EPR Annual Conference Workshop Round 2

Outcome Measurement – Good Practice

22nd September 2022

Measuring QoL Service Outcomes

Donal McAnaney Ph.D.

Overview of Outcome Measurement

What is Outcome Measurement?

- Outcomes refer to the effects of treatment, programs or policies on individuals or populations

- Outcomes may also be defined as changes in status attributed to a specific intervention or treatment

- For rehabilitation, social care professionals and allied health services outcomes may be thought of as changes in the lives of participants and their environment(s) as a result of a service

What are Outcome Measures?

Outcome measures are:

- Tools (e.g., instruments, questionnaires, scales, rating forms, etc.)

- That uncover or identify the outcome of intervention for the person concerned

- Outcome measures are used to document change in the person's characteristics, functional abilities, behaviours, or life circumstance over time.

Why measure outcomes?

To understand:

- The overall impact on the person concerned

- The specific impact of a programme or intervention in response to their needs

- The relative outcomes compared to other people to identify the extent of benefit achieved from the services provided

- The effectiveness and efficiency of the services provided

- How to enhance service outcomes for future service participants

- The extent to which programme is meeting the requirements of funder

Outcome Measurement—Purpose

- Provides the ability to evaluate the effectiveness and efficiency of services or interventions

- Differentiates between effective and ineffective aspects of service programs/service providers

- Guides policy & programme decisions

- Allows comparisons over time and across programs

- Enables justification and the demonstration of accountability to program stakeholders and consumers.

- **Person served:** All efforts focused on people who seek our help

- **Participation:** Real-world integration as the outcome of importance

- **Performance:** Demonstrated individual and program performance on key indicators

- **Process:** Focus on evidence-informed process steps that produce outcome and value

- **Public**: Performance data transparently displayed for public review

Evidence–Based Practice

- A total process

- Knowing what questions to ask

- How to find documented best practice

- How to critically appraise the evidence for validity and applicability to the particular social service situation

- Evaluation of the effectiveness of programme activities and interventions

- Provide impact indicators to support the continual improvement of the process

A hierarchy of levels of best evidence

- **Level 1** at least one systematic review of multiple well-designed randomized controlled trials.

- **Level 2** at least one properly designed randomized controlled trials of appropriate size.

- **Level 3** well-designed trials without randomization, single group pre-post, cohort, time series, or matched case-controlled studies.

- **Level 4** well-designed non-experimental studies from more than one centre or research group.

- **Level 5** opinions of respected authorities, based on clinical evidence, descriptive studies, or reports of expert committees

Evidence–Informed Practice

- Using evidence to design, implement and improve our programs and interventions

  - Research Evidence

  - Lived Experience of the Person Concerned

  - The Voice of the Person Concerned

  - Professional Expertise

Challenges in Interpretation

- Response Bias
- Social desirability
- Acquiescence
- Response shift
- Reversion to the mean
- Intervening variables
- Linking results to specific interventions
- Interpretation of negative results
- Documenting change

The Importance of QoL as a Service Outcome

Knowing What Questions to Ask

Schalock/Verdguo Model

- Independence:
  - Personal Development
  - Self-Determination

- Social Participation
  - Interpersonal Relationships,
  - Social Inclusion
  - Rights

- Wellbeing:
  - Emotional
  - Physical
  - Material

QIAT Framework

- Personal Empowerment
  - Personal Development
  - Self-Determination/Independence

- Social Inclusion & Participation
  - Interpersonal Relationships
  - Rights & Citizenship
  - Employability
  - Community Participation

- Wellbeing
  - Emotional
  - Physical
  - Material

Domain	Indicators and Descriptors
Personal Development	Education (achievements, education status)
	Personal competence (cognitive, social, practical)
	Performance (success, achievement, productivity)
Self-Determination	Autonomy/personal control (independence)
	Goals and personal values (desires, expectations)
	Choices (opportunities, options, preferences)
Interpersonal Relations	Interactions (social networks, social contacts)
	Relationships (family, friends, peers)
	Supports (emotional, physical, financial)
Social Inclusion	Community integration and participation
	Community roles (contributor, volunteer)
	Social supports (support networks, services)

Domain	Indicators and descriptors
Rights	Human (respect, dignity, equality)
	Legal (citizenship, access, due process)
Emotional Wellbeing	Contentment (satisfaction, moods, enjoyment)
	Self-concept (identity, self-worth, self-esteem)
	Lack of stress (predictability and control)
Physical Wellbeing	Health (functioning, symptoms, fitness, nutrition)
	Activities of daily living (self-care, mobility)
	Health care
	Leisure (recreation, hobbies)
Material Wellbeing	Financial status (income, benefits)
	Employment (work status, work environment)
	Housing (type of residence, ownership)

Subjective and Objective QoL Outcome Indicators

Subjective

- Phenomenological feelings about wellbeing.
- Estimates of satisfaction with life in general or with specific life dimensions
- Perceptions of the impact of the environment on personal experiences
- A sense of increasing or diminishing health or happiness

Objective

- Norm referenced measures of function/wellbeing
- Social indicators or outward material circumstances
  - Employment
  - Social status
  - Income
  - Physical function or symptoms
  - Connectedness

QoL Measurement Tools

- Recognise the multi-dimensionality of quality of life,
- Determine whether Health-Related or Social Care Related outcomes are a priority
- Develop indicators for the respective quality of life domains,
- Base the assessment on objective aspects of QoL, on life experiences, circumstances and lifestyles,
- Focus on the predictors of quality indicators/outcomes,
- Use quality indicators as a basis for quality improvement, monitoring social inequality and making normative comparisons
- Consider a normed, standardised instrument, or a criterion-referenced tool

Material Well-Being	30
Home Environment, Personal Cleanliness, Comfort	
Adequate Sustenance, Food & Drink	
Personal safety & Security	
Financial wellbeing	
Access to Services, Assistance, Support	
Standard of living, Life conditions.	
Secure Future	

Interpersonal Relationships	**24**
Social Role	
Social relationships	
Presentation of self to others/Communication	
Getting along	
Family Roles	
Partner relations	
Contact w/ friends	
Love relations and Intimacy	

Physical Wellbeing	22
General Health Perceptions	
Social Health	
Access to Health Services and Medical Care	
Pain/Discomfort	

Emotional Wellbeing	**19**
Psychological Well-Being,	
Mental Health	
Cognitive Health Satisfaction	
Dignity	
Subjective Self-esteem	
Lack of Regrets.	
Spirituality/Religion	

Self-Determination	**13**
Empowerment/Independence	
Independent Living	
Control over Daily Life	
Freedom	
Cognitive Independence	

Recreational and Social Activities	**10**
Leisure	
Creativity/Aesthetic	
Occupation	
Employability	**9**
Education, Training and Employment	
Vocational situation	
Paid Work	
Productivity	
Community productivity	

	Self-Care	**9**
	Carrying out Routines & Usual Activities	
	Physical Independence	
	Social Inclusion	**8**
	Social Participation and Involvement;	
	Social Belonging	
	Social Integration	
	Place in Community	
	Community-connectedness	

	Mobility	**3**
	Autonomy Indoors & outdoors	
	Transportation	
	Personal Development	**2**
	Rights	**2**
	Life achievements	**2**
	Citizenship	**1**

Key Distinctions between the Schalock and QIAT Tools

Gencat & San Martin Tools

- People with IDD or Complex Needs
- Focused on care settings
- Tools generally use proxy ratings of family members or staff
- Tools are designed to measure QoL status
- Tools are generally normed and standardised
- Tools are intended for use in research and summative evaluation

QoL Impact Assessment Tool

- Service participants of all levels of cognitive capacity
- Focused on care and VET settings
- QIAT is intended for use by participants themselves
- QIAT is designed to measure service impact
- QIAT is a criterion referenced tool
- QIAT in intended for use in quality systems and formative evaluation

INICO–FEAPS Scale

- Based on the eight factors of the Schalock/Verdugo model of QoL.

- Two subscales, a self-report and a report of another person (72 items)

- Generates an individual QoL and a service profile

- Adults with intellectual or developmental disabilities

- One to one or group administration

- Supporting person-centred planning and measuring their impact

- Highlighting differences and congruence between an individual's perceptions of their QoL and the perceptions of those supporting them

- Evaluated for reliability and validity

- The instrument is available free of charge

Example of the INICO–FEAPS Scales – Rights

He/she is allowed to take part in designing his/her individual plan	I am allowed to take part in designing my individual plan
He/she disrespects other people's rights and property	I respect other people's property and rights
The people around him/her respect his/her personal privacy (e.g., they knock on the door before coming in	The people around me respect my privacy (e.g., they knock on the door before coming in)
He/she has a place where he/she can be alone when he/she wants to be	I can be alone when I want to be
People take his/her things without asking	People take my things without asking
The service provider adequately protects the confidentiality of his/her data	People at the agency tell others the things I say to them (private comments I make to them)
He/she is given information about the goals contained in his/her individual plan	I am given information about the goals contained in my individual plan
He/she has been explained his/her rights	My rights have been explained to me
He/she finds it difficult to know when his/her behaviour may lead to legal problems	I find it difficult to know when my behaviour may lead to legal problems

The QoL Impact Assessment Tool
QIAT

- Ask the person

- Ask the staff

- Use a multidimensional model of QoL

- Use more than one item for each variable

- Link the items directly to the impact of the service

- Link results to program activities

- Control for random variation and reliability

- Validate the content of the tool

- Change the order of the rating scale to avoid response bias

- Use training items to identify acquiescence and social desirability responses

- Create multiple formats and multiple means of responding (UD of the tool)

- Create a proxy version for those who are challenged by the tool

- Compare staff and participant perceptions

- Online administration
- 4 Modes of Administration
  - Individual
    - Independent
    - Mentored
    - Proxy
  - Group
- 3 Sectors
  - Community Care
  - Specialised VET
  - Mainstream VET

- Multiple Versions

  - Full QIAT – Participant (45 Items)

  - Full QIAT – Staff (45 Items)

  - Screening QIAT (26 Items)

  - Easy Read QIAT (26 Items)

  - Simplified QIAT (26 Items)

  - UD QIAT (26 Items)

  - Proxy QIAT (45 Items)

- Demonstrate Equivalence of Versions

QOLIVET QoL Impact Assessment Tool (QIAT)

- 5 Universal Design Options
  - None
  - Examples
  - Simplified Language
  - Simplified Scale
  - 3 Stage Assisted Decision Making

QIAT Quality Focus

The service impacts on the QoL of service users

		Service User Perceptions		
		Y	N	DK/NA
Staff Perceptions	Y	Congruent	Incongruent	Ambiguous
	N	Incongurent	Congruent	Congruent
	N A	Ambiguous	Congruent	Congruent

	Full QIAT	Totally Disagree	Disagree	Agree	Totally Agree	Don't Know	Not Relevant
QI.17	The service provided by …… enabled me to Deal better with situations of stress					Missing	Blank

	Easy Read QIAT	Totally Disagree	Disagree	Agree	Totally Agree	Don't Know	Not Relevant
QI.17	My service helps me to handle things that make me worry					Missing	Blank

	Simplified QIAT	Agree/Yes	Disagree/ No	Don't Know	Not Relevant
QI.17	My service helps me to handle things that make me worry	1	0	Missing	Blank

The QIAT Versions

Ql.17	Universal Design QIAT	Yes	No	Don't Know	Not Important
UD1 Orientation/Perception of Fact					
Can you deal with your worries?					
UD2 Need to Improve Current Status					
Do you need to be better at dealing with your worries?					
UD3 Extent to which the service has helped the person to learn how to do this					
Does your service help you to deal better with your worries?					

The QIAT UD Scoring Matrix

	UD2 Need to Improve Current Status	UD3 Extent to which the service has helped the person to learn how to do this	Score
QI.17	Do you need to be better at dealing with your worries?	Does your service help you to deal better with your worries?	
	Y	Y	1
	Y	N	0
	Y	NA	Blank
	Y	DK	Missing
	N	Y	1
	N	N	Blank
	N	NA	Blank
	N	DK	Missing
	DK	Y	1
	DK	N	0
	DK	NA	Blank
	DK	DK	Missing
	NA	Y	1
	NA	N	Blank
	NA	NA	Blank
	NA	DK	Missing

Using QoL Impact Results to Identify Areas for Improvement

Outcome evaluation average
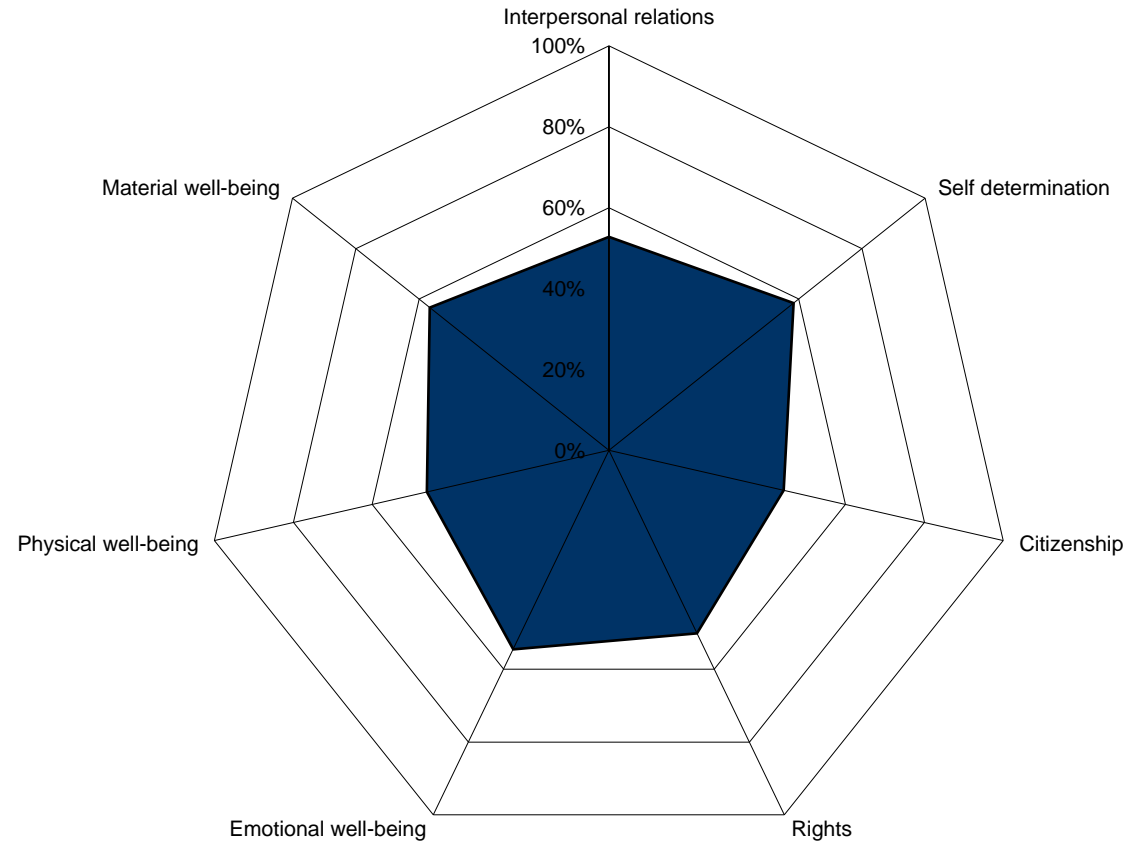
Interpersonal relations
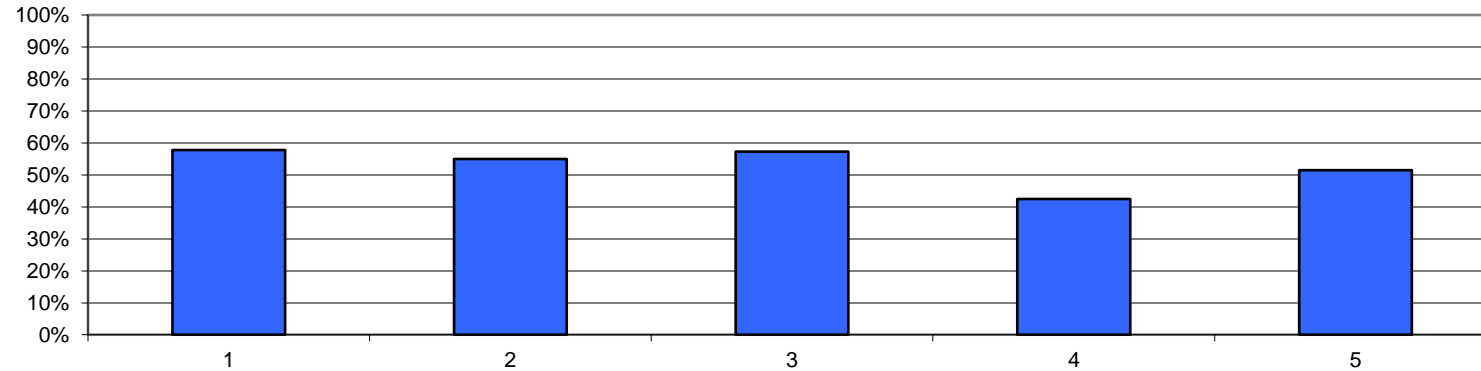
1. Enabled me increase the number of people with whom I have regular contact
2. Enabled me improve the relationship with those close to me
3. Enabled me to better communicate with other people
4. Enabled me to feel more satisfied with my family relationship
5. Contributed to me being better able to solve conflicts with other people

QOLIS Item Analysis

- • 0%–30% Significant Area for Improvement (SAFI)
- • 31%–40% Moderate Area for Improvement (MAFI)
- • 41%–75% Relative Strength (RS)
- • 76%–100% Significant Strengths (SS)

QOLIS Item Analysis

Centre	BM		Benchmark Centres								
1. Enabled me increase the number of people with whom I have regular contact.	**58%**		62%	56%	82%	66%	65%	65%	62%	71%	68%
2. Enabled me improve the relationship with those close to me.	**55%**		71%	50%	66%	71%	59%	65%	62%	71%	64%
3. Enabled me to better communicate with other people.	**57%**		58%	45%	80%	63%	64%	67%	60%	70%	64%
4. Enabled me to feel more satisfied with my family relationships.	**43%**		33%	24%	60%	60%	61%	61%	40%	67%	55%
5. Contributed to me being better able to solve conflicts with other people.	**52%**		75%	36%	74%	47%	57%	66%	44%	74%	61%

- 13. Opened doors for new opportunities in my life.
- 14.   Enabled me to actively engage in my education and learn new things.
- 16.   Enabled me to feel more capable of solving problems.
- 22.   Enabled me to know better my capacities.
- 34.   Enabled me to the support and services I need to achieve my life goals.
- 1.   Improved my chances of getting a job.
- 6.   Will help me to keep a job when I get one.
- 13. Have increased my sense of responsibility.
- 14. Have made me better in coping with changes.

- 4.   Enabled me to feel more satisfied with my family relationships.
- 18.   Enabled me to feel more stable emotionally.
- 23.   Enabled me to feel less alone now.
- 24.   Contributed to the improvement of my health.
- 25.   Enabled me to have more healthy eating habits.
- 26.   Enabled me to use my leisure time better.

- 27. Enabled me to become more mobile within my environment.
- 30. Enabled me to feel more able to do physical activities.
- 31. Enabled me to better manage my financial situation.
- 33. Enabled me to be more involved in community and voluntary activities.
- 35. Enabled me to be informed on current matters.
- 36. Enabled me to take part in cultural and leisure activities.

Benchmarking QoL Impact Results

QoL Impact Benchmarking Trends –QoL Domains

EPR OMVR All Centres Total QOL by Year

Legend: Total Personal Development, Total Social Inclusion, Total Wellbeing, Total QOL Score
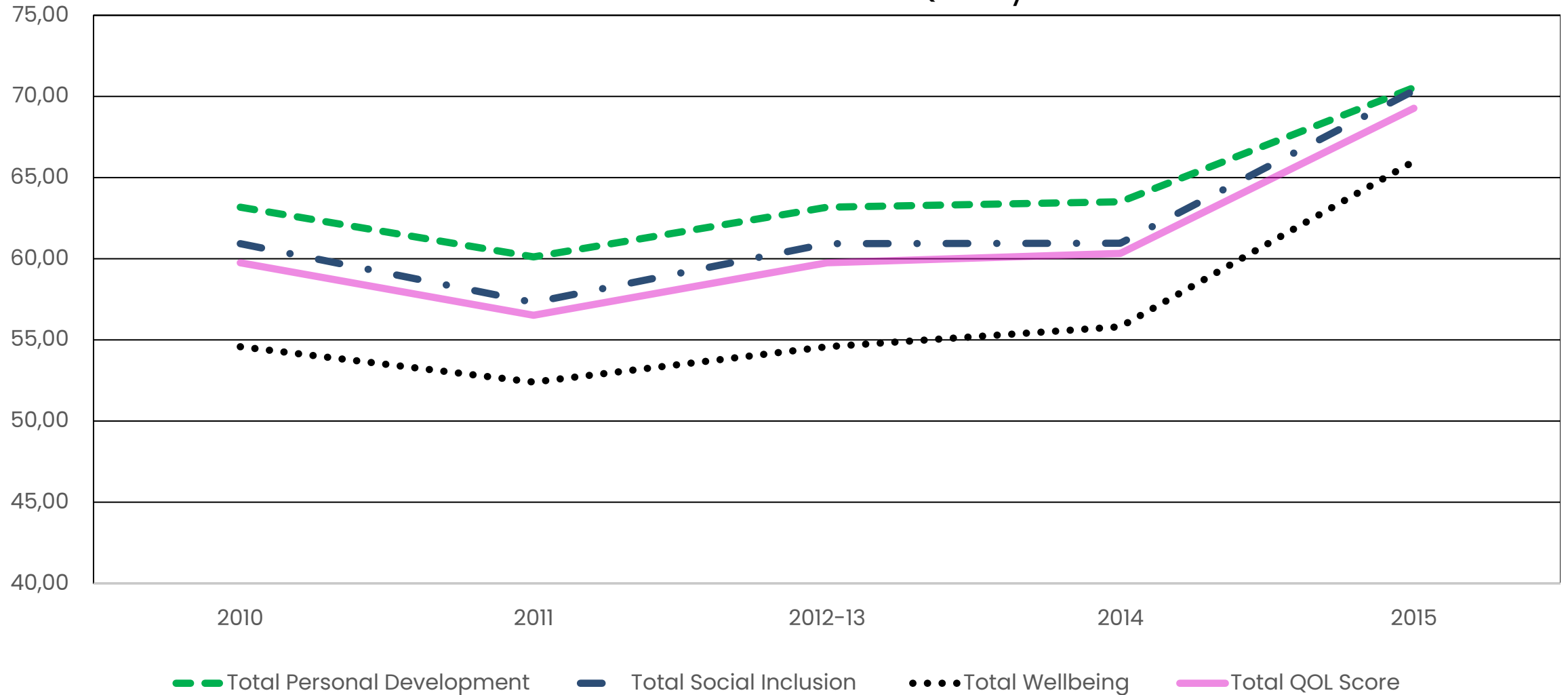
QoL Impact Benchmarking Results – Trends 2010-2015

		2010		2015	
	N	**Mean**	**N**	**Mean**	**Sig.**
Interpersonal Relations	176	35.44	231	67.43	p<0.01
Self-determination	177	39.94	231	72.11	p<0.01
Total Personal Development	177	38.58	231	70.54	p<0.01
Employability	177	38.10	230	73.08	p<0.01
Citizenship	170	26.85	231	64.71	p<0.01
Rights	169	28.04	229	67.90	p<0.01
Total Social Inclusion	177	34.19	231	70.35	p<0.01
Emotional	176	36.84	231	69.27	p<0.01
Physical	170	28.98	231	63.17	p<0.01
Material	159	27.61	228	63.90	p<0.01
Total Wellbeing	176	32.74	232	66.00	p<0.01
TOTAL QOL SCORE	177	35.08	233	69.27	p<0.01

QoL Impact Benchmarking – Rights: Trends 2010–2015

Range of High, Medium and Low Ratings by Year

Legend: ■ <25% ■ 25%-75% ■ >75%
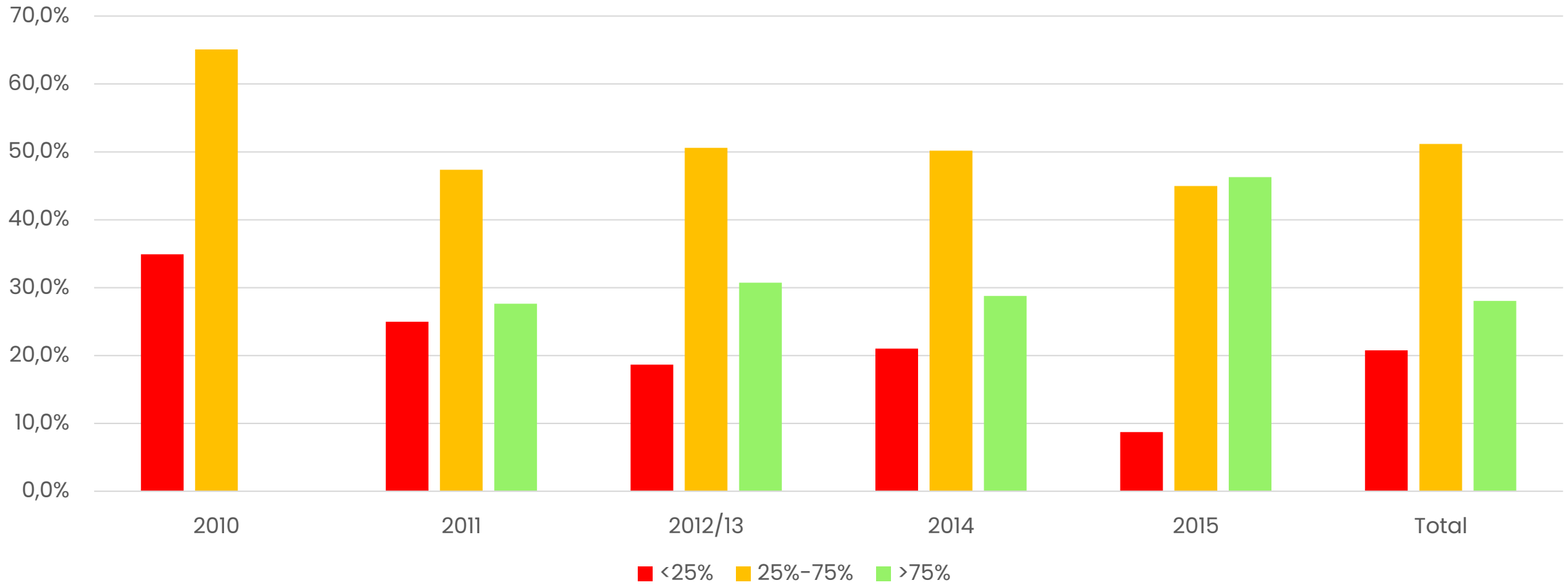
OMVR Results 2016 - Gender		Male	Female	Total	Diff	Sig.
Interpersonal Relations	N	199	126	325		
	Mean	59.78	69.32	63.48	-9.54	*
Self-determination	N	202	127	329		
	Mean	66.44	71.69	68.47	-5.25	NS
Total Personal Development	N	202	128	330		
	Mean	63.94	70.91	66.64	-6.97	*
Employability	N	202	126	328		
	Mean	64.39	69.39	66.31	-5.00	NS
Citizenship	N	199	127	326		
	Mean	56.29	62.93	58.88	-6.64	*
Rights	N	197	124	321		
	Mean	60.37	66.41	62.71	-6.04	NS
Total Social Inclusion	N	202	127	329		
	Mean	60.9	67.3	63.37	-6.40	*
Emotional	N	198	124	322		
	Mean	63.5	69.27	65.72	-5.77	NS
Physical	N	197	123	320		
	Mean	55.41	61.99	57.94	-6.58	*
Material	N	191	122	313		
	Mean	55.55	64.59	59.07	-9.04	*
Total Wellbeing	N	201	126	327		
	Mean	59.19	65.76	61.72	-6.57	*
Total QOL Score	N	202	128	330		
	Mean	61.24	67.85	63.8	-6.61	*

OMVR Benchmarking Results 2016 - Age

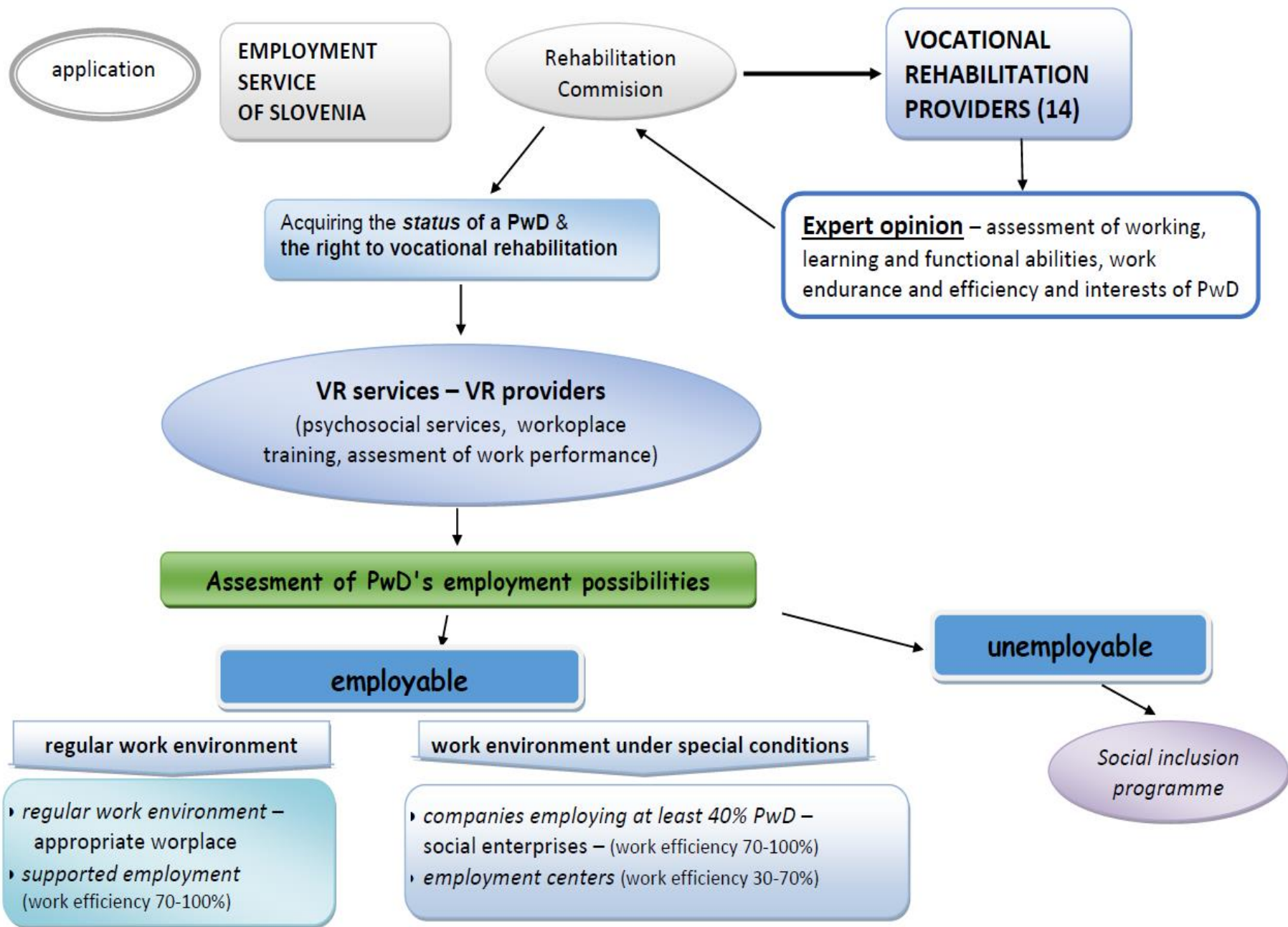|	<25 years		25-34 years		35-44 years		>44 years		Total	
	N	Mean	N	Mean	N	Mean	N	Mean	N	Mean
Interpersonal Relations	92	55.49	80	60.49	54	71.68	93	70.25	319	63.79
Self-determination	92	60.40	81	68.35	54	73.24	96	74.20	323	68.65
Total Personal Development	92	57.97	81	65.05	55	73.18	96	73.26	324	66.85
Employability	92	62.51	81	65.68	53	70.35	96	69.13	322	66.57
Citizenship	91	50.45	81	56.77	54	63.98	95	66.35	321	59.02
Rights	90	56.20	80	62.06	53	63.21	93	70.32	316	63.02
Total Social Inclusion	92	56.66	81	62.48	54	67.82	96	68.84	323	63.60
Emotional	92	56.46	80	65.09	54	71.19	90	72.94	316	65.85
Physical	92	51.76	79	53.65	53	63.14	90	66.33	314	58.33
Material	86	52.21	79	55.70	52	64.23	91	66.70	308	59.42
Total Wellbeing	92	53.80	81	58.70	54	67.72	94	69.46	321	61.96
Total QOL Score	92	56.15	81	61.83	55	69.52	96	70.30	324	64.03

University Rehabilitation Institute
Republic of Slovenia

Aleksandra Tabaj and Črtomir Bitenc
Development Center for Vocational Rehabilitation
OUTCOME MEASUREMENT IN VOCATIONAL REHABILITATION
IN SLOVENIA

Vocational Rehabilitation Process

application

EMPLOYMENT SERVICE OF SLOVENIA

Rehabilitation Commision

VOCATIONAL REHABILITATION PROVIDERS (14)

Acquiring the *status* of a PwD & the right to vocational rehabilitation

Expert opinion – assessment of working, learning and functional abilities, work endurance and efficiency and interests of PwD

VR services – VR providers
(psychosocial services, workoplace training, assesment of work performance)

Assesment of PwD's employment possibilities

employable

unemployable

regular work environment

work environment under special conditions

Social inclusion programme

- *regular work environment –* appropriate worplace
- *supported employment* (work efficiency 70-100%)

- *companies employing at least 40% PwD –* social enterprises – (work efficiency 70-100%)
- *employment centers* (work efficiency 30-70%)

Vocational rehabilitation (VR)

- Development Center for Vocational Rehabilitation works under Public mandate contract. One of the tasks is Evaluation of VR in Slovenia at national level

- All providers of VR – 13, are included.

Questionnaires we use:

- **For persons with disabilities**: quality of life (at two points – after assessment phase and at the end of VR)

- **For VR providers**: supported employment, workplace adaptations, dynamics of providers, network of employers, communication with key stakeholders, outcomes after finished VR

- **For appointing institutions** – questionnaire for satisfaction

Average pupulation in VR per year: 1.980 PwD

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
No.	2.034	1.945	1.758	1.886	1.962	2.228	2.253	2.228	2.165	2.063	2.174

- Data for year 2020 – users of VR who finished proces and got direct employment - 266 PwD – from them 54 in public works; (157 users less employed directly than for example in 2018, then employed 423 users (2017: 456). For year 2019, no data available.

- Majority (136) of users got employment in open labour market – from them 37 in supported employment (2018: 241, 75 in supp. empl.). Following: 63 users (2018: 96) in sheltered employment, and employment in disability enterprises: 67 users, from them 21 in sheltered work place (2018: 86, from them 18 at sheltered work place).

- **We noticed the biggest decline in employment 2020 in open labour market – almost half less, corresponding COVID-19 situation.**

- **In the next slide, there are numbers of decisions after finished process of vocational rehabilitation, issued by Employment Service.**

Year	Not able to employ	Sheltered employment	Supported employment
2006	165	170	21
2007	85	76	17
2008	131	54	29
2009	163	73	37
2010	140	74	42
2011	204	59	32
2012	184	88	47
2013	190	94	43
2014	305	94	71
2015	335	111	60
2016	453	157	113
2017	373	153	131
2018	545	144	126
2019	526	122	97
2020	499	100	79
No.	4.298	1.569	945

Year	Employed PwD in Slovenia	Employed PwD in open labour market	Employed in enterprises for PwD	Employed in sheltered employment
2006	32.682	26.129 (73,9%)	6.441 (19,7%)	112 (0,34%)
2007	33.057	26.591 (80,4%)	6.305 (19,1%)	161 (0,48%)
2008	33.806	27.261 (80,6%)	6.358 (18,8%)	187 (0,55%)
2009	32.212	26.283 (81,6%)	5.706 (17,7%)	223 (0,69%)
2010	30.399	24.777 (81.5%)	5.364 (17,6%)	258 (0,85%)
2011	30.551	24.799 (81,2%)	5.449 (17.8%)	303 (0,99%)
2012	29.975	23.986 (80,0%)	5.672 (18,9%)	317 (1,06%)
2013	30.327	24.446 (80,6%)	5.528 (18,3%)	353 (1,07%)
2014	30.507	24.772 (81,2%)	5.323 (17,5%)	412 (1,3%)
2015	30.830	24.971 (81,0%)	5.398 (17,5%)	463 (1,5%)
2016	32.066	25.805 (80,5%)	5.735 (17,9%)	526 (1,6%)
2017	33.226	26.733 (80,4%)	5.878 (17,8%)	615 (1,8%)
2018	34.311	27.726 (80,8%)	5.911 (17,3%)	674 (1,9%)
2019	35.021	28.342 (80,9%)	5.944 (17,0%)	735 (2,1%)
2020	34.939	28322 (81,1%)	5.865 (16,8%)	752 (2,2%)

No. of interuptions of the VR process:

- Year **2020: 318 interuptions** (2010 = 105, 2011 = 201, 2012 = 171, 2013: 235, 2014: 233, 2015: 270; 2016: 249, 2017: 279, 2018: 301, 2019: no data available).

- **Main reasons are no motivation**, **followed by health reasons.**

- Training with employers in 2020: 916 service users went to employers for training (2018: 1.096, 2017: 1.190, 2016: 1.118, 2015: 1.068); some of them got training with more employers.

- Average time for training is 7,3 months (2018: 8 months). The majority of training were long 3 months.

| Duration of training in months	Service users
1	30
2	34
3	72
4	53
5	31
6	39
7	22
8	30
9	28
10	30
11	21
12	36
13	11
14	5
15	8
16	3
17	7
18	5
20	13
21	1
22	1
24	6

Supported employment

- Supported employment: 2020 VR providers provided support for 154 users, on average per person 13,5 hours per year.

- Supported employment in Slovenia – follows after finished vocational rehabilitation process.

- People get real wages, at least minimum wage and they are working on open labour market.

- Support is provided from the network of vocational rehabilitation providers. Employer can get also subvention of wage.

- Additional possibility is getting support from Public foundation for persons with disabilities.

Workplace adaptations
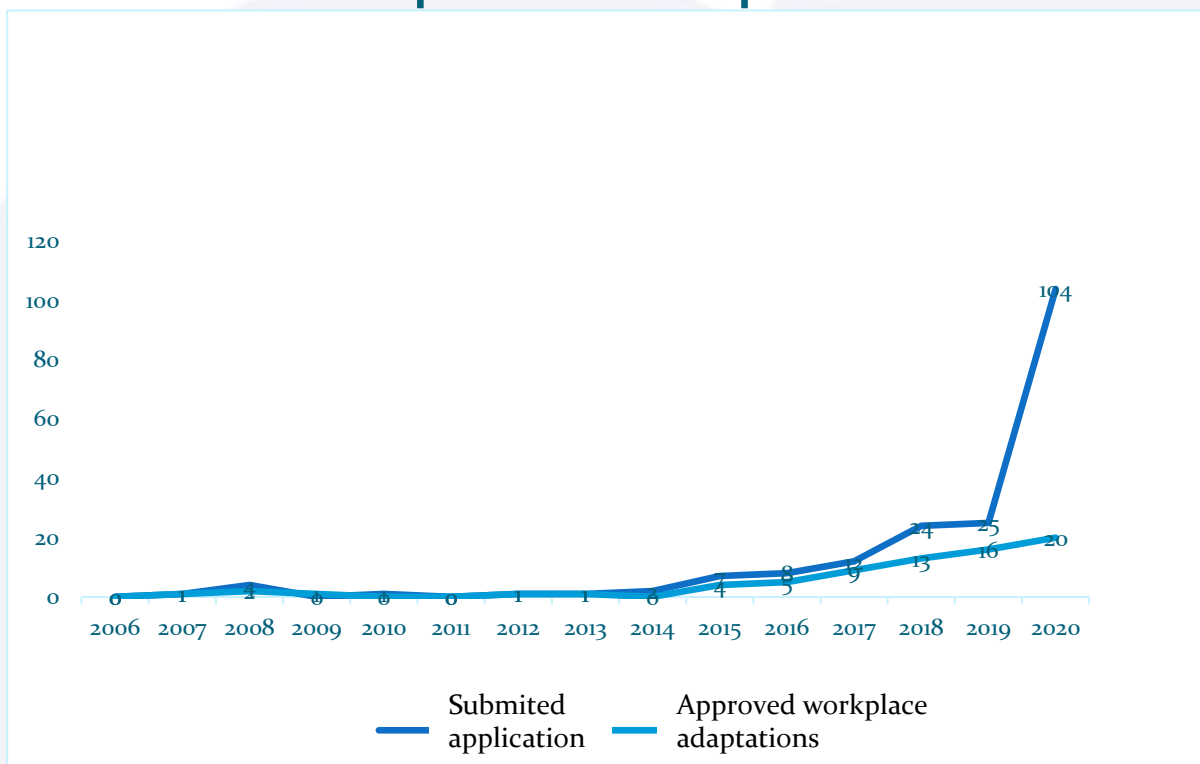
- Workplace adaptations for unemployed persons with disabilities are payed by Public Foundation for Persons with Disabilities.

In 2020: 44 workplace adaptations

- Majority of them are chair (ergonomic) adaptation – 14
- Followed by tables (8) and hearing devices – (8)
- Foot rest – (2)
- Hammer – (2)
- Vakuum manipulator – (2)

Problems of VR providers

- More persons appointed than they can accept produce long waiting lists
- Appointments from Public Employment Service are not constant
- Not motivated persons
- Not able to be included due to not finished healing, drugs and alcohol addictions
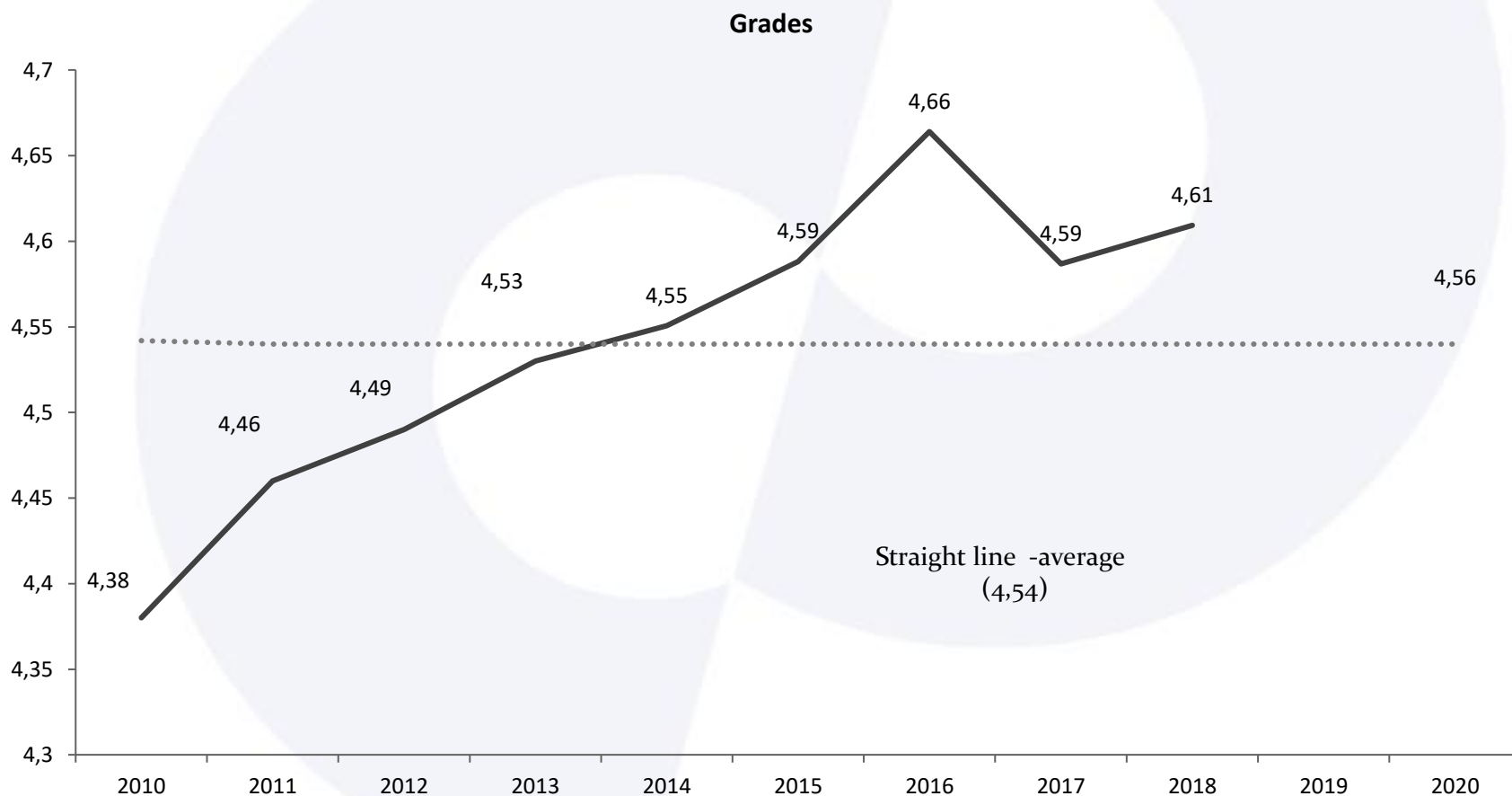- Covid situation – mental health problems, isolation..

Evaluation – assessment VR providers of ESS

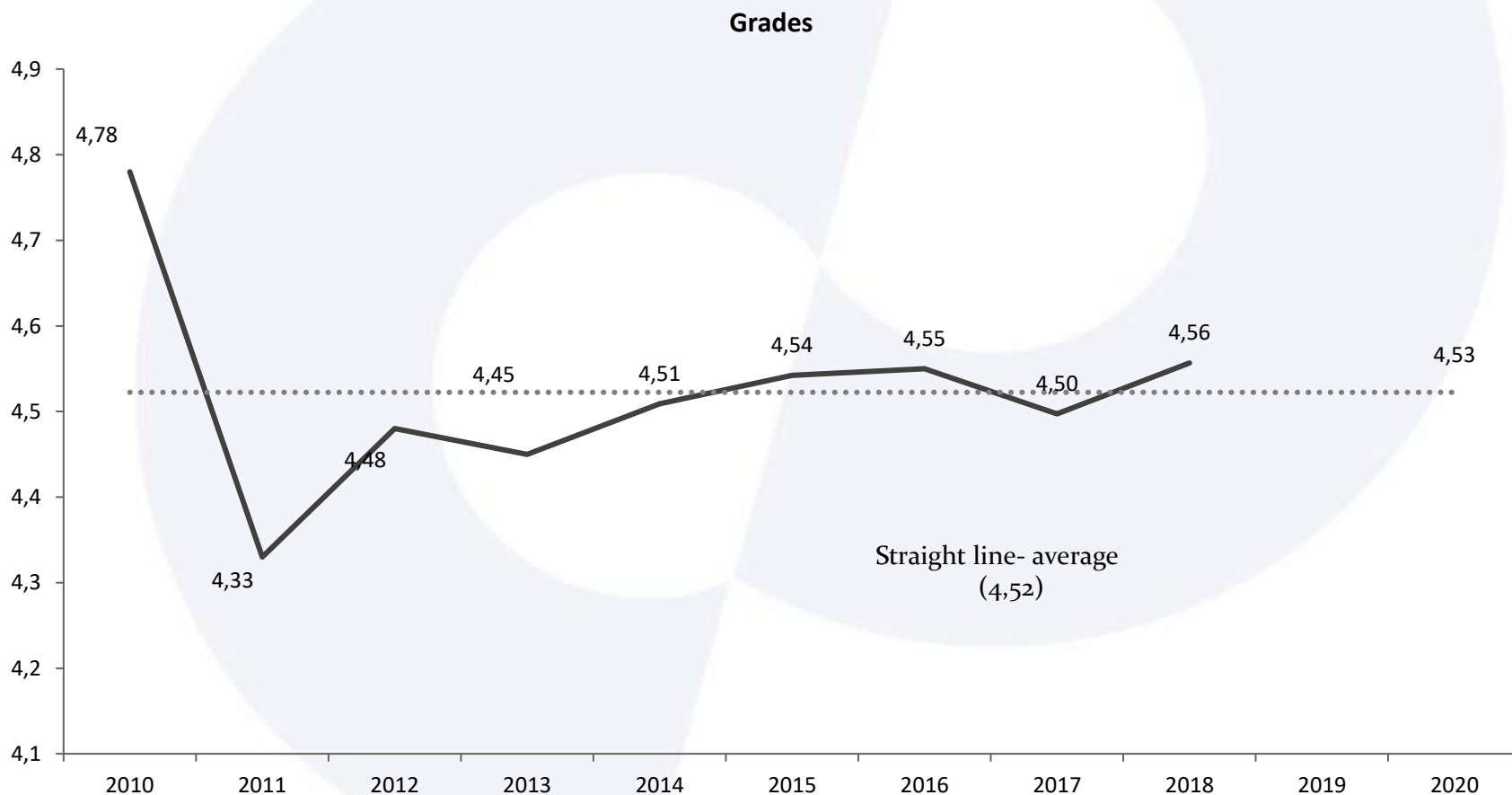|	Communication with employment service rehabilitation councellors	Cooperation in VR process	Cooperation about outcome	Team work with employment service rehabilitation councellors	Proffessional attitudes
average	4,8	4,6	4,5	4,8	4,8

Service users satisfaction (after assessment of working, learning and functional abilities, work endurance, efficiency and occup. interests of PwD
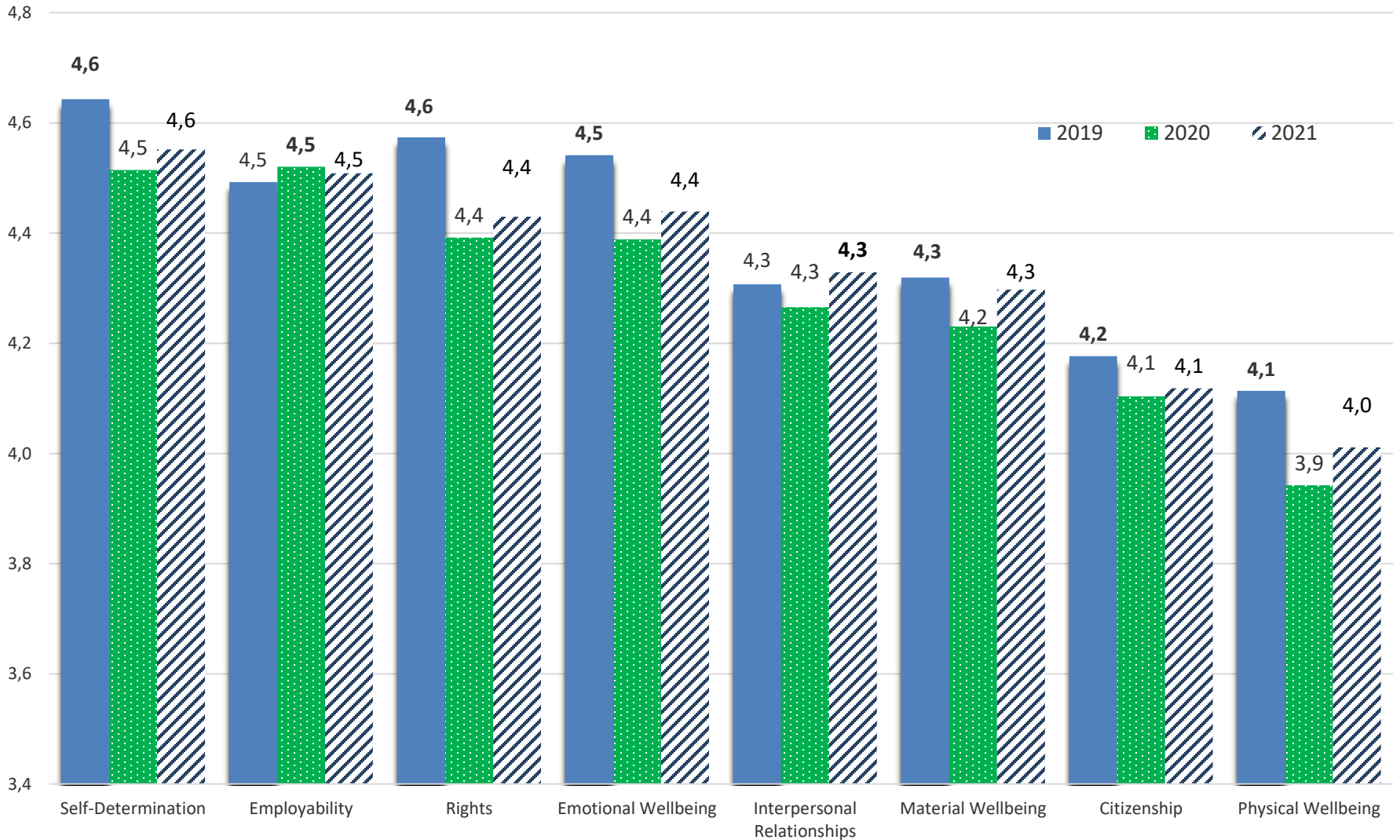

Grades

Straight line -average
(4,54)

Service users assessment after finished VR process

Grades

Straight line- average
(4,52)

QOLIS
2019, 2020 and 2021

Legend: 2019, 2020, 2021

Domain	2019	2020	2021
Self-Determination	4,6	4,5	4,6
Employability	4,5	4,5	4,5
Rights	4,6	4,4	4,4
Emotional Wellbeing	4,5	4,4	4,4
Interpersonal Relationships	4,3	4,3	4,3
Material Wellbeing	4,3	4,2	4,3
Citizenship	4,2	4,1	4,1
Physical Wellbeing	4,1	3,9	4,0

Assessment of ESS (appointing institution, addressed towards VR providers)

Cooperation with VR providers	Average (M)	Standard deviation (SD)
Communication with VR provider	4,6	0,8
Cooperation with VR provider	4,4	0,9
Usefulness of team work for planning activities for PwD	4,7	0,5
Regular acquaintance with VR process	4,5	0,8
Team work in planning the outcome	4,4	0,7
Proffessional level of cooperation	4,7	0,5
Average	4,5	0,7

THANK YOU FOR YOUR ATTENTION!

Contacts:

aleksandra.tabaj@ir-rs.si

crtomir.bitenc@ir-rs.si