

Intercultural Assessment

Intense-Assessment

consisting of:

- ❖ Part I – Central questions
- ❖ Part II – Worksheets
- ❖ Part III – Deepening mechanisms
- ❖ Part IV – Need for action
- ❖ Part V – Support plan

Innsbruck, March 2007

join--a-job!

2334
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Unternehmen beraten

Functional Realisation

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Innsbruck, March 2007

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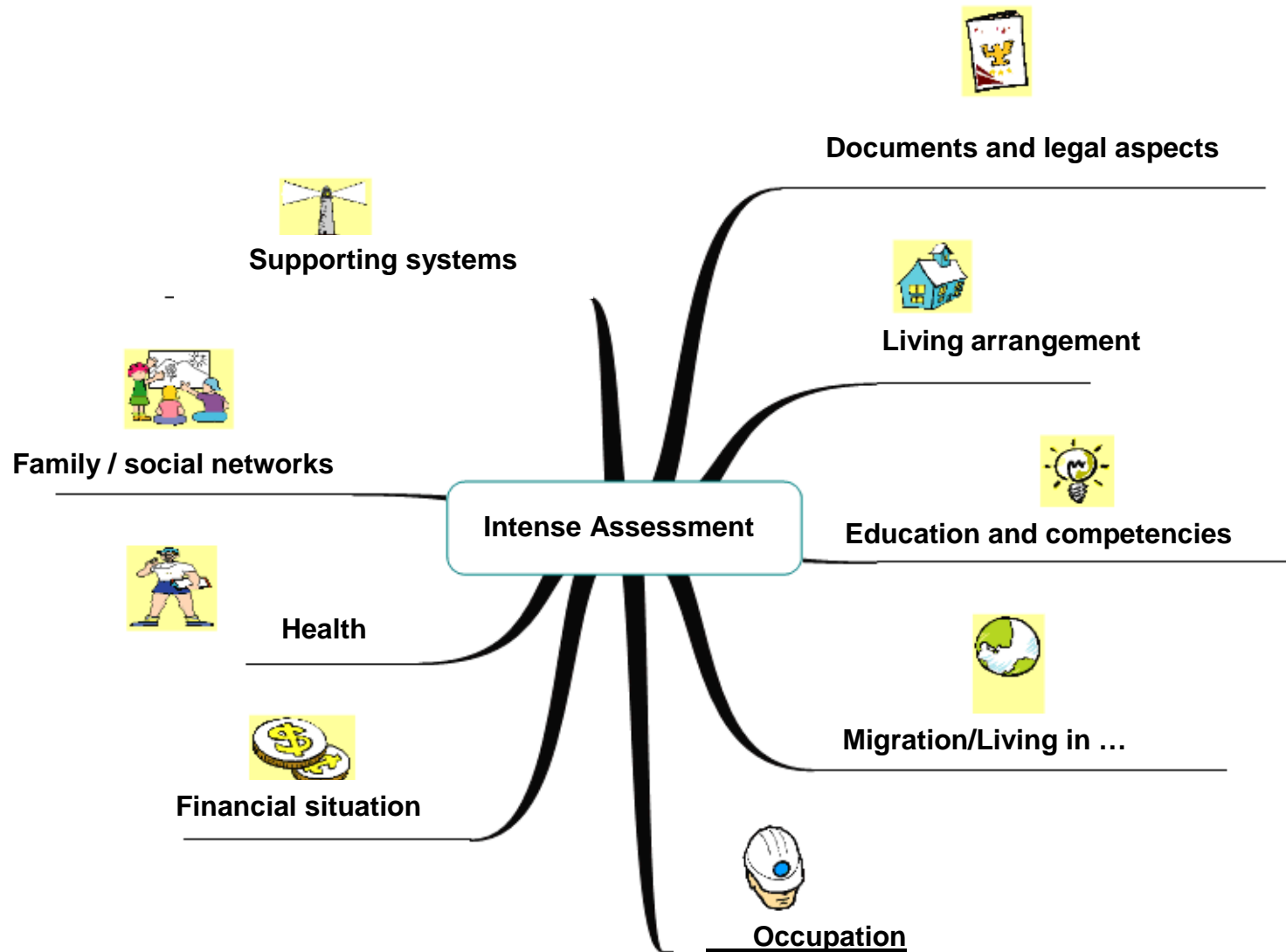
Part I

Central questions

Mind-map regarding subjects of the central questions

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Subjects – Intense Assessment



Documents & legal aspects

For: _____

Documents

Did you fulfil the integration agreement?

Yes No

Is there an opportunity or necessity to alter your kind of work permit?

Yes No

If “Yes”, which: _____

Is there an opportunity to obtain a permanent residence permit?

Yes No

Legal aspects

Have you ever been charged with a criminal offence?

Yes No

If “Yes” what crime have you been charged with?

Criminal assault

Theft (stealing without violence, e.g. shoplifting)

Robbery (with violence)

Damage of property

Dangerous threat

others, what: _____

Has there ever been an extrajudicial measure or the obligation to do community service (e.g. retirement home, Red Cross) applied to you because you committed a crime?

Yes No

If “Yes”, which: _____

Have you ever been on remand?

Yes No

If “Yes”, how many times: 1 2 3 4 5

Do you have a previous conviction?

Yes No

If “Yes”, how many: _____

Which?

Fine: Suspended / absolute (encircle where applicable)

Custodial sentence: Suspended / absolute (encircle where applicable)

others: _____

Did you serve a custodial sentence in prison?

Yes No If “Yes”, how long: _____

Does an ordered probation service exist?

Yes No

Who is the probation officer (name and contact details): _____

Living arrangements

For: _____

What kinds of resources/risks result from your current living arrangements?

Further details: _____

What kinds of living arrangements could you imagine or would you desire?

Further details: _____

Is there an opportunity to realise your ideas/wishes concerning your living arrangements?

Further details: _____

Where have you predominantly lived until the age of 18? (Multiple answers are permitted)

- With both parents
- With one parent and his/her partner
- With one parent without partner
- With dependants/relatives – degree of relationship: _____
- In a foster family/adoptive family
- With another person, who: _____
- In social service facilities, which: _____
- In other facilities, where: _____
- Temporary without supervision
- Other: _____

Education and competencies

⇒ School education

For: _____

How many school years did you all in all spend in Ireland? _____

In what year did you graduate or leave school in Ireland? _____

How many times did you have to repeat class in Ireland?

0 1 2 3 4

What subjects are/were you particularly good at? (What marks?)

What are/were your favourite subjects?

What subject's do/did you dislike?

How many times did you drop out of school?

0 1 2 3 4

Why?: _____

Do/did you play truant?

Yes No

If "Yes", why: _____

How many days were you absent per term?: _____

When you skipped school, what were you doing instead?

Further details: _____

What is your highest grade completed in your *country of origin*?

How many school years did you spend in your *country of origin*?: _____

In addition, please complete the worksheet "School career"! (see Part II / 1, 2)

Education and competencies

⇒ Vocational education

For: _____

Did you complete vocational education in Ireland?

Yes No

If “**Yes**”, which: _____

Did you start one/several vocational education/s in Ireland that you did not complete?

Yes No

If “**Yes**”, which: _____

If you completed vocational education in your *country of origin* – in what year did you finish it and what kind of vocational education? _____

Did you start one/several vocational education/s in your *country of origin* that you did not complete?

Yes No

If “**Yes**”, which: _____

In addition, please complete the worksheet “Vocational education”! (see Part II / 3,4)

Education and competencies

⇒ Competencies (additional resources, language)

For: _____

Additional resources

Do you have a car?

Yes No

If “**Yes**”, is the car available for job and education?

Yes No

Can you imagine commuting?

Yes No If “**Yes**”, within a radius of _____ km

Can you imagine changing residence?

Yes No

Have any processes concerning the identification of competencies been carried out with you?

Yes No

If “**Yes**”, which: _____

Language

What languages do you speak?

Of which foreign language do you have the best command (foreign language by which is meant another language than your mother-tongue)?

Language: _____

With whom do you speak exclusively in your mother tongue?

mother

father

siblings

relatives

partner

persons (acquaintances, foreigners) with the same migrational background

friends

others: _____

What language do you speak within your family (with your parents)?

Mother tongue English Other, which: _____

What language do you speak with your partner?

Mother tongue English Other, which: _____

What language do your parents speak between themselves?

Mother tongue English Other, which: _____

Do you act as a translator for other people (e.g. parents)?

Yes No

If “**Yes**”, for whom and in which context (e.g. at the doctor): _____

Education and competencies

⇒ **Competencies (additional resources, language)**

For: _____

What language do you speak in an English-speaking context that consists also of mother-tongue speakers?

Mother tongue English mixed

With whom do you speak exclusively English? _____

In addition, please complete the worksheet “Courses, trainings, other certificates!

(see Part II / 5)

Migration / life in Ireland

For: _____

Migration

Did you experience migration by yourself?

Yes No

If “**Yes**”, how would you assess this experience?

Enriching

Okay

Difficult - can cope with it

Troublesome, need help

How would you assess the migration of your family, although you did not experience it personally?

Enriching

Okay

Difficult - can cope with it

Troublesome, need help

Who made the decision to migrate?

Mother

Father

Grandparents

Relatives – further details: _____

Friends

Others: _____

After the decision concerning the migration had been made, who was the least happy about it?

Mother

Father

Grandparents

Relatives – further details: _____

Juvenile him/herself

Siblings – further details: _____

Other: _____

Do you think about returning to your country of origin?

Yes No

If “**Yes**”, what do you expect from your country of origin? _____

In case you feel stressed due to the migration experience (no matter whether you experienced it by yourself or not), what has to change that you feel less stressed?

Migration / life in Ireland

For: _____

Life in Ireland

How have you come to terms with life in Ireland?

- Okay Difficult, but can cope with it Troublesome, need help

Particulars: _____

Whom do you refer to when you cannot find a job or you have other problems in Ireland?

Person(s) with migrational background, who: _____

Person(s) without migrational background, who: _____

Who would you expect to provide support in Ireland (when you cannot find a job or you have other problems)?

Person(s) with migrational background, who: _____

Person(s) without migrational background, who: _____

Who offers you support in Ireland (when you cannot find a job or you have other problems)?

Person(s) with migrational background, who: _____

Person(s) without migrational background, who: _____

If you did not find a job (or have other problems) in your country of origin, whom would you refer to in order to get support?

Who would support you (to find a job) in your country of origin?

Occupation

For: _____

Did you learn a profession?

Yes No

If “**Yes**”, what: _____

Are you working/have you been working in your learned profession since your education?

Yes No

If “**No**”, why not: _____

Are you working/have you been working in another profession?

Yes No

If “**Yes**”, what profession: _____

Do you have an idea concerning your occupational aims?

No idea Rough idea Clear idea

What do you do in order to achieve your aim?

I apply to job advertisements

Speculative applications (I apply for jobs that I like – no announced vacancies)

I make use of career guidance

Other: _____

Who influenced your decisions concerning a certain choice of school, education or occupation?

Mother

Father

Siblings

Relatives

Partner

Friends

Other: _____

In addition, please complete the worksheet “Occupation”! (see Part II / 6, 7)

Financial situation

For: _____

How much money do you have at your disposal each month?

Sum (circa) monthly: _____

How do you spend most of your money? (Please allocate the numbers 1 - 5)

- Rental payments
- Holdback payments
- Phone/ mobile phone / internet
- Own children
- Provisions
- Hobbies
- Drugs
- Car
- Gas
- Clothing
- Travelling
- Going out
- Other significant expenditures: _____

How much money do you spend each month?

Sum (circa) monthly: _____

What kinds of debts do you have?

- Consumer debts

Further details: _____

- Fines/monetary penalties

Further details: _____

- Liabilities due to business insolvency

Further details: _____

Do you require debt counselling?

- I have already made use of it
- Necessary
- Not necessary

Are there deductions from your income?

- Yes
- No

Are there deductions of debts from your income?

- Yes
- No

Further details: _____

In addition, please complete the worksheet "Receipts/expenditure"! (see Part II / 8)

Health

For: _____

Addiction

In case of an addiction – how does it affect gaining employment?

No obstacle Entails limitations Currently not Employable

Particulars concerning the placement restraint (e.g. memory gaps, prospective place in therapy etc.): _____

What existing addiction do you have?

Physical dependency

Alcohol

Cannabis (marihuana, hashish)

Cocaine (coke, crack)

Ecstasy

Opioids (e.g. heroin)

Hallucinogens (e.g. LSD)

Medicaments

Other, which: _____

Psychological dependency

Gambling

Shopping addiction

Sexual addiction

Others, which: _____

Do you require therapy?

Yes No

If “**Yes**”, further details: _____

Do you take medication because of your addiction?

Yes No If “**Yes**”, which: _____

Have you participated on a treatment programme?

Yes No

If “**Yes**”:

Voluntary withdrawal treatment

Involuntary withdrawal treatment, originated by _____

How long have you been abstinent? _____

Physical impairment

From what kind of chronic illness do you suffer (e.g. infectious disease)?

How does the chronic illness affect your employability?

No obstacle Entails limitation Currently not Employable

Further details: _____

Since when have you been ill? Month/year: _____

Health

For: _____

Are you under medical treatment due to your illness?

Yes No

In case you have an allergy – how does it affect your employability?

No obstacle Entails limitations Currently not Employable

Further details: _____

Physical disability

How does the physical disability affect your employability?

No obstacle Entails limitations Currently not employable

Further details: _____

How long have you been physically disabled?

From birth Accident/illness (month/year) _____

Other date: _____

Are you under medical treatment due to your physical disability?

Yes No

Do you require healthcare products?

Yes No If "Yes", which: _____

Do you need further support in everyday life?

Yes No

If "Yes", further details: _____

Are you registered disabled?

Yes No

If "Yes", to what extent: _____

Mental illness

How does the mental illness affect your employability?

No obstacle Entails limitations Currently not employable

Further details: _____

Has your mental illness been diagnosed (e.g. depression, phobia)?

If "Yes", which: _____

Have you been professionally treated by a psychiatrist or psychologist?

Yes No

Do you take medication due to your mental illness?

Yes No

Health

For: _____

Do you require therapy?

Yes No If **“yes”**, further details: _____

Learning difficulties

How does the learning difficulty affect your employability?

No obstacle Entails limitations Currently not Employable

Further details: _____

How does your learning difficulty manifest itself?

Further details: _____

What are you doing to compensate your learning difficulty (e.g. assistance, therapy)?

Further details: _____

Are you under professional treatment?

Yes No

Health - other

Are you insured or co-insured?

Yes No

If **“Yes”**, co-insured, with whom: _____

Do you do sports on a regular basis?

Yes No

If **“Yes”**, what kind of sports: _____

Social relationships

For: _____

Family

What country do your parents come from?

Mother: _____ Father: _____

Do your parents possess Irish citizenship?

Yes No

If **“Yes”**, mother, since when (M/YYYY): _____ Father, since when (M/YYYY): _____

Since when have your parents been living in Ireland?

Mother (M/YYYY): _____ Father (M/YYYY): _____

Whom does your family consist of (family of origin)? (Please add each single-family member)

Regarding the number of children of your parents, where do you fit in the sequence?

Number of siblings:

I am: The Eldest The youngest 2. 3. 4. 5.

Do you have responsibilities at home (e.g. caring for your younger siblings)?

Further details: _____

How is the relationship with your mother, how do you get along with her?

Good – no problem Difficult, can cope with it Troublesome

If **“Troublesome”**, further details: _____

How is the relationship with your father, how do you get along with him?

Good – no problem Difficult, can cope with it Troublesome

If **“Troublesome”**, further details: _____

How do you get along with your brothers and sisters?

Good – no problem Difficult, can cope with it Troublesome

If **“Troublesome”**, further details about the respective siblings (age, gender, order of the siblings) and cause: _____

Social relationships

For: _____

How do you get along with extended family?

Good – no problem

Difficult, can cope with it

Troublesome

If “**Troublesome**”, further details: _____

Mother

What is the highest completed level of education of your mother?

In Ireland: _____

In country of origin: _____

What education is approved in Ireland: _____

What is the occupation of your mother?

In Ireland: _____

In country of origin: _____

What education is approved in Ireland? _____

Is your mother currently working in Ireland?

Yes

No

If “**Yes**”, where: _____

Father

What is the highest completed level of education of your father?

In Ireland: _____

In country of origin: _____

What education is approved in Ireland? _____

What is the occupation of your father?

In Ireland: _____

In country of origin: _____

What education is approved in Ireland: _____

Is your father currently working in Ireland?

Yes

No

If “**Yes**”, where: _____

Social relationships

For: _____

Partnership

Where does your partner come from (country of origin)?

Does your partner possess Irish citizenship?

Yes No If **“Yes”**, since when (M/YYYY): _____

How long has your partner been living in Ireland? (M/YYYY): _____

How is your relationship to your partner, how do you get along with her/him?

Good - no problem Difficult, can cope with it Troublesome

If **“Troublesome”**, further details: _____

What is the highest completed level of education of your partner?

In Ireland: _____

In country of origin: _____

What education is approved in Ireland: _____

What is the occupation of your partner?

In Ireland: _____

In country of origin: _____

What education is approved in Ireland: _____

Is your partner currently working in Ireland?

Yes No If **“Yes”**, where: _____

Social relationships

For: _____

Peers

Do you have friends, colleagues, acquaintances etc. in Ireland?

Yes No

If **“Yes”**, do they have a migrational background?

Yes No Both

Further details: _____

Where did you become acquainted with your friends?

School/education

Neighbourhood

Spare time

Relatives

Association, club, organisation, youth centre etc., further details: _____

Other, namely: _____

How much time do you spend with your friends?

Several hours daily

Several days a week

1-2 times a week

Weekend

What do you do with your friends?

Further details: _____

Do your friends still go to school or do they already have a job, respectively?

Yes No Both

Further details: _____

Do you belong to a group, clique etc.?

Yes No If **“Yes”**, which group: _____

How often do meetings of your clique/group take place?

Daily

Several times a week

Weekly

Rarely

Do your parents agree with your friends?

Yes No

If **“No”**, reasons: _____

Social relationships

For: _____

Daily routine, spare time, activities

What does your current daily routine (weekdays) look like?

08.00-12.00 _____

12.00-18.00 _____

18.00-22.00 _____

From

22.00 _____

What do you do at the weekend, what are your activities at the weekend?

Do you have hobbies/favourite activities?

Yes No If "Yes", which: _____

Are you member of a club, organisation etc.?

Yes No If "Yes", where: _____

Are you socially committed or are you working as a volunteer?

If "Yes", where: _____

Since when (month/year): _____ Regularity: _____

Type of task: _____

Social integration

Who, apart from your parents, supports you when you need help?

Friends

Group- or clique members

Partner

Neighbours

Fellow pupils/colleagues

Other, namely: _____

Nobody

Do you get advise/support in choosing a school/education (e.g. from friends, parents)?

Yes No

If "Yes", from whom: _____

Are you supported during school/education (e.g. friends, parents)?

Yes No

If "Yes", from whom: _____

Support systems and institutions

For: _____

What support systems /institutions have you already been in contact with?

Residence (e.g. Immigration police), further

details: _____

Family/education (e.g. social welfare facilities for juveniles), further details: _____

Living (e.g.), further details: _____

Work (e.g. public employment service), further details: _____

Economical support system (e.g. social welfare office) further details: _____

Illness (e.g. hospital), further details: _____

Legal aspects (e.g. probation service), further details: _____

Other, further details: _____

What are your positive experiences concerning the respective support systems and institutions?

Which support system/institution: _____

Description of the experience: _____

What are your negative experiences concerning the respective support systems and institutions?

Which support system/institution: _____

Description of the experience: _____

Has their assistance contributed to an improvement of your situation?

Yes No

If "No", what has been missing? _____

Part II Worksheets

Education and competencies:

*Worksheet “**School career**”*

Part II / 1, 2

*Worksheet “**Vocational education**”*

Part II / 3, 4

*Worksheet “**Courses, trainings, other certificates**”*

Part II / 5

Occupation: Worksheet “**Occupation**”

Part II / 6, 7

Financial situation: Worksheet “**Receipts/expenditures**”

Part II / 8

Education and competencies

⇒ Worksheet “School career“

For: _____

Please complete the following worksheet “Information concerning my previous school career“:

Information concerning my previous school career					
	Form of school	Name of school / place	From	To	Completion Yes/No
1					
2					
3					
4					
5					

Corresponding resources are covered within the scope of the Job Box „Subject 1 – I determine my strengths“

Education and competencies

⇒ Worksheet “School career“

For: _____

Information concerning my previous school career					
	Form of school	Name of school / place	From	To	Completion Yes/No
6					
7					
8					
9					
10					

Corresponding resources are covered within the scope of the Job Box „Subject 1 – I determine my strengths“

⇒ Central questions concerning school career: see **Part I / 3** of Intense-Assessment

Education and competencies

⇒ Worksheet “Vocational education“

For: _____

Please complete the following worksheet “Information concerning my previous vocational education“:

Information concerning my previous vocational education					
	Education/ Supportive measure	Training school/ Educational provider	From	To	Completion Yes/No
1					
2					
3					
4					
5					

Corresponding resources are covered within the scope of the Job Box „Subject 1 – I determine my strengths“

Education and competencies

⇒ Worksheet “Vocational education“

For: _____

Information concerning my previous vocational education					
	Education/ Supportive measure	Training school/ Educational provider	From	To	Completion
					Yes/No
6					
7					
8					
9					
10					

Corresponding resources are covered within the scope of the Job Box „Subject 1 – I determine my strengths“

⇒ Central questions concerning vocational education: see **Part I / 4** of Intense-Assessment

Education and competencies

⇒ Worksheet “Courses, trainings, other certificates“

For: _____

Please complete the following worksheet “Courses/trainings/other certificates“ (internal and external trainings):

Courses/trainings/other certificates						
	Form (course, training)...	Content	Provider	From	To	Quit at an early stage/ Certificate Yes/No
1						
2						
3						
4						
5						
6						
7						
8						

↪ Central questions concerning vocational education: see **Part I / 5, 6**

Occupation

⇒ Worksheet "Occupation"

For: _____

Please complete the following worksheet "Information concerning my occupation":

Information concerning my occupation						
	Employer	Job title/position	From	To	Kind of job (internship, vacation job)	Quit at an early stage Yes/No
1						
2						
3						
4						
5						

Corresponding resources are covered within the scope of the Job Box „Subject 1 – I determine my strengths“

Occupation

⇒ Worksheet “Occupation“

For: _____

Information concerning my occupation						
	Employer	Job title/position	From	To	Kind of job (internship, vacation job)	Quit at an early stage Yes/No
6						
7						
8						
9						

Corresponding resources are covered within the scope of the Job Box „Subject 1 – I determine my strengths“

⇒ Central questions concerning occupation: see **Part I / 9** of Intense-Assessment

Financial situation

⇒ Worksheet "Receipts/expenditure"

For: _____

Please complete the worksheet "Receipts/expenditures":

Receipts/expenditures			
Expenditures	Per month in €	Receipts	Per month in €
Apartment		Income	
Rent/running costs		E.g. wages, social benefits	
Electricity/gas			
Heating		Amount (net)	
Phone		Attachment of wages	-
Internet		Sum	
Radio/TV			
Cable TV			
Insurances		Income of partner	
Household		Kind of income:	
Life			
Illness/accident		Amount (net)	
Other		Attachment of wages	-
Children		Sum	
Child care			
Maintenance for ...children			
Car		Aids	
Insurance		Housing benefit	
Gas/repairs		Nursing allowance	
Garage/parking space		Other	
Other		For children	
Monthly ticket		Maintenance for...children	
Savings/home purchase savings		Family allowance for...children	
Health			
Cost of living		Other receipts	
Housekeeping allowance		(e.g. tip)	
Cigarettes/pets			
Clothing/shoes			
Other			
Expenditures		Receipts	

Expenditures	
Receipts	-
Rates	-
Rest	

Source: <http://www.schuldnerberatung.at/equal/newssystem/schuldnerberatung01-formulare-listen.php>

⇒ Central questions concerning the financial situation: see **Part I / 10**

Part III

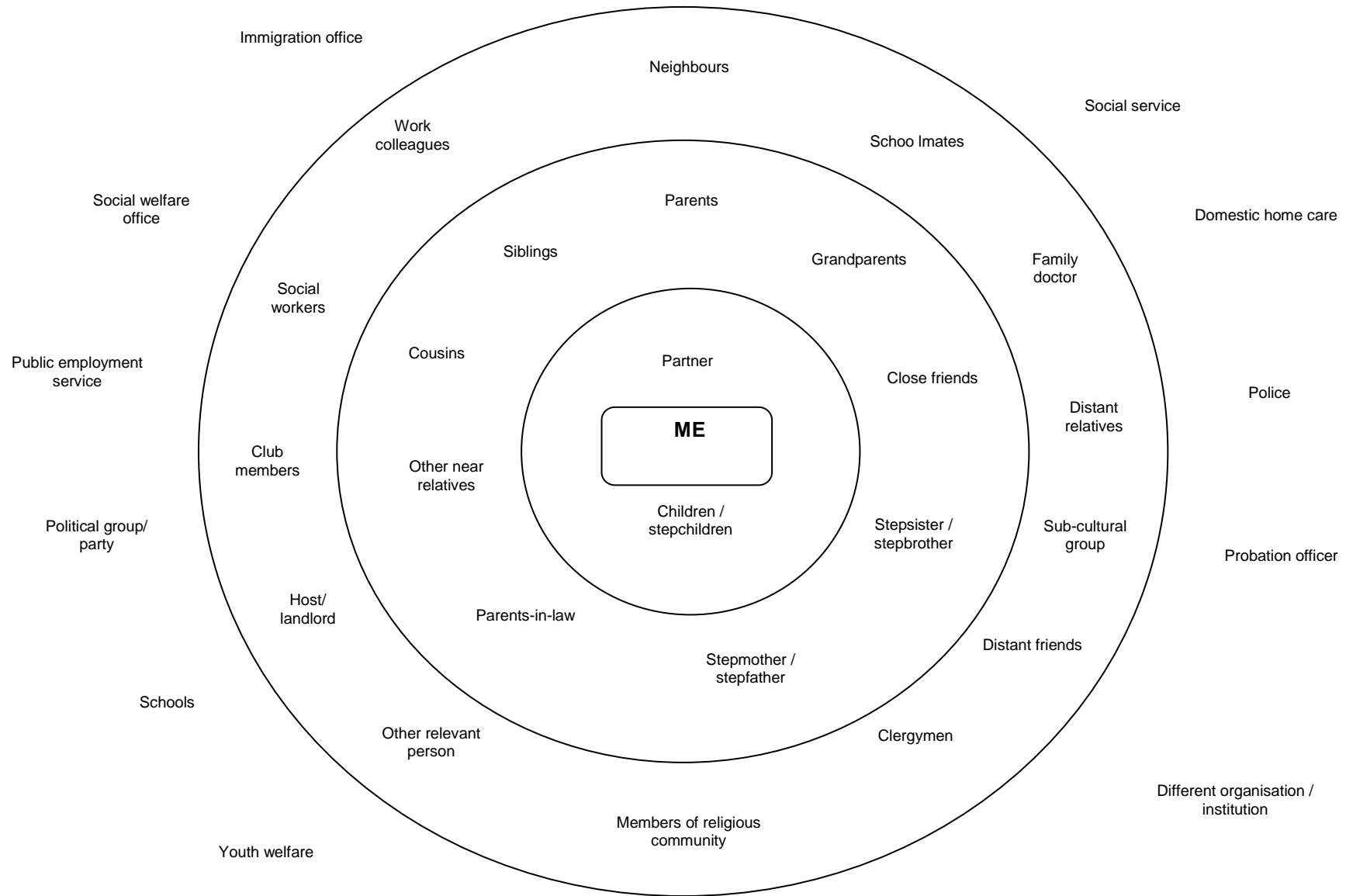
Deepening mechanisms

Ecomap
Network diagram
Biographical timeline

Part III / 1 - 3
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Ecomap

For: _____



Instruction - Ecomap

Aim

- Visualisation and evaluation (e.g. positive, negative) of social contacts in the context of the whole of society.

Scope of application in connection with the “Intense-Assessment”

- Continuative and deepening tool to “Social relationships“
- Used for clients who require an extensive amount of support and for whom a Case Management is planned

Handling

The formation of groups prevents one from going too much into detail. The focus is on a societal and graded system of resources. Due to the many opportunities, ecomap provides a fast outline of the respective situation.

This form can easily be dealt with by the anker-person within the scope of a session:
Instructions are:

1. “Circle all terms that are part of your current environment. “
2. “Draw lines, starting at you, to each circle that represents a positive and powerful relation for you.”
3. “Draw dashed lines, starting at you, to each circle that represents a negative and troublesome relation for you.”
4. “Draw wiggly lines to all circles that you would need but that are currently not at your disposal.”
5. “Now, look at your picture. How would you describe it in summary? What conclusions do you draw out of it?”

Interpretation

Answering the following questions serves as assistance for the interpretation:

- Is available what has to be available?
- Where do contacts of clients accumulate (e.g. in the nearer environment; institutionally arranged contacts)?
- Of what kind are the relationships of the clients towards the single contacts?
- Do relationships of dependence exist (e.g. depending on institutionally arranged contacts)?
- What are the opportunities and obstacles for building up functional relations to the environment?
- What resources and dangers become apparent from the ecomap?

Literature

Pantucek, P. (2005). Soziale Diagnostik. Verfahren für die Praxis Sozialer Arbeit. Fachhochschule St. Pölten (Hrsg.). Wien, Köln, Weimar: Böhlau Verlag.

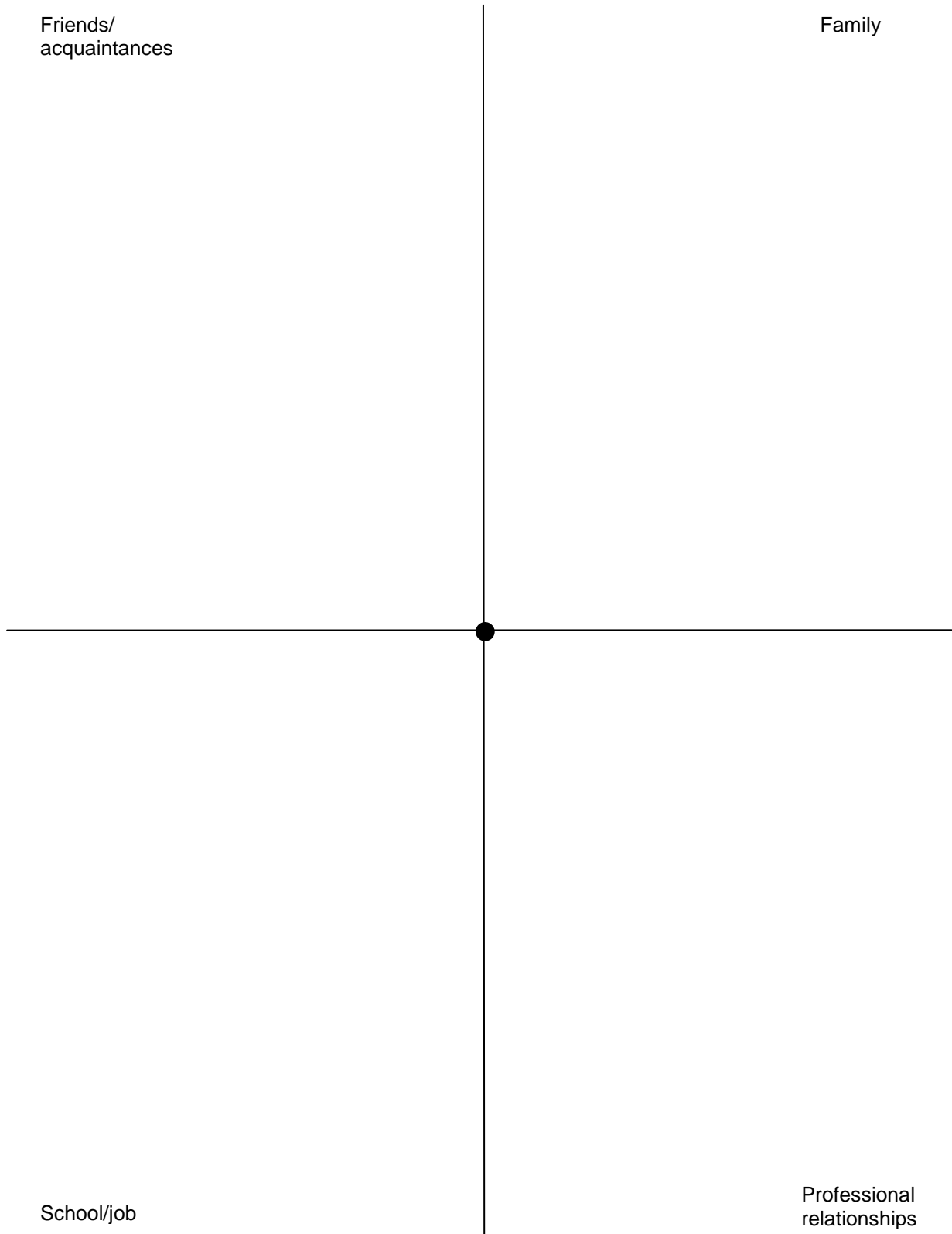
Materials/book can be downloaded at: www.pantucek.com (12-03-07)

Network diagram

For: _____

Friends/
acquaintances

Family



School/job

Professional
relationships

Network diagram

For: _____

Instruction – Network diagram

Aim

- Visualisation of the support networks of clients; visualisation of the life-immanent integration of clients in a social network

Scope of application in connection with the “Intense-Assessment“

- Continuative and deepening tool to “Social relationships”

Handling

The network diagram focuses on the **intensity of the relationships** (the intensity of the exchange), not on the quality. This tool should also be applied for very sparse networks – without broaching the issue of something it cannot be changed.

- The client is in the centre of the network (black spot).
 - The graphic of the network is created **together with the client**. The career guidance officer draws the instructions of the client – he/she uses a pencil in order to adjust, if necessary.
- Persons of the social environment are then added: if the contact to a certain person is very intensive, the symbol is drawn close to the anker-person. In case there is a contact, a line, starting at the anker-person is drawn to the recorded person
- Lines link persons who are in contact with each other.
 - General persons (e.g. parents) are always drawn in, even if there is no contact.
 - Deceased persons, pets, God are drawn in and marked with symbols; no lines are drawn so that it becomes apparent that they are not “contact persons.”
 - In case a person has a double role, e.g. friend and colleague at work, the following questions can be posed: What is dominating? Would you keep in touch with the person if you were not colleagues at work anymore?
 - If it is not clear what role is dominating, the person is recorded with colour in the respective sector.
 - As far as possible, persons and not institutions should be recorded.

Network diagram

For: _____

Interpretation

The network should be looked at under the terms of change:

- ⇒ What can I get, and from whom?
- ⇒ Should a person be closer to me or further apart of me in the network

Answering the following questions serves as help for the interpretation:

- Does the network mainly focus on one or on several sectors?
- What about the denseness of the network? – A high density (many links between members of the network) can be disadvantageous for the clients: limitation of the autonomy; social pressure.
- Are there persons in the network that stand out due to many links to other members of the network (=star)?
- Are there persons who do not have relationships to other members of the network (=isolated)? An isolated person is, for instance, the hairdresser: I can tell him/her something and the environment does not know about it.
- Are there two groups within one sector that are linked through a person (=liaison)? For instance, paternal family members represent a group that is linked through one person with the maternal family members.
- Are there relationships with low intensity in the network? So-called weak relationships do often have a special quality (e.g. know something about job offers).
- Is the network homogeneously or heterogeneously?
- Are there many independent social relationships that fulfil a certain function for the respective person?
- Are there intensive permanent relationships that are only differentiated to a small degree and do hardly look for outward links?
- Does the danger exist that the network of a sector collapses (e.g. end of the probation service)? – Stability of the network
- What resources and dangers become apparent from the network?

Literature

Pantucek, P. (2005). Soziale Diagnostik. Verfahren für die Praxis Sozialer Arbeit. Fachhochschule St. Pölten (Hrsg.). Wien, Köln, Weimar: Böhlau Verlag.

Materials/book can be downloaded at: www.pantucek.com (12-03-2007)

Instruction – Biographical timeline

Aim

- Visualisation of the individual history of the client

Scope of application in connection with the “Intense-Assessment“

- All subjects of the central questions of the intense assessment (= different biographical aspects) are synchronously shown; coherences of events become apparent

Handling

The biographical timeline provides causes for discussions – however, it has to be linked to the aim of the career guidance. The biographical timeline helps to associate constructed identity with real life contexts. Thus, negative points can be put into perspective.

The biographical timeline is a diagnostic tool that should **not** structure the career guidance for a longer period of time.

- Use of a sheet of craft paper
- The biographical timeline is designed together with the client
- Recording of happenings by means of a vertical line
- Recording of periods with a bar → line and bar are inscribed below the respective columns of age and year
- An exact recording is important to avoid misinterpretations; for instance, gaps between single employment contracts should illustrate actual gaps that correspond to unemployment
- Facts that are not exactly known are marked with an interrogation point where they are supposed to be
- A torn-off bar indicates that an event is still lasting
- After the creation of the biographical timeline, the client can do assessments: what were good times, what were bad times (inscribing of 😊 😐 😞 in the row: how did I feel)?

Interpretation

Answering the following questions serves as help for the interpretation:

- Which event of a subject area influences another subject area (e.g. subject “family” – death of mother and almost simultaneous occurrence of a depression, recorded in the subject area “health”)?
- Where did remarkable points of inflexion occur in the biography?
- Can in the biography of the client a situation be found that is similar to the present situation and how has it be handled? And: what is the difference to the current situation?
- Are there gaps in the biographical timeline, meaning happenings that did not occur (e.g. lack of relationships)?
- What remained continuously the same although everything was happening at once in other biographical aspects (e.g. continuity of the school career despite dramatic developments within the family)?
- What was successful (e.g. continuities, completions)?

Literature

Pantucek, P. (2005). Soziale Diagnostik. Verfahren für die Praxis Sozialer Arbeit. Fachhochschule St. Pölten (Hrsg.). Wien, Köln, Weimar: Böhlau Verlag.

Materials/book can be downloaded at: www.pantucek.com (12-03-2007)

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Part IV

Need for Action

Intense-assessment
Need for action for: _____

Subject	Need for action	Point of view client	Point of view career guidance officer
Documents and legal aspects ----- Documents			
Living arrangements ----- Documents			
Education and competencies ----- Documents			
Migration/life in Ireland ----- Documents			
Occupation ----- Documents			

Intense-assessment
Need for action for: _____

Subject	Need for action	Point of view client	Point of view career guidance officer
Financial situation ----- Documents			
Health ----- Documents			
Social relationships ----- Documents			
Support systems and institutions ----- Documents			

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Part V

Support plan

Intense-assessment support plan				
Main goal:				
Sub-goals:				
Sub-goal 1:				
	Clients Task	By	Guidance officer Task	By
1. Task:				
2. Task:				
3. Task:				
Sub-goal 2:				
	Clients Task	By	Guidance officer Task	By
1. Task:				
2. Task:				
3. Task:				

For: _____

Sub-goal 3:				
	Clients Task	By	Guidance officers Task	By
1. task:				
2. task:				
3. task:				

Sub-goal 4:				
	Clients Task	By	Guidance officer Task	By
1. task:				
2. task:				
3. task:				

Assigned to: _____

Required support

moderate

extensive