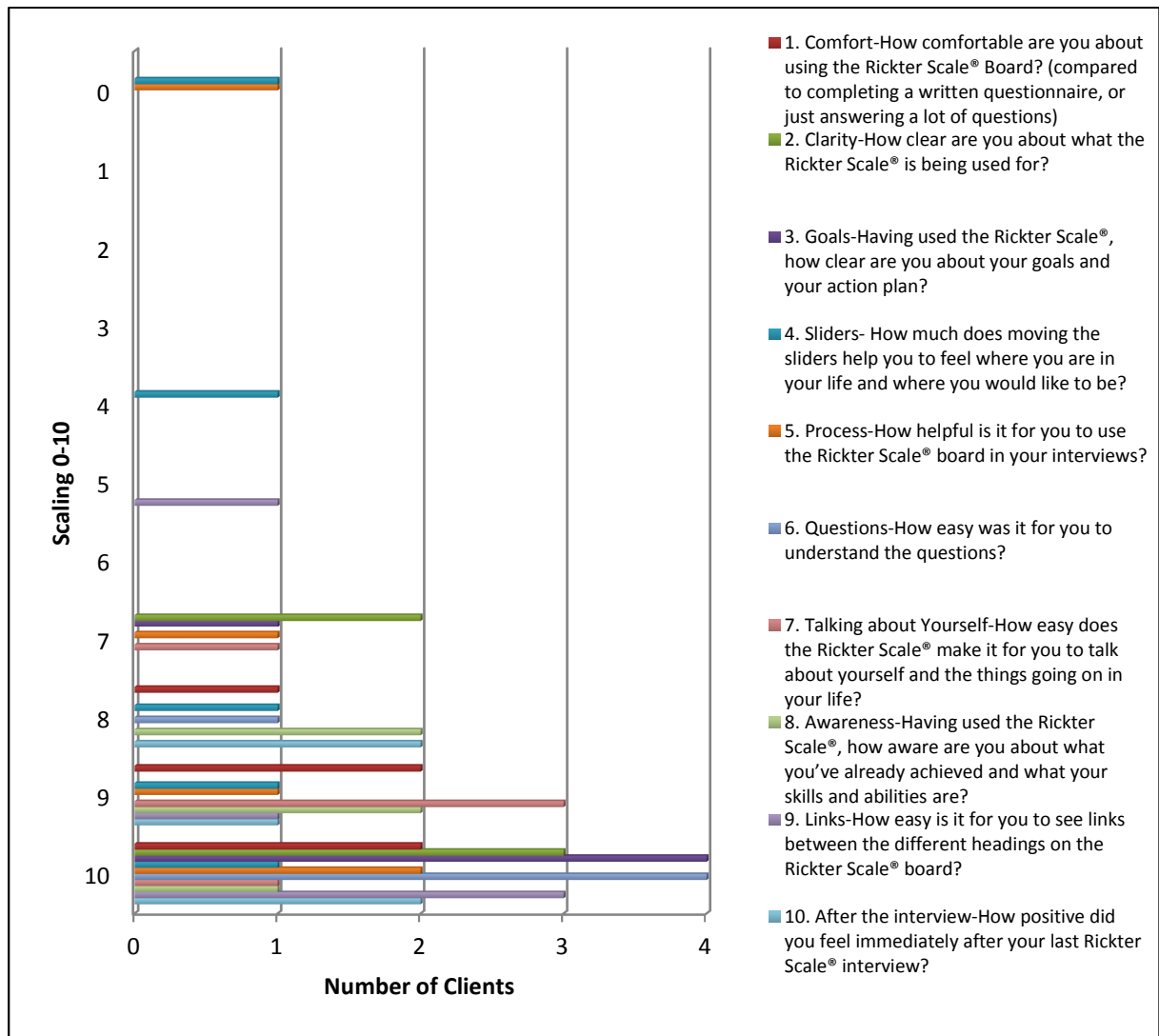
R59 Results of All the Practitioners Evaluation Questionnaires

Question	considerably	quite significantly	a little	not at all	Not answered
a. How much does the Rickter Scale® Process improve your understanding of your clients' needs?	3	4			
b. How much does the Process help you identify areas of support and resources needed for your clients?	4	3			
c. How much does the Process improve your measurement of clients' progress?	1	5	1		
d. How much does the Process help you to measure the impact of your support and interventions with your clients?		5			2
e. How much does the Process improve your client review process?		6	1		
f. How much does the Process improve your quality of work with clients?	1	6			
h. How useful do you find the IMS system and reports?	2	5			
	Yes	No	Comment		
g. Is there anything about the Process you would want improved for the benefit of you or your clients?	2	4	1. We have already talked about this during a supervision meeting: we wanted to do further reviews with clients 2 months later they will have finished the course to record their progress in terms of employability. 2. Not having to fill in date of interview at every action. Ability to fill in my and clients actions at same time.		
i. Is there anything about the IMS you would like improved for you or your clients?	1	5	1. Headings should be repeated below respective evidence and action.		

R60a Results of ZIB Clients Evaluation Questionnaires Table

Questions	0	1	2	3	4	5	6	7	8	9	10	Yes	No	Comment
1. Comfort-How comfortable are you about using the Rickter Scale® Board? (compared to completing a written questionnaire, or just answering a lot of questions)									1	2	2			
2. Clarity-How clear are you about what the Rickter Scale® is being used for?								2			3			
3. Goals-Having used the Rickter Scale®, how clear are you about your goals and your action plan?								1			4			
4. Sliders- How much does moving the sliders help you to feel where you are in your life and where you would like to be?	1				1				1	1	1			
5. Process-How helpful is it for you to use the Rickter Scale® board in your interviews?	1							1		1	2			
6. Questions-How easy was it for you to understand the questions?									1		4			
7. Talking about Yourself-How easy does the Rickter Scale® make it for you to talk about yourself and the things going on in your life?								1		3	1			
8. Awareness-Having used the Rickter Scale®, how aware are you about what you've already achieved and what your skills and abilities are?									2	2	1			
9. Links-How easy is it for you to see links between the different headings on the Rickter Scale® board?						1				1	3			
10. After the interview-How positive did you feel immediately after your last Rickter Scale® interview?									2	1	2			
11. Is there anything else about the Rickter Scale Process that you would like to see improved?													5	
Overall Totals	2	0	0	0	1	1	0	5	7	11	23			

R60b Results of ZIB Clients Evaluation Questionnaires Graph

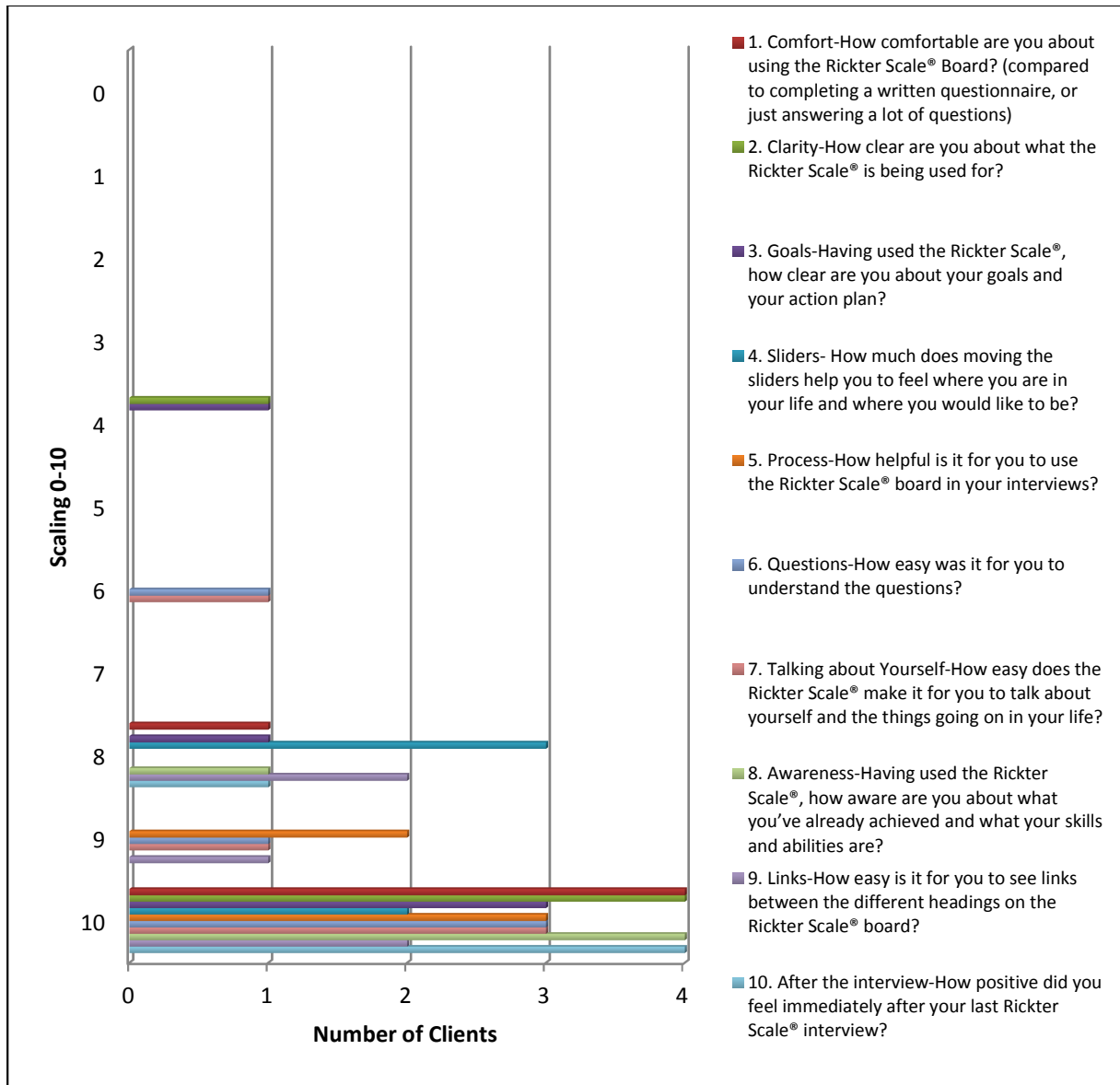


R61a Results of ANS Clients Evaluation Questionnaires Table

Questions	0	1	2	3	4	5	6	7	8	9	10	Yes	No	Comment
1. Comfort-How comfortable are you about using the Rickter Scale® Board? (compared to completing a written questionnaire, or just answering a lot of questions)									1		4			I'm very comfortable because it's an interesting and intuitive tool
2. Clarity-How clear are you about what the Rickter Scale® is being used for?					1						4			It's very clear even because it's very easy to use.
3. Goals-Having used the Rickter Scale®, how clear are you about your goals and your action plan?					1				1		3			It helps me to focus on goals and actions.
4. Sliders- How much does moving the sliders help you to feel where you are in your life and where you would like to be?									3		2			It helps me to visualise feelings and intentions. This modality with the sliders helped me enough.
5. Process-How helpful is it for you to use the Rickter Scale® board in your interviews?										2	3			It's very useful because it's dynamic and engaging. It's very useful ((it helped me to think about my personal life situations through a tool that looks like a game)
6. Questions-How easy was it for you to understand the questions?							1			1	3			It's very simple because the questions are very clear. It made it very easy, It reminded me a tool I used when I was a child.
7. Talking about Yourself-How easy does the Rickter Scale® make it for you to talk about yourself and the things going on in your life?							1			1	3			RS makes easy to talk about myself because it allows me to look at the analysed aspects in an objective way and to better focus on them.
8. Awareness-Having used the Rickter Scale®, how aware are you about what you've already achieved and what your skills and abilities are?									1		4			I'm very aware because it encourages me to evaluate goals and skills. I'm very aware now about my potentialities.
9. Links-How easy is it for you to see links between the different headings on the Rickter Scale® board?									2	1	2			The RS board helps to visualise the connections between the different headings
10. After the interview-How positive did you feel immediately after your last Rickter Scale® interview?									1		4			I feel very positive after the interview, because it stimulated me to think about the different aspects of my life and to enhance my awareness about goals, strategies and skills I've acquired and I want to reach in the future
11. Is there anything else about the Rickter Scale Process that you would like to see improved?												1	4	In my opinion it would be useful to make more questions about the following aspects: job, health, relationship with husband/ fiancé, family, etc. It has been a very important testing for me. It let me know the person I am, my strengths and the potentialities I didn't expect to have. I've learnt how to develop myself, how to become stronger and more self-confident. It let me discover that I'm best (more skilled and prepared) than I imagined to be. I realized for instance, that about a specific experience I gave more than I thought I could give. This tool has the power to let things inside me get out.

Overall Totals	0	0	0	0	2	0	2	0	9	5	32			
----------------	---	---	---	---	---	---	---	---	---	---	----	--	--	--

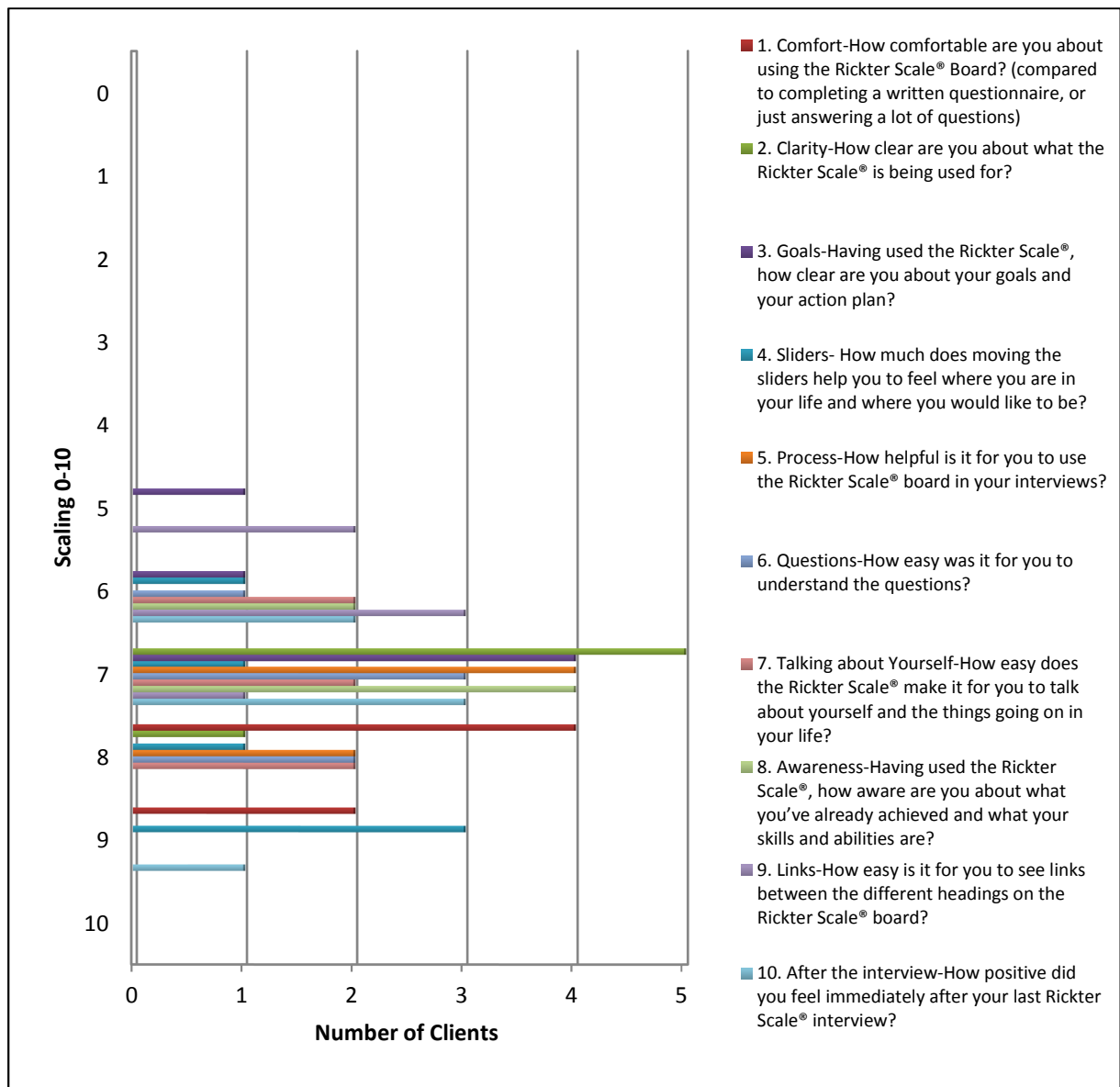
R61b Results of ANS Clients Evaluation Questionnaires Graph



R62a Results of KMOP Clients Evaluation Questionnaires Table

Questions	0	1	2	3	4	5	6	7	8	9	10	Yes	No	Comment
1. Comfort-How comfortable are you about using the Rickter Scale® Board? (compared to completing a written questionnaire, or just answering a lot of questions)									4	2				
2. Clarity-How clear are you about what the Rickter Scale® is being used for?								5	1					
3. Goals-Having used the Rickter Scale®, how clear are you about your goals and your action plan?						1	1	4						
4. Sliders- How much does moving the sliders help you to feel where you are in your life and where you would like to be?							1	1	1	3				
5. Process-How helpful is it for you to use the Rickter Scale® board in your interviews?								4	2					
6. Questions-How easy was it for you to understand the questions?							1	3	2					
7. Talking about Yourself-How easy does the Rickter Scale® make it for you to talk about yourself and the things going on in your life?							2	2	2					
8. Awareness-Having used the Rickter Scale®, how aware are you about what you've already achieved and what your skills and abilities are?							2	4						
9. Links-How easy is it for you to see links between the different headings on the Rickter Scale® board?						2	3	1						
10. After the interview-How positive did you feel immediately after your last Rickter Scale® interview?							2	3		1				
11. Is there anything else about the Rickter Scale Process that you would like to see improved?													6	
Overall Totals	0	0	0	0	0	3	12	27	12	6	0			

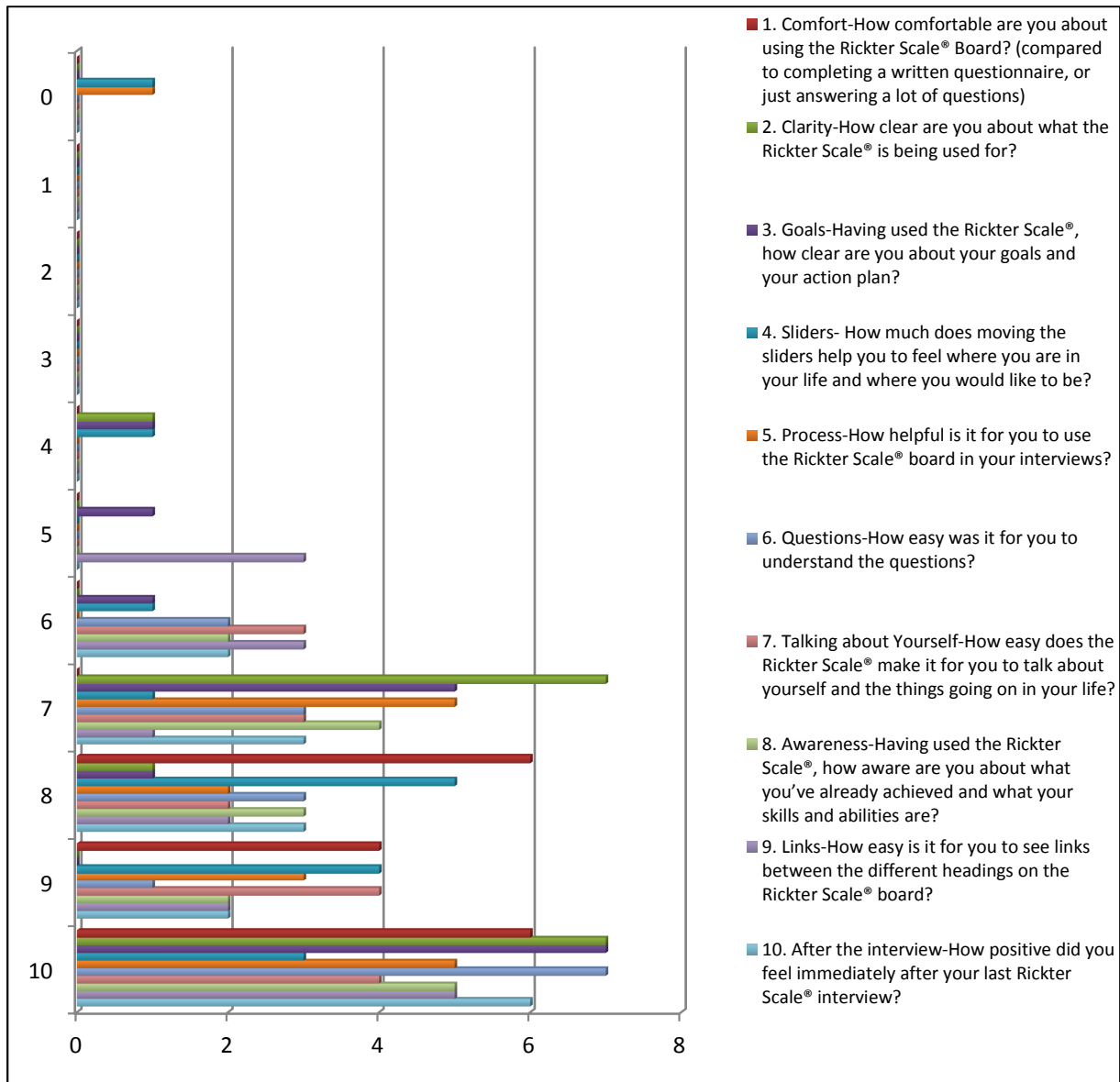
R62b Results of KMOP Clients Evaluation Questionnaires Graph



R63a Results of All the Client Evaluation Questionnaires Table

Questions	0	1	2	3	4	5	6	7	8	9	10	Yes	No	Comment
1. Comfort-How comfortable are you about using the Rickter Scale® Board? (compared to completing a written questionnaire, or just answering a lot of questions)	0	0	0	0	0	0	0	0	6	4	6			I'm very comfortable because it's an interesting and intuitive tool
2. Clarity-How clear are you about what the Rickter Scale® is being used for?	0	0	0	0	1	0	0	7	1	0	7			It's very clear even because it's very easy to use
3. Goals-Having used the Rickter Scale®, how clear are you about your goals and your action plan?	0	0	0	0	1	1	1	5	1	0	7			It helps me to focus on goals and actions
4. Sliders- How much does moving the sliders help you to feel where you are in your life and where you would like to be?	1	0	0	0	1	0	1	1	5	4	3			It helps me to visualise feelings and intentions
5. Process-How helpful is it for you to use the Rickter Scale® board in your interviews?	1	0	0	0	0	0	0	5	2	3	5			It's very useful because it's dynamic and engaging
6. Questions-How easy was it for you to understand the questions?	0	0	0	0	0	0	2	3	3	1	7			It's very simple because the questions are very clear
7. Talking about Yourself-How easy does the Rickter Scale® make it for you to talk about yourself and the things going on in your life?	0	0	0	0	0	0	3	3	2	4	4			RS makes easy to talk about myself because it allows me to look at the analysed aspects in an objective way and to better focus on them
8. Awareness-Having used the Rickter Scale®, how aware are you about what you've already achieved and what your skills and abilities are?	0	0	0	0	0	0	2	4	3	2	5			I'm very aware because it encourages me to evaluate goals and skills
9. Links-How easy is it for you to see links between the different headings on the Rickter Scale® board?	0	0	0	0	0	3	3	1	2	2	5			The RS board helps to visualise the connections between the different headings
10. After the interview-How positive did you feel immediately after your last Rickter Scale® interview?	0	0	0	0	0	0	2	3	3	2	6			I feel very positive after the interview, because it stimulated me to think about the different aspects of my life and to enhance my awareness about goals, strategies and skills I've acquired and I want to reach in the future
11. Is there anything else about the Rickter Scale Process that you would like to see improved?												1	13	Life aspects that could improve the rigor of the Rickter Scale® process headings would be more in line with the reality of life for someone unemployed, health, married life and family commitments?
Overall Totals	2	0	0	0	1	6	12	34	22	20	43			

R63b Results of All the Client Evaluation Questionnaires Graph



6.10 Dissemination activities in the UK

List of network groups, which are used for the presentation of SNH as well as for the distribution of Flyers and Newsletters			
Institution or Network Group	Focus	Members	Web Address
Licensed Rickter Scale® Practitioners	These are all those trained and licensed to use the Rickter Scale® Process, who currently have access to our regular Practitioner Newsletter	750 via an opt-in mailing list	
Licensed Rickter Company Associates	These are all those trained and licensed as Rickter Company Associates/ Trainers, who currently receive our regular Associate Newsletter	30 Associates	
Organisations with Licensed Rickter Scale® Practitioners	These organisations receive our notifications for onward distribution to their staff via their own intranet systems	4,500 customer organisations	
University of Northumbria Wellbeing Complexity and Enterprise Group: WELCOME	WELCOME is a unique research and enterprise community. It develops ways of enhancing wellbeing and personal development through co-operation	Approximately 50 members	http://www.northumbria.ac.uk/sd/academic/ee/work/research/clis/welcome/
University of Northumbria will also host the final International Conference in its Sutherland Building	The Conference in September 2013 showcased the results of the TOI Project, and deliver presentations which will be videoed, for onward dissemination via the internet	50+ of the 100 invited guests attended, from Education, Training and Employment agencies, and University academics	http://www.northumbria.ac.uk
The Rickter Company Website, Forum, Blog and Twitter	Use of social media for engaging with 'Friends of Rickter', potential customers and the general public	Website has over 2000 hits per month, 120 Forum Members, 25 Blog and 10 Twitter followers	www.rickterscale.com