

Prioritaire: Action-Research on Reception Interventions in an Adult Education Centre



2009

Secteur de la formation professionnelle et technique et de la formation continue

sarca

STATE OF RECEPTION, REFERRAL,
COUNSELLING AND SUPPORT SERVICES

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SARCA

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Counselling and Support Services

Direction de l'éducation
des adultes et de l'action
communautaire

Grateful thanks to everyone who took part so generously in this project.

The author is a training consultant in the institution in which the research took place.

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Foreword

The action research report published here is one of a set of reports that present new initiatives tested by school boards as part of the renewal of reception, referral, counselling and support services for adults. The Ministère de l'Éducation, du Loisir et du Sport (MELS) is delighted with this unusual form of collaboration with the school boards, and with the ensuing contribution to the development of renewed services for adults. In particular, it appreciates the fact that these school boards were willing to involve practitioners in a research activity with which they were not necessarily familiar, and admires the level of commitment and professionalism shown by the practitioners during the research process.

The action research projects were presented, accepted and then implemented in 2004 and ended in late February 2005. During the projects, the MELS provided "light scientific" supervision to ensure that the results generated were potentially of interest to all school boards. Each action research project was distinctive to the community in which it was carried out. It addressed a problem faced by that community, and was carried out by players from that community, all of whom had their own practical experience, expertise and cultures. Had the results been presented without sufficient information on the processes used to obtain them, they would not have been useful to readers from other school boards.

Production of the final report was a difficult and time-consuming task for the teams and their authors. Several different stages, during which the MELS made numerous scientific and linguistic suggestions, were required to produce the end result, which is presented in this document. The MELS is most grateful to everyone involved in this fastidious and demanding task, and the value and quality of their work will be apparent to anyone who reads the text.

Although the reports have very similar tables of contents to facilitate comparison, the style and spirit of each individual team is nevertheless apparent, and constitutes a further point of interest in these documents.

Enjoy!

Ministère de l'Éducation, du Loisir et du Sport
Direction de l'éducation des adultes et de l'action communautaire

Chapter 1



General Research Framework

*In life, there are no solutions. There are forces at work: we
must create them, and the solutions will follow.*
Antoine de Saint-Exupéry

The action research project presented in this report was part of a general call for contributions from school boards, launched by the Direction de la formation générale des adultes (DFGA) at the Ministère de l'Éducation, du Loisir et du Sport (MELS).

The school boards were asked to test new methods of providing reception, referral, counselling and support (SARCA) services, with a view to facilitating and enhancing the contribution of the practitioners' sector to their renewal and development.

Prior to the research

The staff at the *Centre de formation continue des Patriotes* (Patriots Training Centre), which falls under the authority of the Commission scolaire de la Seigneurie-des-Mille-Îles (the local institution in which the research took place), have long been concerned about the quality of reception and referral services for adult clients in their region. They also have a vision based on certain beliefs, values and ongoing questioning of the collective choices that their institution has made, is currently making and will continue to make within that context.

We are convinced that the Centre, through its various activities, fulfills an important social function and that the quality of our services depends in every respect on our ability to question our own actions and remain focused on and aware of an element we believe to be primordial, namely that every single adult who expresses a need for services, regardless of the nature of that need, is given attention, consideration and personalized, effective treatment that reflects the significance of the issues that he or she faces.

The institution's approach to the action research process

The reception and referral team involved in the project is composed partly of members of the local reception and referral committee and the practice harmonization committee who became involved with the questionnaire on the state of reception and referral services and in writing the text expressing an interest in the action research.

The team viewed this opportunity as a chance to extend the process in which it was engaged, and to remain faithful to that process while developing appropriate tools. The action research process itself was based on an initiative by a group of people from a given institution who examined a problem faced by that institution. The research was conducted in and by the institution, which should benefit from its findings. We were convinced that the motivation and involvement of the people concerned, which are vital to its success, will be forthcoming despite a professional context in which constant hard work and commitment are needed to provide the services required.

Given the significant volume of requests for service and the shortage of resources to provide those services, along with the lack of dedicated funding for reception, referral and complementary services, we needed real support in order to be able to proceed with the project in what we felt was more than simply an everyday interventions management context.

The institution's approach to the ministerial procedure

This action research project was designed as an attempt to go beyond simply measuring or demonstrating a given performance, in order to foster understanding of a local problem that we suspect is similar in many respects to the problems faced by other institutions. In taking this approach, we hope we will make a contribution to future decisions concerning the development of reception, referral, counselling and support services in general.

One of the characteristics of responsible, accountable service organizations that are aware of the importance of their mission is that they are able to question their own actions and institute changes within their own structures in order to define and encourage the expression of demand for their services, with due consideration for the changes that will inevitably occur.

Clearly, this is a reflection of current labour market conditions, as well as the demands and socioeconomic situation of our own region and of Québec as a whole, and the experience and changing mandates of our various partner institutions.

Considerations relating to provincial impacts

In our institutions, we are all dependent on these changes and hence the problem situation raised in this research is not, and will not be, unknown to other adult education institutions. This is due to the desired direction for future SARCA development, as expressed in the *Government Policy on Adult Education and Continuing Education and Training*, the related *Plan of Action* and the supporting document entitled *Towards a Renewal of Reception, Referral, Counselling and Support Services*. This development will lead to new practices and greater visibility for reception and referral services. We believe the result of this will be an increase in and diversification of the demand.

Research topic

The research proposals submitted to the committee responsible for assessing projects had to focus on a specific function of reception, referral, counselling and support services. The Centre's team therefore felt that it could best contribute by focusing on the reception function, which affects every person who applies to an adult education centre's reception and referral service.

In reaching this contribution, the team considered the conclusions from the questionnaire on the state of services and the potentially transposable, generally applicable and exportable nature of the proposed intervention model.

Considerations relating to the local research procedure

Now that the process is complete, we submit this final report describing the highlights, issues, pitfalls and inevitable adjustments that need to be made to research standards when faced with practical realities. A great deal of progress has been made, and many lessons have been learned.

Lastly, it has been a privilege to talk to adult clients and service providers about their opinions and experience of adult reception and education services. And a PrioritAIRE privilege at that!



Chapter 2



Research Context

Geographic and social characteristics

The Patriotes Centre is a general training centre located in Saint-Eustache, in the Deux-Montagnes RCM, an urban, semi-urban and agricultural region that is also a northern suburb of Greater Montréal.

The region's geographical location has some significant impacts, particularly on the nature and level of local and regional economic activity, and hence on the local and regional labour market, as well as on the employment environment and conditions of the area's inhabitants.

Employment statistics

Our goal in presenting these data is to illustrate the constant challenge facing many of the area's residents when it comes to reconciling work and study, not to mention other responsibilities such as family life.

We know from experience to what extent the decision to train, for most of the adults who use our services, is part of a strategy aimed at improving their professional conditions, usually in the short and medium terms: for example, employment insertion, transition, promotion or job maintenance.

Let us start by looking at the challenges apparent in the main trends of the last ten years, based on the last two census surveys (1996 and 2001).

The RCM exports nearly two-thirds of its labour (an increase of more than 50% over the last ten years) to the Greater Montréal region as a whole. More than one-third of the working population works in the evening or on the night shift.

Most (75%) of the one-third of the population who work locally are employed in the service sector, which is strongly characterized by nonstandard employment (unstable jobs, variable hours, shift rotation, noncontinuous daily schedules, seasonal work, etc.), and by extensive computerization, which has led to the elimination of certain nonspecialized and semi-specialized trades, replacing them with positions requiring technical, mechanical and operational skills.

Although local employers provide on-the-job training to improve the knowledge and qualifications of their employees, in many sectors the upgrading process requires more than basic training, and this has a significant impact on job stability. The RCM has a surplus of nonspecialized and semi-specialized labour, which tends to make the local population more vulnerable to changes in job structures.

The shift in the local and regional employment market towards the end of the 1990s, as part of the process of adjusting to globalization, produced some major repercussions for the RCM's working population.

Many residents were faced with job instability and loss of job security, or actually lost their jobs altogether. This had a certain impact on the demand for training, but also resulted in a greater, more diverse and more complex demand for services from clients, most of whom sought to redirect or maintain their careers over the short time, often in difficult and unstable circumstances, and who had not considered or were not considering the possibility of further education or training.

Despite the general instability, the unemployment rate, vacancy rate and income security rate have all tended to remain below the regional and provincial average over the years, giving our socioeconomic partners the impression that the local community enjoys full employment.

Moreover, we recently learned of a survey carried out by a specialist firm, showing that the average daily travelling time for residents of the so-called “450” region had increased substantially over the last ten years, to nearly two hours per day, with all the stress that this type of situation produces.

The survey also revealed an increase in the average number of hours spent at work, due to all kinds of factors including the need to perform, associated with a growing trend among employers to require overtime. Clearly, this has cut back on the time available for personal and family life, leisure activities and, potentially, for institution-based training.

Level of education - some statistics

In the action research, we also had to take into account the educational profile of the local population. Among other things, this allows us to anticipate the size of the potential pool of residents wishing to use our services with a view to improving their level of education or obtaining recognition for prior academic and extracurricular learning.

The local population's average level of education is approximately the end of secondary school. A fairly high percentage of the RCM's population—one-quarter of all adults—do not have their secondary school diploma, a larger percentage (40% of those aged 16 or over) have no diploma at all, and slightly under 50% (of 15-24 year-olds) have dropped out of school. The school board has the second-highest dropout rate in Canada in the youth sector, despite the numerous steps taken to remedy this situation. On the other hand, the working population's attendance rate at formal and informal training locations is slightly below the national average.

Highlights concerning access to the Centre, and its reception and referral achievements

Based on the statistical profile above, and on new, emerging situations, it was important for the management team to adjust service delivery, the training supply and the institution's procedures so as to be even more accessible and proactive, taking into account the budget rules that necessarily governed its choices.

In addition, over the years special reception practices have been developed for illiterate or poorly educated clients facing social and socio-professional integration problems, for clients 16 to 18 years of age, and more recently for clients aged 15 and over (semi-specialized trade programs) and those referred directly by secondary schools.

Creation of a new training consultant position

Given the increase in the number of applications not necessarily involving an education or training project, the Centre created a new training consultant position in January 2000. The consultant spends half his or her time developing the reception and referral service and carrying out interventions with clients not registered for training (e.g. evaluation of prior learning, recognition of extracurricular learning, assistance with preparation of an educational and/or career-related project, preparation of an individualized action plan in conjunction with referring partners, outside referrals and follow-up).

Relocation of the Centre

The Centre moved to new premises, allowing us to concentrate all or almost all our activities under one roof. The new premises are in a strategic geographical location served by local and regional public transit and close to our main partners, two of whom are based in our building. We now have functional equipment and premises, as well as a daycare centre.

Creation of a single reception and referral wicket

In relocating, we were also able to harmonize the work of our support staff in order to create a single reception and referral wicket with dedicated personnel.

Conditions following the creation of the single reception and referral wicket but before the action research

The single wicket had a number of impacts, including:

- simplified access for adult clients
- a more standard format for information, and better circulation of information on our services and programs
- easier access to professional support for first-line workers
- more cohesive interventions by the reception team
- more opportunities for daily feedback and continuous training for a stable, dedicated personnel

The task of first-line workers was facilitated and enriched, among other things through:

- centralization of all reception, information, registration, admission and internal referral (to counselling personnel) interventions, depending on whether the request for service is received in person or by telephone
- a differentiated approach for certain client groups (mainly those targeted by the *Policy on Adult Education and Continuing Education and Training*)
- standardization of the file creation and processing procedure for the entire institution
- standardization of the admission procedure for training units and for other activities
- consideration of the academic record as soon as the request for service is received
- a specific policy for and standard application of learning appraisal tests and classification tests (where applicable)

Based on the experience of recent years, we observed, questioned and defined a number of elements that we felt were key in obtaining the best possible treatment of service requests by first-line personnel and counselling personnel. Our purpose is to place both the request and the future projects of adult learners in context, based on objective performance conditions and the issues and situations faced by the applicants, so as to identify the problems that may influence completion of their projects. We can then intervene to address those problems. The action research project is part of this process.

The Centre's reception and referral problem

- In recent years, there has been a large number of users and steady growth; e.g. in 2002-2003, there were 3872 personal requests for service, and of these, 678 adult learners were interviewed in person by a professional resource, based on the referral parameters in force at the time. In 2003-2004, however, more than 4100 requests for service were received, and nearly 900 adult learners received counselling services. These requests were in addition to the requests of all kinds received by telephone.
- There is no dedicated government funding for reception and referral services and other complementary services. The new position of training counsellor working half-time on reception and referral interventions was created by the Centre on its own initiative and paid for out of its own, limited resources. The lack of funding limits access to an exploratory meeting with counselling staff, an outline plan of action, and no obligation to pay fees or register for training.
- Although the services provided by first-line personnel are of high quality (the Centre's personnel have many years of experience), the expertise of a professional staff member is often needed early in the reception process because of the variety and complexity of the needs expressed and requests received.

- Some needs for prior learning assessment, recognition of practical learning, academic and vocational information and guidance are addressed only when an internal request is made after admission, or when the adult learner is referred by support staff from his or her training unit (tutor and special education technician). We know just how much these interventions can influence adult learners' decisions about their projects.
- This shortage of counselling resources means that we have to focus a significant percentage of our interventions on clients who are registered for training. Because a training profile must be produced for every adult learner, and then updated periodically to reflect the learner's progress and generate findings on local and national success rates, an equal amount of time and energy must be invested regardless of whether the learner in question is studying full-time or for just three hours a week. In 2002-2003, there were more than 2000 profiles.
- To make our reception and referral service accessible and adjust to the personal and occupational situation of our clients, clients are given the opportunity to come to our offices at their convenience (during office hours). The number of visitors is therefore impossible to predict, and tends to increase during certain periods of the year.
- Mainly for the same reason (accessibility), many adults are able to choose their learning schedule and method (e.g. self-taught if this suits them). This generates a high volume of part-time and distance learning clients.
- It is difficult for some adult learners to commit to or be available for their training projects. In 2002-2003, for example, and in the following year, up to 25% of registered adult learners left and then came back to their training more than once.
- We know from experience that commitment tends to decline quickly between registration and admission, and we therefore try to provide quick access to training (two weeks on average), when premises capacity permits.
- Despite this, in 2002-2003 for example, between 5% and 10% of registered adults did not turn up for their training activity.
- In addition, we try to ensure that pre-admission interventions following referrals by first-line personnel are not delayed to such an extent that it becomes discouraging. Many people fail to attend interviews after a month and a half of waiting.
- It is problematic to present secondary education as a mandatory step for adult learners before moving on to the more meaningful goals that, in most cases, triggered the request for services.

Questions relating to reception and referral services

- How can we become better able to meet the needs of adult clients during reception interventions, in a context characterized by a high volume of requests and a shortage of resources?
- Who should absolutely be given an appointment with a counsellor for an exploratory meeting? What criteria should be used to select these adults?
- How can the need for counselling be established, based on a demand for services that is not always explicit? How can adults be encouraged to clarify their requests? What can be done to reduce the risk of hindering adult learners' projects?
- Who should be enrolled for training, and why? Who should be referred to outside resources, and why?

Given that it is not possible to offer exploratory meetings to every adult, and given that it is not always necessary to do so, especially at the pre-admission stage, we hope to improve and standardize our interventions by testing a new internal and external reception and referral protocol and measuring the anticipated change.

Research question

How do adult clients and the Centre's personnel perceive the reception services received or provided following adoption of a systematic intervention model that takes into account the situational factors that may influence the adult learner's project or the achievement of that project?



Chapter 3



Planning the Action Research

Research design for intervention creation and preparation of implementation

Identification of the participation structure for various interventions:

- Internal monitoring committee:
Responsible for overseeing guidance, decision making and coordination of the overall research process
- Steering team:
Responsible for implementing all the research interventions in the institution
- Internal research team:
Responsible for carrying out and assessing the proposed testing and any prior operations, depending on the type of personnel concerned

Preparation of a research structure and internal operations planning grid, taking into account the diversity of the personnel members involved and the follow-up steps required to assure the follow-up.

Research design for preliminary interventions prior to testing of a systematic intervention model for reception personnel members, taking into consideration the situational factors that may influence adult learners' projects and the achievement of those projects, and design of tools

Preliminary interventions prior to testing:

- Pretesting meetings:
used to raise awareness and create the conditions required to introduce new practices for the personnel members involved in the testing, and the instruments required to test the intervention tools and explore the reference framework of personnel members during interventions

Ongoing improvement mechanisms for service delivery by reception personnel:

- Adjustment mechanisms during research processes and self-regulation during everyday interventions:
used primarily to ensure that actions become systematic, so as to ensure continuity, complementarity and follow-up in the model's procedures and privileged orientations

Operations to prepare a reference framework:

- **Reference framework:**
will serve as a basis for the model's orientations during testing, as well as for intervention tool design and proposed professional development activities.
- **Consultation with support personnel concerning the parameters that have determined and enriched the internal reference of counselling personnel.** Inventory, by the personnel, of situational factors that may influence the projects of adult learners or the achievement of those projects, and the various characteristics of the paths taken by adult learners who have requested services in the past, which need to be considered by all reception personnel when processing requests for service:
used to invest knowledge derived from the experience of personnel members directly involved in the testing.
- **Consultation with an outside task force:**
used to obtain validation from adult education resource people for the list of factors and the dimensions of a locally designed prototype intervention tool that will allow the Centre's reception personnel to intervene in a coordinated, systematic way based on the same reference system.
- **Pooling of data on the list and prototype:**
used for empirical triangulation of data sources between the occupational community, the outside task force and the research team, and to draw conclusions from the results.

Design and testing of intervention tools:

- **Priority intervention needs exploration grid – counselling:**
the grid is used to consider various aspects of processing requests for service, training projects and training contexts, thereby eventually allowing the first-line personnel to establish the need for an internal referral, and guiding the counselling interventions offered by the counselling personnel.
- **Priority Intervention Needs (PIN) Transmission Sheet:**
this sheet is used by first-line personnel to draft and convey the information and observations that led to the referral and that are likely to be of benefit in subsequent professional interventions (technical and instrumental feedback).
- **Adult's action plan (prepared during the counselling intervention):**
the action plan is designed on the basis of the adult's own decisions about the project, with a view to taking action in the short term, and reflecting situational factors relating to the identification, exploration and evaluation of the adult's situation, prior learning, limitations and constraints. The plan sets out the steps to be taken and the factual and observable actions to be taken, based on a logic of resolution and achievement. It also

identifies the resources required, including (where applicable) human resources such as the professional counsellor and/or other internal or external staff members.

Design of a professional development plan for first-line personnel:

- Professional development activities:
these activities serve to clarify the operations in the research process, along with the goals of the testing, and to explore the reference framework of personnel in dynamic situations, to become familiar with the proposed intervention model (orientations, intervention process, etc.) and to understand the intervention material designed following the tests, in order to improve service request processing interventions, including the consideration of situational factors relating to the adult and to the project.

Research design for testing of a systematic intervention model to be implemented by reception personnel members taking into consideration certain situational factors that may influence the adult learner's project or the achievement of that project

Model of the proposed intervention process in order to ensure systematic processing of requests for service:

- First-line interventions (for all adults, in person or over the telephone, with existing support personnel):
used to process service requests related to projects and the context in which they will be carried out (goals: transmission of information, registration and admission procedures and/or referrals to professional staff).
- Second-line interventions (for adults [pre-admission or not] referred by first-line personnel after an exploratory meeting with counsellors):
will vary according to the problems and needs expressed by the adult and those identified at the first stage, on which the referral is based, according to the adult's request, project, progress made and potential willingness to restructure all these aspects, in order to determine actions, the strategies required to solve the problems and achieve the project as well as to devise an individual action plan.
- Use of the priority intervention needs exploration grid, along with listing of the situational factors identified in the first-line and second-line interventions.
- Use of intervention material following the conclusions of the research: Priority Intervention Needs Transmission Sheet for first-line and second-line personnel, and action plan for counselling personnel.
- Updating of the system for communications between reception staff through the use of materials designed following internal referral.

- Implementation of ongoing improvement mechanisms for service delivery by the personnel directly involved in testing the model.

Research design for assessment of the perception of reception services received or provided as part of a systematic intervention model taking into account certain situational factors that may influence the adult's project or the achievement of that project

Results observation method:

- Qualitative evaluation by an adult focus group:
used to establish the adult respondents' level of satisfaction with their reception experience.
- Qualitative evaluation by first-line personnel in individual interviews and a focus group:
used to check whether questions concerning the potential for improvement have been confirmed, to assess the relevance of professional development prior to testing and to identify avenues for reinvesting the process in present and future service interventions.
- Qualitative evaluation by second-line personnel in individual interviews and a focus group:
used to check whether questions concerning the potential for improvement have been confirmed, and to identify avenues for reinvesting the process in present and future service interventions.

Research design for results observation tools

Tool creation:

- Ethics protocol:
to determine the rules of ethics governing recruitment and participation of adults in the focus group, and governing participation of personnel in the individual interviews and focus groups.
- Telephone protocol:
to determine how adults will be approached to take part in the focus group, and to establish participation conditions.
- Adult focus group protocol:
to determine the facilitation technique, the data collection method and the questions the adults will be asked to answer.
- Individual interview and focus group protocol for first- and second-line personnel:
to establish the facilitation technique, the data collection method and the questions the personnel will be asked to answer.

Justification for the relevance of research intervention choices

Regarding the methodology

Given that we were engaged in a research procedure and hence concerned with taking certain methodological requirements into account in order to ensure the value and meaning of our findings, we decided to submit the outcome of the work done by the local team (i.e. part of the draft reference framework) to a group of highly experienced adult education resource people from outside the research community, for validation prior to the creation of an intervention model and prototype intervention instrument for testing.

We used a research technique commonly found in the humanities and in education (the judge technique), to ensure that we were able to meet the validity requirements for both the construct and its content.

Regarding the use of the personnel members' experiential knowledge

Given that the research team's goal was to improve service delivery by ensuring more systematic interventions, the local team responsible for testing the new approach was also responsible for reinvesting in the aspects that already worked well, in order to improve services with a view to adding value to the quality, as opposed to the quantity, of their interventions.

Reinvestment in the experiential knowledge of reception personnel members already performing the tasks that will be improved will greatly increase the probability of obtaining and maintaining a consensus around the changes made, which will, in turn, reduce the likelihood that the workplace atmosphere will be adversely affected and maximize the emerging impacts of the research intervention.

According to many organizational development schools of thought, task improvement must be perceived as an advantage for the people concerned, if it is to be accepted in the field. The benefit in question must be greater than the inevitable losses generated by actions aimed at instituting changes, with the irritations, resistance to change and feelings of insecurity that they can generate.

Regarding systematization of the intervention model to be tested

We believe more systematic interventions may help improve the effectiveness and efficiency of service delivery on an everyday basis, by ensuring that every member of the personnel knows what to expect from his or her colleagues, and is aware of, able to situate and has a better perception of his or her role, tasks and responsibilities, along with their limitations. In addition, everyone needs to be able to understand their own mandate and that of the entire reception and referral service, where each member contributes to varying degrees, depending on the nature of his or her role, and in a complementary and consistent way, to the pursuit and achievement of

the service's goals. The quality of the service delivery process is though dependent on the intention of each person to invest in that process.

New communication tools and intervention tools produced using the same basic point of reference will be tested with a view to systematizing the overall intervention sequence, and also to enrich the interventions of various personnel members at different points of this intervention sequence.

A further goal is to ensure that the demand for services is processed without interruption, so that all adult applicants know what will be done and who they need to approach to obtain it.

Regarding professional development activities for support personnel

The professional development activities for support staff are, in our opinion, the cornerstone of the research process and testing requirements.

In the organization of a reception and referral service in an institution, only the first-line personnel come into contact with all the adults who request services. In the model, it is their responsibility to ensure that adults are referred to the appropriate professionals if they would benefit from the service provided, regardless of whether they are at the pre-admission stage or not. The model introduces new everyday methods, including the use of new intervention tools to optimize the processing of requests for service.

Professional development will be prepared by working jointly with the people concerned to identify their perceived training needs. A diagnostic grid will be used to identify training needs along with the potential for transfer of learning. Intervention strategies to maximize this potential will also be proposed.

Regarding the continuous improvement process

The inclusion, in the action research project, of a continuous and self-regulatory improvement process in everyday interventions between first-line personnel and between first- and second-line personnel and vice versa, represents a continuation of the thinking process already undertaken by the Centre's personnel. The goal is to render this process more systematic, with agreed-upon, predetermined pauses during and after the testing, in order to increase the frequency, quantity and quality of feedback and identify the relevance of mutual development training for the parties.

Regarding the assessment process

An assessment process designed to identify the perceptions of actors involved in a reception experience after introduction of the tested intervention model will be used to extract lessons from the action research project.

In the humanities, three techniques are more generally used to collect perceptions and opinions. They are: questionnaires, individual interviews and focus groups. These techniques can be used separately or together, depending on the reasoning and goals of the researchers.

For our action research project, we decided to use only the latter two techniques (individual interviews and focus groups), mainly because questionnaires are not always able to identify or reveal the characteristics and components of the individuals concerned or certain points of view that were not necessarily envisaged when the questionnaire was prepared.

Interactive techniques such as individual interviews and focus groups, especially when semi-structured, can be more useful, because the interviewer, in addition to maintaining constant focus on the purpose of the assessment, can also delve more deeply into the remarks made if he or she feels it would be appropriate to do so. In addition, a semi-structured approach, rather than imposing specific questions, can help respondents to express themselves more directly on the subject of the assessment. We believe this is a key element for adult participants.

It is also worth remembering that our goal is to obtain a qualitative evaluation of a personal experience with a given service. In our opinion, the significance of this process is based to a large extent on the fact that every respondent must be able to express his or her opinion as freely, accurately and fully as possible. These were the basic criteria underlying our selection of the evaluation techniques.

At the same time, we are aware of the constraints and limitations imposed by our choice, since the evaluation will take place in the workplace. However, given that our goal of improving service delivery appears to be shared by most of the personnel members concerned, we feel they are more likely to express their true opinions.

We also believe the adult respondents are likely to be more truthful in their opinions because they will derive no personal benefit from either a positive or a negative opinion, since the services being assessed have already been provided. Even if counselling interventions are proposed, they will probably be provided by a different member of the personnel (for further details, see the section on sample selection criteria). Clarifications regarding confidentiality and anonymity during data processing will be described in the focus group protocol and explained to participants.

The same interviewer will be responsible for conducting all data collection sessions, in order to ensure standardization. This person will not be involved in providing the services in question to adult respondents, so as to ensure that they are willing to express their opinions freely.

Chapter 4



Action Research Procedure

Implementing the action research

Meeting to define the mandate and responsibilities: members of the management team and the person responsible for the action research (research officer) at the Centre: administrative and financial management, human and material resources required, coordination and representation mandate of the research officer.

Training of the steering team, composed of one member of the management team and the research officer. The team met weekly or as needed throughout the research process.

Production, by the research officer, of the research diagram and research planning grid, submission of these documents to the appropriate people at the DFGA and Université Laval, and agreement on the various actions to be taken.

Internal planning, by the research officer, of all operations by the various people involved, and the roles to be played by the work teams: task distribution, methods and schedule.

Mobilization of the internal monitoring committee composed of two members of the Centre's management team, one member of the reception and referral service support personnel, two School Board professionals including one from the adult education service and one from a vocational training centre, and three professionals from the Centre, including the research officer. Validation of the research planning documents. The committee met throughout the process, including during the post-research evaluation period. It examined the progress reports and status reports submitted by the research officer.

Setting up of the internal research team composed of Centre personnel, including two members of the reception and referral service support staff, one member of the management team and three professionals, including the research officer. The team met for every operation prior to testing of the intervention model. The research plan did not provide for any official meetings of the team during the testing period.

Redeployment of the professionals' tasks to other personnel, so that they were able to take part in the research.

Creation of intervention tools

Collection of parameters to determine an internal reference before testing and inventory of apparently key situational factors to be considered in processing an adult's project and request for services, because they can impact the project or its achievement from the very first reception interventions.

Procedure:

- Data collection by the steering team, with no intervention on content, pooling, content analysis, grouping by topics, comparison with predetermined situational factors, and collated for submission of a project to the DFGA, which triggered this research.
- Preparation of a list of 21 situational factors to be considered during initial reception interventions. Internal checking of the content's relevance for subsequent work, through majority assent from the monitoring committee.

Creation of a prototype exploration grid to determine the need for counselling interventions (pre-admission or not). Internal validation of construct relevance, through unanimous agreement by the monitoring committee.

Among other things, the grid will allow first-line and second-line personnel to structure their interventions when processing requests for services, by helping adults to express their needs and by potentially exploring one or more aspects of the request, the project and its context, from a list of eight areas for exploration selected at the intervention tool design stage, namely:

- project description
- external referral
- time frame
- educational situation
- evaluation and recognition of prior learning
- educational and career-related information
- career situation
- personal situation

Consultation by the research officer of five adult education professionals, two specialists and one adult education consultant, each with an average of nearly 20 years of experience, to obtain their expert opinions on the areas for exploration included in the experimental grid of priority counselling intervention needs and in the situational factors reference framework. An attached document set out the conditions for their future use by reception personnel.

Procedure:

The eight people contacted were asked to give their individual expert opinions on the relevance of considering the following aspects when first-line and second-line reception personnel process requests for services from adults:

- eight areas for exploration included in the prototype exploration grid for counselling intervention needs
- 21 situational factors that could potentially influence the adult's project or the achievement of that project

The following scale was used to rank each aspect and each factor.

1 (not at all relevant); 2 (not very relevant); 3 (moderately relevant); 4 (highly relevant).

In addition, each resource was asked to make comments and suggestions and explain the reasons for his or her position on the content and future use of the tools by the different reception personnel members.

Methods:

Telephone discussions and interactive e-mail exchanges. Data grouped by topic, including many comments and suggestions on the elements to be considered before use by first-line personnel.

Concordance coefficient:

We chose to retain only the areas for exploration and the factors ranked as highly relevant by at least six people out of eight. The content validation procedure was undertaken solely to ensure that the intervention tools used were suitable for the model to be tested.

Results:

- The eight areas for exploration from the exploration grid were all retained, since seven of the eight people ranked them as being highly relevant.
- 16 of the 21 factors were retained, since six of the eight people ranked them as being highly relevant.

Drafting of a reference framework by the research officer, including the chosen situational factors (see the Appendix).

Design by the steering team of the exploration grid for counselling intervention needs and the intervention tools to be tested before the research, namely the priority intervention needs transmission sheet and the adult's action plan.

Note: All the intervention tools used the same reference framework. This methodological choice was made with a view to ensuring that interventions by reception personnel were always more systematic, while ensuring a common understanding of the tools used and possibly ongoing improvements in their use.

Testing by the research officer of the intervention tools in a real-life counselling activity, based on the recommendations of the external task force. Results of the testing analyzed by the steering team and then presented to the monitoring committee and accepted unanimously.

Final production of the intervention tools. (See the Appendix for a list of the tools used during the experiment, including details of how they were used, along with an example of

how the priority intervention needs transmission sheet was used, based on four specific cases).

Beginning of pre-experimental operations

Awareness meetings organized by the steering team, concerning the conditions required to introduce new practices for the different reception personnel members, testing of the model, and research operations.

Collection of information on the need for professional development from first-line personnel, professionals and management. This was done by the research officer, using a training needs diagnostic grid.

Design and production of a professional development plan for reception support personnel, focusing on better processing of service requests, updating of the systematic intervention model for reception personnel, and appropriateness of intervention tools and test mechanisms. (For further information, see the section of the Appendix on professional development activities).

Procedure:

The two reception support personnel members taking part in the test were present, along with the steering team members. The activities took place over a 20-hour period spread over seven consecutive weeks (three hours per week).

Redeployment of three other professionals, who joined the research team, in order to meet with all adults referred using the new intervention model. Setting of meeting schedule. Clarifications of research procedures. Intervention tools presented to professional staff by the steering team.

Testing of a systematic intervention model for reception personnel

Fully systematic model for interventions by reception personnel for the entire testing period (six consecutive weeks, beginning in early January 2005).

Procedure:

- All reception personnel who were scheduled to take part in the project were involved in the interventions of concern to them.
- Service requests from all adults were processed by first-line personnel first, using the agreed-upon intervention tools.
- Adults were referred to counselling personnel using predetermined procedures including systematic use of the priority intervention needs transmission sheet.

- Counselling interventions used the agreed-upon intervention tools, including systematic preparation of an action plan with the adults interviewed.
- The personnel incorporated continuous improvement mechanisms into their service delivery, among other things by direct support on the part of professional personnel for interventions by first-line personnel following the use of the priority intervention needs transmission sheet. Professional staff members also validated some of their colleagues' interventions.

Application of the results observation method for perceptions of reception services received or delivered within a systematic intervention model taking into consideration certain situational factors that may influence the adult's project or the achievement of that project

Design of protocols for rules of ethics and respondent participation, adult recruitment rules, intervention techniques and the data collection, processing and analysis procedure.

Qualitative evaluation by adults in a focus group:

- Criteria used to form sample:
 - Adults interviewed by counselling personnel in the six weeks preceding the event, so that the reception experience occurred close to the evaluation
 - Adults who took part in an exploratory meeting with a professional team member other than the research officer, who was the interviewer, so that they were not counselled by the research officer during the activity
 - Monitoring of the action plan by counselling personnel either completed or not anticipated. For a registered adult, professional from a different training unit from the one met during reception interventions
- Respondent recruiting methods:
 - By telephone, by a member of the Centre support personnel not involved in the action research
 - Using a telephone protocol stipulating the goals, the composition of the sample, the conditions of participation, and some ethical rules
 - Monitoring sheet
 - Observation concerning the challenge of recruiting respondents: extremely difficult, if not impossible, to contact them, not available at the time required, or not interested; limited number of respondents

- Event: lasted approximately 1.75 hours, uninterrupted, on a weekday in the early evening, in a room at the Centre
 - Number of respondents: seven adults
 - Respondent characteristics:
 - o Representative of a segment of the client base for the educational path and project; older than average; the vast majority were male.
 - o Had requested services mainly to meet the prerequisites for access to the construction industry. (Note: labour replacement in this sector has increased significantly in the last year; increase in temperature during the test period; imminent creation of job pools for apprentices).
 - Presentation of goals and rules governing ethics and participation.
- Technique: Semi-structured approach with a single interviewer, based on the evaluation goals.
- Considerations relating to participation issues:
 - Anonymity: Avoid the possibility that any connection can be established between information and a specific respondent; note to the effect that some remarks may be cited verbatim in the final report to illustrate an opinion, but the speaker's anonymity will be upheld.
 - Free and informed consent was requested and given in writing, using a protocol prepared and presented prior to participation.
 - Voluntary participation: participants were able to talk when and about whatever they wanted, in response to the questions and sub-questions asked.
 - Respondents were able to interact between themselves on each question and sub-question.
 - The focus group was not required to reach a consensus.

Focus group questionnaire:

Composed of open questions and sub-questions, grouped around two separate topics, ranging from general aspects to specific aspects, allowing as much time as possible for respondents to talk about each topic, and ensuring that the procedure was simple.

- Topic 1: Respondents' expectations concerning reception services in a local adult education centre. Duration: approximately 30 minutes.

Questions and sub-questions: What do adults expect when they go to an adult education centre reception service? Regarding services? Regarding the personnel?

- Topic 2: Their level of satisfaction with the services received.

With a document presenting the question and five minutes to prepare (writing down the reasons for their position, or doing the exercise mentally). The question was used simply as a way of triggering the discussion, and the results (i.e. the respondents' average) were used for information purposes only.

Question: How satisfied are you with the Centre's reception service?*

Instruction: Using a scale ranging from:

1 (not at all); 2 (somewhat); 3 (moderately); 4 (a lot);
5 (fully), select your answer by entering the appropriate number.
Give reasons (if you wish).

Instruction: You will be asked to talk about your choice later.

Data collection included the following sub-questions:

What was satisfactory? Unsatisfactory?

Were your expectations met? Could we have done better?

Was your request answered? Could we have answered it better?

Duration: Approximately 60 minutes.

Data collection, processing and analysis:

Collection by the research officer (we had planned someone else for data collection, but as we originally expected only three respondents, we made this choice); notes taken by unit of meaning within the same question or sub-question, and grouped by topic. Processing and analysis by the steering team.

Qualitative evaluation by adults during telephone interviews:

We used this method, although we had not originally intended to do so, because of the fairly small number of respondents in the focus group.

- Criteria used to form the sample: Same as for the focus group.
- Respondent recruiting methods: By telephone, by the research officer; use of a predetermined telephone protocol and the monitoring sheet, so as not to contact people who had already said they were not interested in taking part.

* This question was taken from a questionnaire drawn up for an action research project carried out jointly by the Educational Sciences Department at the Université du Québec à Montréal and the Centre, with the DFGA as the mandatory. The project was concerned with continuous training indicators.

- Events: According to contact availability and interest, in the evenings and on Saturdays.
 - Number of respondents: 12 adults.
 - Respondents' characteristics: See the focus group.
- Considerations relating to participation issues:
Ethics protocol presented and free and informed consent was requested and given verbally.
- All other aspects of the evaluation were the same as for the focus group, apart from the question asking respondents to situate their level of satisfaction on a scale, where there was no preparation period for them to prepare their reasons.

Qualitative evaluation by first-line personnel in a focus group:

- We made one change to the plan, deciding to eliminate the individual interviews while allowing respondents to request one if they so wished. (See the section on changes made during the intervention).
- Event: one hour 25 minutes, uninterrupted
 - Respondents: the two members of the support personnel who took part in the test
 - Respondents' characteristics: reception and referral service personnel with more than 20 years of experience in adult education, in similar or directly related positions
 - Presence of the other steering team member
 - Presentation of the goals and the rules governing ethics and participation
- Technique: semi-structured approach with a single interviewer, using evaluation objectives

Focus group protocol:

Objectives:

- To assess the personnel's perception of a systematic reception intervention model.
- To acknowledge the fact that they are in an excellent position to provide an inside appreciation of the evaluation objectives.
- To institute a process aimed at evaluating the services, not the personnel involved in the test.
- To identify potential avenues for reinvestment.

Considerations relating to participation issues:

- Free and informed consent was requested and given verbally, using a protocol prepared and presented beforehand.
- The research officer led the activity without stating a personal opinion.
- The other member of the steering team present at the focus group meeting did not express an opinion.
- Voluntary participation: Participants were able to talk when and about whatever they wanted, in response to the questions and sub-questions asked.
- Respondents were able to interact between themselves on each question and sub-question.
- The focus group was not asked to reach a consensus.
- Participants were able to ask for an individual interview with the research officer if necessary, at the appropriate time.

Focus group questionnaire: Composed of open questions and sub-questions, grouped together under two topic headings.

- Topic 1: Intervention tools.

Questions and sub-questions:

- How did the priority intervention needs exploration grid help you in your interventions to determine whether or not to refer a client to the counselling personnel?
- How was the information from the priority intervention needs transmission sheet useful to the professional staff in their interventions?
- What obstacles were encountered when using the intervention tools?
- Do you have any suggestions for improving the exploration grid? The transmission sheet? Or using them?
- How did the professional development activities help to improve the way you process requests for service? The way you consider situational factors?
- Topic 2: Potential improvements for implementation of a systematic intervention model for reception personnel.

Questions and sub-questions:

- How helpful were the support interventions for implementation of the new reception intervention model?

- Collectively speaking, are we in a better position to meet the needs of adults as a result of the action research, in our own particular context?
- Collectively speaking, are we in a better position to process internal referrals as a result of the action research?
- Data collection, processing and analysis: Notes taken by unit of meaning within the same question or sub-question, and grouped by topic. Processing and analysis by the steering team.

Qualitative evaluation by second-line personnel in a discussion group:

- Same clarification as for the support personnel evaluation activity.
- Event: 1.5 hours, uninterrupted
 - Respondents: Counselling personnel who took part in the test.
 - Respondents' characteristics: Personnel with nearly 20 years of experience in adult education and new reception and referral workers (average of two years of experience).
 - Presence of a professional member of the monitoring committee not involved in the test.
 - Presentation of objectives and rules governing ethics and participation.
- Technique: Semi-structured approach with a single interviewer, based on the evaluation objectives.
- Focus group protocol: Same as for first-line personnel.
- Considerations relating to participation issues: Same as for first-line personnel.
 - Free and informed consent was requested and given verbally, using a protocol prepared and presented beforehand.
 - The research officer led the activity without giving a personal opinion.
 - The professional from the monitoring committee did not express an opinion.

Focus group questionnaire:

Composed of open questions and sub-questions grouped around two topics, with the second topic covered by the same questions as for the first-line personnel focus group.

- Topic 1: Intervention tools.

Questions and sub-questions:

- How was the priority needs intervention exploration grid useful for your counselling interventions?
- How was the information and observations written on the priority intervention needs transmission sheet submitted by the first-line personnel useful to you when you met with the adults they referred?
- What about production of the action plan?
- What obstacles did you encounter when using the intervention tools?
- Can you suggest any improvements to the exploration grid? To the transmission sheet? To the way they are used by first-line personnel? To the way they are used by professional personnel?
- Can you suggest any improvements to the adult's action plan? To the way it is used by the professional personnel?

Data collection, processing and analysis:

Same procedure as for first-line personnel; pooling of processing and analysis by the research officer and the other professional.

Changes made during the intervention

Results observation method during telephone interviews with adults

An alternative method was required due to the difficulty of recruiting adults for the focus group. After the focus group meeting, we decided that a sample of seven respondents was insufficient for us to draw conclusions. We therefore decided to carry out telephone interviews.

This decision proved to be useful, since it allowed us to obtain a lot of relevant information that we used to assess the results obtained in a context where most of the respondents reacted fairly spontaneously, censoring their remarks less than in the focus group, when they had to speak in front of other people—or at least, that was our perception. In the focus group meeting, we had to wait until the second part, on the level of satisfaction with the services received, before participants began to express their opinions more freely.

During the telephone interviews, we also noted that respondents were more comfortable answering the questions and sub-questions in the second part of the questionnaire. We will come back to this aspect in the following pages, when presenting the results.

Observation of results during individual interviews with personnel members involved in the test

For the sake of convenience, particularly for our colleagues providing support for CEGEP enrollments, we decided to use focus groups only, with the possibility for people to request individual interviews (which they did not do). The wealth of the discussions between focus group members (although not necessarily a characteristic of the technique) was also a factor in this decision.

We did the same thing, for the sake of convenience, with the support personnel, because the test took place at a time of the year when there is usually a large number of requests for service to be processed (due to the proximity of the deadline for college registrations, which generates a lot of requests to discuss college admission requirements and vocational training requirements in some cases). The possibility of individual interviews was also offered, but none were requested.

Intervention tools

Lastly, a key step in our research process, which was changed on a number of occasions, was our decision to prepare a diagnostic tool during the first phase of our research interventions.

The diagnostic tool required several weeks of work and was intended to help define the elements of risk relating to the current situation of adults when requesting services, and relating to their projects, rather like the priority intervention needs exploration grid does, along with the interventions of first-line personnel when dealing with the initial request.

After extensive consultations with various people, including the external task force, we found ourselves in a situation where the diagnostic tool became the actual product of our action research project. We were led and invited to work solely in this respect, which appeared to take us away from the initial intentions of the institution.

Nevertheless, we continued along this path, among other things by carrying out reduced testing, until we were eventually convinced that we were facing a dead end. The greatest pitfall we encountered was the relevance of developing a tool that did not, to all intents and purposes, play the role for which it was designed, namely diagnosing the risks that would potentially prevent adults from achieving their projects.

In addition, we noted that, overall, a number of questions remained unanswered or were answered with “I do not know,” which did not, at first glance, seem to suggest the need to refer to the professional personnel.

In our opinion, the main weakness of this type of instrument was the fact that it gives only limited access to an individual's representation system—for example, his or her past

decisions—without providing an understanding of the processes through which those decisions were made. As a result, the tool was rather like a questionnaire—in other words, not particularly informative. We also observed that a discussion between adult applicants and the Centre’s personnel on the same subject tended to generate more meaningful information and observations.



Chapter 5



Findings

Considerations relating to the processing of findings

Three primary data sources provided information on the reception interventions for our research question: the adults who took part in the focus group or telephone interviews (a subset of those who requested services and were referred internally by support personnel), first-line personnel, and finally second-line personnel who took part in the focus groups, according to the chosen observation method for data collection.

We applied a triangulation process to these sources in order to obtain an interpretive schema which, we believe, limited the subjectivity of our own interpretations of the viewpoints expressed by each type of respondent and the resulting conclusions.

We have used verbatim quotations from the comments made by adults during the evaluation activities (translated into English for the purposes of this version of the report) as a way of illustrating and supporting our own interpretations of their perceptions and opinions. On the other hand, given that all the personnel involved in the study were able to review our interpretations of their viewpoints, as agreed at the outset, we have adopted a verbal style for those points we felt needed to be highlighted from the group evaluations, for each type of participant (based on the chosen method as described in the section on the changes made during the intervention).

Interpreting the findings for the sample adult population

The chosen observation method was designed to produce a qualitative evaluation of the adults' perceptions of the reception services received as part of a systematic intervention model.

Regarding respondents' expectations for reception in an adult education centre: services and personnel

The exploration of expectations was intended primarily to provide a context for the reception experienced by respondents and, ultimately, for their evaluation of the services they received. The purpose was to establish a comparative equation (order of comparison) between how respondents viewed the services before and after using them.

In general, respondents, both in the focus group and in the telephone interviews, seemed less comfortable discussing expectations than level of satisfaction. As a result, their comments were not very explicit in spite of the use of sub-questions.

The respondents' expectations were focused on three areas:

- Accessibility of services and personnel:
 - opportunity to meet quickly with counselling personnel and a sense of urgency in processing their service requests (14 out of 19 respondents)
 - hours of service and their personal/professional constraints (11 out of 19 respondents)
 - proximity to their residence or workplace (7 out of 19 respondents)
 - reception wait times (2 out of 19 respondents)
- Socio-professional attitudes and behavior of personnel:
 - being polite, respectful, and nonjudgmental (19 respondents out of 19)
 - listening (14 out of 19 respondents)
 - respect for confidentiality (3 out of 19 respondents)
- Compliance of the services provided with:
 - the needs expressed in the service request (19 out of 19 respondents)
 - consideration for the specific situation of each adult (12 out of 19 respondents)
 - consideration for the adult's need to express himself or herself through his or her choices and methods (7 out of 19 respondents)

Most responses seemed to link expectations with the need(s) that led to the service request. As a result, respondents agreed that a reception and referral service was required. Several of them said they knew they were not the only ones with these needs—this was particularly true during the group discussion.

We're seeing tonight that we're not the only ones who need equivalencies, like I did if I wanted to continue working, doing what I've been doing for a long time, for example. If I'd known, I would have done this earlier. There must be others in the same boat. You guys will have a lot of work to do.

I'm thinking about the teens who drop out, who don't finish school and who are like me, without a diploma. An adult school service like yours, it must be there to help those very young adults too. I talked to my son about it, told him to make an appointment with the same counsellor I met. I told him that it's not too late. He doesn't like working as a labourer. We know the conditions aren't good, he could do better.

On this topic, it was interesting to note that there seems to be an implied link between the stated needs and what we found in our action research project, for example situational elements that could affect the adult's project or its outcome, and that need to be taken into account when processing service requests.

Some of the factors selected by the research team therefore seem consistent with the adults' own experience relating to the needs underlying their request, as least insofar as they view it, and the nature of services that could be offered to adults in the community.

One or two of these factors seemed to be reflected in the stated expectations of respondents. The following section describes those factors (using the research team's terminology) and, for each factor, gives the number of respondents and some sample comments (for more information, see the list of situational factors in the Appendix).

Missing academic and professional information, which may affect the adult's project and action plan, and which may require an expert intervention due to the complexity of the processing of this information.

(13 out of 19 respondents)

I didn't know how to get my apprenticeship card. I didn't even know there was an equivalency for that.

They told me it was just passing an exam, a quick exam. . . . Today I know why I needed to do this to get my construction card and why I had to go to the adult school. To help me learn what I had to do and how to do it.

I would never have guessed that after taking my construction safety course and paying for my card, there would be more to do. . . . They told me about that at work. That's why I asked for help from your institution. . . . I thought I had to go back to school.

The evaluation and recognition of academic and practical learning becomes an important dimension that can alter the adult's project and action plan.

(13 out of 19 respondents)

The counsellor looked at my old grades, which weren't very good. You don't think grades matter when you're young. I didn't know what I still needed to finish my Secondary III, which I needed for the card. My report cards, they weren't very clear. I had to figure out what was missing . . . what I needed to do.

I brought my papers with me, because they told me to bring them when we made the appointment. . . . I couldn't remember what I'd already done, I was surprised. All that was missing were some math courses.

The specific request by the adult to meet a counsellor often points to some type of need.

(11 respondents out of 19)

I asked to meet a counsellor, it was important for me. I mean, to help me find out what I was going to do about my problem. Obviously, that's what I had to do to figure it out. I figured I had two or three options in front of me.

My boss told me that I needed to see a counsellor, that we had to find out if I had everything I needed for my file at the C.C.Q. I went to make an appointment myself.

For me, that's what I needed to do, to see a counsellor. I didn't know what else to do. I was working for another contractor, but it wasn't going well. I had a chance for a job elsewhere, I didn't know what to do, you know.

Adult expressing a lack of motivation for the service request or project

(7 out of 19 respondents).

At the beginning, I didn't want to waste my time in books. I was in an adult centre before, but I didn't finish anything. I mean, I didn't have to, I knew that. I could have done something else, asked the teacher for help, but I didn't do it. I regretted that later. . . . You can't say I felt like it, that must have been obvious. When someone asks you what you want to do, and the other person is more interested than you are, I told myself things weren't going well. . . . At first, I didn't know what was going to happen. They say the first step is the hardest, and that's true. . . . Once you make up your mind, get past the imagined problems, you give yourself a chance for things to work out. I'm proud that I finished something for once. I received a lot of encouragement. I needed to do this for myself.

Low level of education and evidence of a negative image of school

(5 out of 19 respondents).

I was always in special classes, Special Ed, they call it. In high school, I wasn't into what others were learning. I slept during class. And I was slower than the others. . . . I didn't think I could do it. . . . I had to pass one of your classes to keep my job. It's not easy to think that you have to be able to do what they ask you. I still don't know why I have to do all of this. It's the system that says you have to.

I had a lot of problems in school. I don't know if I was the one that was doing it wrong or the school, the teachers. I dropped out to get a job. That was OK while it lasted. . . . I had to make myself come see the receptionist. Coming to a school,

I wouldn't have believed it, me in school. . . . I was ashamed to show my report cards (during the appointment), I was afraid of what people would think of me.

Referrals by organizations relating to missing employability requirements and elements of the adult's personal, educational and professional situation.

(2 out of 19 respondents)

It's the guy at the C.C.Q. and the guy from the union who looks after us who said I had to get my equivalencies, my equivalency tests, in a place like the Patriotes Centre in St-Eustache. When I came here, I didn't know what to say.

Regarding the level of satisfaction with services received

In response to the trigger question, "How satisfied are you with the Centre's reception service?," the respondents in the focus group and the telephone interviews rated their satisfaction level at 4.8 on average, based on the selected scale for the action research project, which means that this result tends towards "completely satisfied." Sixteen respondents rated their satisfaction level at 5 (completely satisfied), and three at 4 (very satisfied). The participating adults were asked to explain their satisfaction level.

After analyzing their verbal responses according to units of meaning and grouping them by theme, we found that the initial reasons given by the adults to support their answers seemed to relate directly to some of the expectations/needs described earlier.

Nine respondents mentioned at least one of the "Accessibility of services and personnel" criteria (geographical proximity, hours of service, wait time for first- or second-line service), including four times as the second-ranking appreciation criterion, with a satisfaction level of 5 (completely satisfied) in seven of nine cases. Their comments suggest that the "wait time for first-line service" (one respondent) and the "wait time for second-line service" (one respondent) were the criteria that caused them to rate their satisfaction at 4 (very) instead of 5 (completely).

I waited an hour, I guess, before it was my turn to see one of the receptionists. This was during my working hours too. . . . There were a lot of other people waiting ahead of me. I didn't know there were that many people who wanted to go back to school. . . . I could see all of them (support personnel) were very busy. At least when someone was called, we knew our turn was coming. I told myself, there should be more people to deal with us. . . . They obviously don't know ahead of time who's going to come to apply, people come when they can. . . . Other than that, it was OK, I'm happy with how it went. The people who work there want to help, that's obvious.

The following comments during the focus group discussion were made after those above:

Me too, I found it a long wait. Not with the secretaries like he said, on the contrary I didn't have to wait long. She said that in my situation, the best thing to do was to meet a counsellor. I had a long wait before I could meet the counsellor, ten days or so. I had to wait almost three weeks to meet one, because I missed the first appointment by my own fault. I know that we're not the only ones. . . . My card was going to expire the day after my appointment, I think. It's important for us, because I was about to lose my job. . . . I'm happy about what was done, that's for sure.

A third respondent rated his satisfaction at 4 (very), though his appreciation could not be linked to a criterion using the planned secondary questions. He commented:

I'd say 4, very satisfied. 5, that's like perfect and, like people say, there's always room for improvement. . . . There's no problem with the personnel. The hours you're open, that's good, it's fine with me.

Comments relating to the “respect for confidentiality” criterion were made three times, including twice as the third appreciation factor, with a satisfaction level of 5 (completely).

The appearance of this criterion, in relation to the socio-professional attitudes and conduct of the personnel, came as a surprise to us. While we are aware that this is a basic rule for ethical professional behaviour, we would not initially have expected that it would be raised as an expectation and then as an appreciation factor. A possible explanation, in our view, is that the focus group and telephone interview protocols presented to respondents, and which listed this rule among others (such as the guarantee of anonymity), may have influenced the respondents in this regard.

The following elements were also invoked by respondents to support their satisfaction level of 5 (completely satisfied). They were identified from the secondary questions and the comments cited above.

For all respondents, the reception function seems to be based on a series of communication acts involving significant relational dimensions and challenges. As can be seen in the appreciation criteria discussed earlier, the reception the adults receive, and the respect and courtesy demonstrated by the personnel when processing their requests, seem to be essential. These elements are also decisive during interventions to clarify their requests or projects.

When you're not sure of yourself, the personnel's cheerfulness is a big help. . . . It was easier than I thought. . . . At my age, I still don't have my high school. I was afraid of what people would think of me. . . . It's not easy for me to ask for help,

it's even worse when you don't really know what to ask for. The secretary asked me questions, and that helped me explain what I wanted.

The reception, it's the first contact. . . . You don't feel like you're bothering the people who work here, like I've seen in other places.

It was funny when the lady told me that what I was saying, I could talk to a counsellor about it. I understood then that when coming in, it's not the time to talk about personal stuff, but I'd started and didn't know where to stop.

You feel that people are working for you. You're not just a number.

In general, all the respondents seem to have perceived the objectives of the reception personnel's interventions. They were aware that the interventions were part of a time line with a start and an end, and that they were meant to help.

Everyone I met gave me the time I needed. They asked me what I wanted to learn. That's good, because then you have more information about what you want.

I felt right away that I was in the right place and that I was going to get answers to my questions.

I really felt like they were working for me, that they were trying to help me.

We're lucky to have a service like this in an adult centre, it helps us figure out what we want and how to get it. It's not easy for us to figure out all the stuff that's out there to meet the rules and regulations of employers . . . of training schools.

The adults told us (17 out of 19 respondents) that they were quite apprehensive when they came to reception, in particular because they had a negative view of the school environment and because of concerns about current and future actions. They appreciated that the personnel took this into account.

I didn't always know the answers to the questions, but that's normal. That doesn't mean I wasn't interested or that I should have known. It's just that it had been a few years since I thought about school, about going back to school, I mean.

I was embarrassed, thinking about what they were going to ask me, but the secretary put me at ease right away. . . . And when I wasn't sure about my answers, she told me that it wasn't a problem. Things would be clearer when I met the counsellor.

I'd done this about two years ago. Seeing others with their report cards and all that—I didn't even know where mine were. . . . I'd put it off till later. But I didn't have a choice anymore. Like he was saying (another forum participant), you could say school was scary. . . . I might come back and do my fifth year (Secondary V), just to have it.

I have almost no schooling, but I earn a good living. I didn't want to come back to school, not even in a school for adults, but I needed some papers for work, for my new boss. School didn't go well for me. With all those youngsters outside (the centre), I didn't want to be treated like a kid, like a child in school. But it wasn't like that.

They explained everything to me in a way I could understand, everything I had to do in my situation. . . . They explained it well. That's good, it gave me confidence about what was going to happen. . . . I'm glad, I can't get over it, I finished everything I had to do, what I'd been told. Now I'm more confident at work, I have what I wanted, my apprenticeship card, security, a future. I did something I set out to do, and I'm proud of it.

Although it is important to take into account the first adults' solutions and use that as a starting point, other interesting opportunities emerged from the interactions with the personnel (15 out of 19 respondents).

It was important that I meet someone because I didn't think equivalencies were meant for me.

I've wasted enough time so far, I had to do something. I decided to get my cards, I should have done it before. It's not as hard as I thought, it's easy to imagine things but we don't really know. That's what your job is, to help people see what they're doing more clearly. That's a good thing.

When you don't know which way to turn, it's important to have someone to help you find out what you can do to get ahead. Now, I'm studying with my daughter's Bescherelle, to get ready for a grammar exam for my equivalency. I wouldn't have thought I'd be doing that one day.

I did a course (distance learning). That worked for me, studying when I had the time to. If it hadn't been for that, I don't know if I would have done it.

They explained to me clearly what could be done for me and what I had to do myself. I couldn't quit my job, we had to figure out how to do both, school and work. No one forced me to do anything. It was up to me to decide the way to go. . . . That was fine.

Fifteen out of 19 respondents seem to have clearly recognized that the meetings with the professional personnel were decisive, an advantage and a gain for them, and not a waste of time that would delay processing of their request.

After the appointment, I thought things over. Like the others, I wished things could happen on their own, but that's not how it works. The counsellor can't do it for you, that's for sure.

What I had to do was clear . . . like having to meet certain people. I got what I wanted out of it.

It was good to meet the counsellor, it showed me the best way to go. That wasn't really the way I would have done it. Like before, I would have given up, it would have taken too long and I'm not sure it would have gone the way I wanted.

Frankly, if I hadn't had the appointment, I don't know what I could have done by myself. I didn't know anything about it. . . . I was pretty discouraged. It looked like a mountain to me.

On the other hand, some adults (7 out of 19 respondents) seemed surprised that they were offered a counselling appointment and that they could not get answers to their questions right away. Others (3 out of 19 respondents) felt that having to wait for an appointment (with a wait time during the study of no more than a week and a half) was a waste of time or a delay. In each case, however, they seem to have changed their mind after meeting the counsellor.

Me, I found it strange that she (the support person) couldn't answer a question. I thought that was what she was paid to do. She explained to me that it was important that I get an answer, but that the counsellor was more qualified to answer me, because there were a lot of things to think about.

At first, I didn't understand why I should meet a counsellor, how it would be more useful than what the secretary had said. Mostly, I was impatient about having to wait. That gave me time to worry. The day before the appointment, I didn't feel like going, but I told myself that that wouldn't do me any good. The appointment went well. It was very important for what I was looking for.

It took more than a week before I met someone. That makes sense, they can't meet all of us at the same time, but it shouldn't take too long either. You want to get answers right away, but the others, they need answers too, they have rights too.

The adults seem to have recognized the continuity of action between the first and second lines. This allowed them to feel that they were in good hands and that their requests were being taken

seriously. They also felt that the complementary nature of the first- and second-line interventions was beneficial to them (13 out of 19 respondents).

I found that everyone knew what they were supposed to do. When I met the secretary again . . . I told myself it was a good thing that I'd seen someone. She remembered me. She asked me what I'd decided to do. This time, I knew what to say.

The secretary had spoken about me to the counsellor before I came to the appointment. The counsellor was ready for me. I didn't have to go over everything again.

It's like the staff know you and think along the same lines. It makes you feel safe.

All of them work to help you say what you want, to clarify your need, and they help you with all of it.

They really answered my request, from start to finish, from the secretary to the counsellor.

The fact of being directed towards action and led into problem-solving mode, and that they were empowered with regard to their situation, seems to have been very positive for them (11 out of 19 respondents). This seems to have increased their sense of competency and their ability to act in spite of the expected pitfalls and the obstacles, all of which were brought to light by the reception interventions (8 out of 19 respondents).

Things don't happen all by themselves, but at least I know what I have to do. There are a lot of things you don't think about, things you know and things you can do.

I have to think about everything, but I'm making progress with the things I want.

It really helped me to meet the counsellor. It helped me see what I had to do to get what I wanted. . . . I had to decide to do it myself, not because I had to but for me. I knew what I had to do before the appointment, my buddies at work had told me, but I kept putting it off. I had other stuff to take care of first. I finally signed up for the course and took it. It didn't take long, once I made up my mind. I'm glad I finished it this time. That gave me more confidence that I was able. It wasn't always easy, you know that, but I did what I had to do, that's all.

Being able to see, as soon as they meet the first-line reception personnel, that there are other ways to deal with their request seems to reassure the adults, supports them in their decision to

come to us, and sets them up for a positive meeting with the counsellor (10 out of 19 respondents).

The secretary explained to me why it would be good to meet a counsellor. She made me think about the questions to ask. I felt better prepared then to meet the counsellor. After that, I thought of other questions to ask during the appointment.

You can't think about something you don't know. That's the way it was for me.

I thought that I had to come back to school to finish my fourth year (Secondary IV). I didn't have the time to do all that just to keep my job and I didn't feel like it, especially since the pool of cards won't wait. The first person I met the first time told me not to worry about it, the counsellor would be able to find other solutions.

When I came, I had lots of questions. I talked about it with the secretary. . . . She knows about it, she's used to it. She said: "We'll deal with them one at a time, if you don't mind." I made the appointment with the counsellor right away. I didn't know you could do that.

Interpreting the findings for first-line personnel

The purpose of the chosen observation method was to produce a qualitative evaluation of the support personnel's perception of the reception services provided within the systematic intervention model.

Regarding opportunities for improvement

Clearly, to achieve efficient and systematic processing of adults' requests and projects, an educational institution must have specific registration and admission procedures, which are well known to and applied consistently by the reception personnel. These procedures must be clearly explained to adult applicants, since they may affect their progress.

The research activities enabled us to identify certain features of these procedures, for example in the area of internal referrals to counselling personnel. The support personnel noted that the administrative procedures used during the study were generally useful, and were well understood and accepted by the adults.

During professional development activities, several respondents mentioned the need to identify and define what is expected of the interventions, based on the institution's mission, competency, capacity and role in relation to other stakeholders, in order to deliver good quality services.

The first-line personnel confirmed that the action research project had given them the opportunity to see the benefits of a sequential approach to service delivery. The project had also made them more conscious of subsequent interventions and more concerned about ensuring a consistent and smooth handoff to other personnel and services. This concern motivated them to ensure that all the documents needed for the counselling interventions were given to the counsellors, and encouraged them to explain the upcoming interventions to the adults.

The support personnel also mentioned the need for caution in the nature and quantity of their interventions to help the adults to express and clarify their requests and to describe their situation regarding their project. This includes taking into account factors identified in the study environment as having a potential influence on the project or its outcome.

By way of explanation, the personnel mentioned a number of different characteristics often observed in adults requesting services, and which support the need for caution. All these characteristics appeared to be related to specific aspects of this study, for example low motivation for education, a history of academic failures and/or difficult experiences in school, doubts about the ability to succeed with a project, fear of being judged, etc.

Respondents felt it was important to be aware of the consequences of their interventions, within the framework of their mandate and the time allotted for the processing of requests. The need to adjust interventions was also reflected in the rules adopted by local stakeholders concerning the observations and information about the adults' priority need for counselling interventions as documented in the transmission sheets. Caution was needed when interpreting the adults' comments and making value judgments.

The physical environment in which the interventions took place (open-plan offices not conducive to ensuring confidentiality) was also mentioned, since it limited the nature of the interventions' goals, intensity and content.

First-line personnel also commented that the attention paid to the adults' service requests and projects, and the personalized treatment they received, seemed to have a positive influence on their sense of self-worth.

In addition, the personnel felt that the fact of working together to identify situational factors during the initial processing of service requests, and then reviewing those factors during the professional development activities, had helped them to understand those factors and appreciate their relevance.

They noted that each referral made during the study was motivated by more than one of the selected factors and that these referrals proved to be justified. The counselling appointments seemed to help several of the referred adults to adjust their plans with short-term objectives that were better suited to their projects and/or their situation.

Lastly, the personnel were pleased that the model allowed them to adjust their interventions to reflect perceived needs and to take ownership throughout the process.

Regarding professional development activities

The professional development activities were felt to be essential in helping the personnel to master the intervention tools designed as part of the study (the exploration grid and priority needs intervention transmission sheet).

The situational factor-based service request processing exercises seemed to help the personnel to consider the adult's overall situation and project within the framework of the model. However, the time allocated for training may not be sufficient for less experienced personnel.

The professional development activities seem to have prepared the personnel for the procedures introduced as a result of the study.

Regarding the intervention tools

The priority intervention needs transmission sheet proved to be relatively easy to learn and incorporate into the personnel's regular tasks. The fact of taking ownership seemed to allow the personnel to use the tools efficiently in real-life situations, and also minimized delays caused by preparation time. This is an important factor when dealing with large numbers of clients.

The personnel chose to fill in the transmission sheet for the referred adults after the appointment, when no other adults were waiting for services. This meant that the sheet was created later, when the information was no longer fresh in their minds. The staff described the techniques they used to offset this problem.

The introduction of the exploration grid also increased the personnel's own questions about the processing of service requests. The grid ensured that various potential elements relating to the adults and their situations were taken into account during the interventions, and led to a better understanding of the dynamic relationships between them. In certain cases, however, the personnel were uncomfortable with some of the areas for exploration, such as occupational situation/personal situation, and personal situation. However, they were aware that it would take time to incorporate the new methods.

The exploration grid and transmission sheet are not questionnaires, and this gave the personnel a certain amount of flexibility. As a result, these tools were perceived as an intervention method and guideline rather than as a summary or sequence of procedures, which was significant for the personnel involved.

The personnel felt that the exploration grid and transmission sheet helped them to identify the need for a referral using criteria that were known to and common to all reception personnel, and

to provide the counsellors with more relevant information on the reasons for the referral. One person commented that:

Initially, even though I've been doing this job and referring clients to counselling for a few years, it was as if I was seeing myself at work for the first time. The grid's exploration areas, although we don't have to fill all of them in for each case, remind us that each request and project fits into a set of obligations and a life situation. It's important to take that into account if we want to achieve a realistic and integrated project.

The counselling personnel's feedback after using the transmission sheet during their interventions proved to be valuable. The transmission sheet also seems to have improved the continuity of interventions between the two groups, allowing for follow-up of the action taken.

The staff appreciated the fact that the intervention model drew on their own experiences and knowledge, and that the proposed procedures and tools supported their work in a meaningful way.

Interpreting the findings for counselling personnel

The purpose of the chosen observation method was to produce a qualitative evaluation of the professional personnel's perception of the reception services provided using a systematic intervention model.

Regarding opportunities for improvement

The professional personnel confirmed that the study had allowed them to appreciate the benefits of a sequential service delivery method. This method helped to define the nature of the interventions expected of reception services and personnel, and raise awareness of subsequent interventions, allowing for smoother handoffs to other types of personnel, in particular reception support personnel.

The initial meeting with first-line personnel and the use of the priority intervention needs exploration grid appears to have resulted in a more systematic determination and prioritization of referrals to counsellors. According to the counsellors, the counselling interventions during the study were relevant to and effective for the adults and their projects, and took various situational factors into account.

The counsellors, like the adults themselves, said that the fact of being able to see, during their first encounter with support personnel, that there were various ways of responding to their initial requests, seemed to reassure the adults, put them in a positive frame of mind for counselling, and helped them to reassess their options, since they had already been able to think about their

project during their meeting with support personnel. The meeting with support personnel to determine the need for a meeting with a counsellor was also beneficial.

Some participants said the adults they met had recognized the obviously unified nature of the interventions by support and counselling personnel, and regarded this as being a positive factor.

Clearly, the ability of the first-line personnel to extract essential information and observations determines how useful the priority intervention needs transmission sheet is for the second-line personnel.

Moreover, the counselling personnel were able to give examples of how their level of efficiency had improved when the first-line personnel were able to work within an overall process and consider the needs of subsequent interventions. Among the benefits they mentioned were a more efficient use of time and a smoother process when the support personnel ensure that adults have all the documentation they need for the counselling interventions before the appointment.

Regarding intervention tools

The counselling personnel recognized the value of incorporating the priority intervention needs transmission sheet into their work from the outset. The sheet helps them to understand the reasons for the referral and speeds up the processing of the initial request by the counselling personnel during their interventions with the adults.

All the counsellors used the sheets during their meetings, and some added their own comments or information after the intervention. A great deal of time was saved because they did not have to rewrite the same information into another document.

The transmission sheet seems to have accelerated the intervention process in some cases by allowing specific elements of the adult's situation to be captured quickly. This optimized the outcomes of the interventions, providing short-term benefits for adults by leaving more time free to develop the action plan and providing additional opportunities to help implement it.

The information captured in the transmission sheet also seems to have ensured that some useful elements were taken into account when considering the possibility of admitting the applicant to the adult education centre, including the possibility of bypassing certain administrative procedures during the counselling interventions. The sheet, along with the supporting preparatory activities, brought together information that was previously dispersed throughout the adult's file, especially in the case of students who had attended the facility in the past. In some cases, it may have had an impact on the action plan by making it easier to consider specific components of the adults' requests and projects as well as the resources that could be used to implement them.

This reduced the need for follow-up appointments in order to complete interventions. Not only are additional appointments difficult to schedule, due to the local situation, but they also reduce the availability of personnel.

An unexpected effect of the priority intervention needs transmission sheet was to simplify daily feedback activities. Because sheets are created individually, they provide a simple reminder of the situation that led to the referral.

The participants in the evaluation commented on the importance of checking with the adults to ensure that the information in the transmission sheets created by first-line personnel was accurate, whenever the information in question was directly relevant to the intervention. They also pointed out the benefits, which they observed during the study, of being able to provide feedback to the support personnel, before or after the interventions, since this helped to improve the information.

For the counselling personnel, the use of the priority intervention needs transmission sheet also demonstrated the constant need for care when restating and interpreting the adults' statements commenting on their situations, requests and projects, be it during meetings between the adults and support or counselling personnel or when preparing documents. The personnel noted that they had not witnessed any situations that required corrective action.

Regarding local reinvestment possibilities

The counselling personnel said they wanted to continue using the exploration grid and the priority intervention needs transmission sheet, despite the time needed to create it, which adds another task to the already heavy workload of the support personnel. We therefore recommend the continued use of these tools within the Centre.

It seems obvious to the professionals involved that more systematic interventions by the reception personnel will require teamwork. In fact, even the less experienced professionals were able to consult their colleagues with confidence, to check their intervention decisions, and thus improve in their work. To paraphrase the comment of one counsellor: in the intervention model, teamwork should replace the silo mentality.

Interpreting the findings for all respondents

In analyzing the evaluation findings by the adults who received reception services during the study and by the first- and second-line personnel who provided those services, along with the draft interpretive schema, we would be able to conclude as follows:

- The adoption of the systematic intervention model by first- and second-line reception personnel used to process and respond to service requests during the study

Combined with:

- The consideration by the personnel of specific needs, expectations and factors which establish the context for specific aspects of the adult's situation as it relates to the service request and/or project and which can impact this project or its achievement

Seem to contribute to a positive perception by the respondents of the services they received or provided.



Chapter 6



Recommendations

Regarding a clientele service approach

The action research project led us to consider the importance of introducing a clientele service culture into our practices. This would mean the reception personnel would be concerned with the mission and role of adult education centres and the mission and role of SARCA. They would need to be familiar with the characteristics of the various clientele groups likely to submit demands for service, and with their potential problems. They would also need to make recommendations concerning procedures, services and other elements that would help improve their work.

We believe it would be interesting to share our experience with all our colleagues in our institution, especially in terms of local reinvestment, and also to share with other people who are concerned with the development of reception and referral services. We feel it would be relevant for events to be organized so that the personnel from these services are able to share their experience.

In our opinion, it would be relevant to renew the reception and referral services and make the proposed paradigm changes, including an intervention focused on expression of the demand, another on the adult and his or her project, and one to ensure a real organizational distance regarding traditional offers of service from institutions. All these aspects lead us to commit, collectively, to improving our practices, which will result in a clientele-oriented service culture, if we so choose.

Regarding funding and development methods

The funding conditions should allow for the hiring of dedicated first- and second-line reception personnel, which would allow the institutions to develop their own reception expertise. In addition, funding should reflect the work required with individual adult clients, and should not be linked to full-time equivalent (FTE) status, which does not reflect the number of adults interviewed and enrolled in training. Similarly, the use of learning recognition tools is not always appropriate, since they cannot be used to establish the required level of funding.

At the same time, the client groups targeted by the *Government Policy on Adult Education and Continuing Education and Training* have abandoned some training institutions, or are much less present. To contact them, it will be necessary to diversify our approaches by introducing canvassing, community animation and partnership activities with socio-community and educational organizations. It will be necessary to add more human resources to accomplish this.

The various reception personnel, both first and second line, need to have a good knowledge of the community in which they work, in terms of their own supply of local and regional services, and external resources able to meet the demand.

Institutions wishing to introduce or improve a reception, referral, counselling and support (SARCA) service need to consider their own features and staff, and ensure that the training and professional development activities required are based on the starting levels of the people concerned. It is vital that all the actors fully understand the meaning and scope of organizational and structural changes, and be aware that, although those changes are made as part of a test or trial, they may well become permanent.

Regarding the situational factors to be considered when processing service requests

It would be interesting for work to be done in other institutions in order to compare, assess, quantify, improve, enrich and document the situational factors selected for this action research. The local institution will continue to work on this aspect.

Regarding locally designed intervention tools

Based on the action research project and its findings, we recommend that the priority intervention needs exploration grid (counselling), the priority intervention needs transmission sheet and the adult action plan continue to be used.

The most interesting aspect from the standpoint of improved systematic service delivery was not so much the model action plan as the consideration, by all first- and second-line reception personnel, of similar areas for exploration when processing and situating requests for service from adults.

We also feel it is worth envisaging more systematic referral of reception interventions to internal counselling and support services for adults who opt to attend the institution. This would result in an intervention history within the adult's physical record, and eventually in his or her computerized record. Work will eventually be done on this aspect at the Centre.

Regarding the winning conditions for introduction of a systematic intervention model for reception personnel

- There is a need to introduce an effective file processing system for those concerned, along with clear administrative rules that would allow the personnel to have more time available for their activities with adults. (For further clarification, see page 14, on the facilitated and enriched task description for first-line personnel).
- Respect must be shown for the roles and expertise of each personnel group.
- A realistic approach must be taken to the intentions underlying various interventions.

- Systematic does not mean standard; every member of the first- and second-line reception personnel must be able to contribute fully, based on his or her abilities and style. This should not affect our ability to attain systematic request processing.
- Effective use of the exploration grid and transmission sheet requires proper knowledge of the adults' characteristics and problems.
- Before these tools can be used, either as presented in this report, or in any other form, the first-line personnel will need training on the subject of service request processing, so that they are able to encourage adults to describe their projects and situations briefly, and also provide information and observations that will be useful to the counselling personnel in subsequent interventions.
- If the tools are to be used effectively, the first- and second-line reception personnel will also need a common reference point. The time spent on defining and learning a reference point and intervention tool will obviously vary from one individual to the next and from one institution to the next. The introduction of a self-regulatory, constantly interactive process between personnel members will be a key element in achieving the institution's goals.
- It is important to prepare the institution and the personnel directly involved in the introduction of new practices. The action research showed us that methods cannot be imposed, but are accepted because of their perceived benefits, because the personnel have the tools to do so, and, like the adults interviewed at the reception and referral service, the changes can only be introduced by the people who implement them.
- Key impact of the way in which the institution's resources take charge of conducting the experiment, and the leadership exercised by the management team members throughout the action research must be considered.



Chapter 7



Ethical Considerations

File processing

Special precautions were taken when processing the files of adults interviewed as part of the research, to ensure that the operations carried out did not infringe on the normal rules governing confidentiality and the protection of personal information.

Data processing

The data collection, data processing and data analysis operations took place in conditions that allowed us to protect the respondents' anonymity. Every respondent was given an identification number, including those interviewed by telephone. The physical files created during the experiment, including the nominative information, were destroyed at the end of the research.

Ethics protocol

During the evaluation activities, all respondents were informed verbally or in writing about the ethics protocol, and all freely agreed to participate, and gave informed consent for their remarks to be cited in writing, provided their anonymity was protected.

Chapter 8



Summary

General research framework

The action research described in this report was part of an extensive operation for school boards launched by the Direction de la formation générale des adultes (DFGA) at the Ministère de l'Éducation.

The purpose was to test new reception, referral, counselling and support (SARCA) methods, thereby allowing personnel in the field to contribute more extensively to their renewal and future development.

Pre-research actions by the institution

The action research described in this report was also part of a process lasting several years and involving several staff members from the Centre de formation continue des Patriotes (Commission scolaire de la Seigneurie-des-Mille-Îles), the institution in which the research took place. The personnel were concerned about the quality of their reception and referral service for adult clients, and had a vision based on beliefs, values and ongoing questions concerning the collective choices made in the past, present and future by their institution, within its own specific context.

Research topic

The research proposals received by the committee responsible for assessing the projects had to focus on a specific SARCA function, and the Centre's team felt it could contribute most usefully by working primarily on the reception function, because reception is provided to everyone who approaches a reception and referral service at an adult education centre, whether or not they intend to enroll in the institution.

Highlights relating to the Centre's accessibility and its reception and referral achievements

Given the statistical profile presented in the report, the management team felt it was important to adjust service delivery, training supply and the institution's procedures, to ensure that they were as accessible and proactive as possible. In addition, over the years a number of specific reception practices had been developed for certain client groups.

Creation of a training counsellor position

Following an increase in the number of requests not necessarily leading to an education or training project, the Centre decided to create a training counsellor position (in January 2000). Half this person's task was to develop the reception and referral service, including interventions with clients not enrolled for courses at the Centre.

Creation of a single-wicket reception and referral structure with dedicated support personnel

Based on our experience of recent years, we were able to identify a number of situational factors that we consider to be key aspects for the first- and second-line reception personnel when supporting the expression of the demand and identifying potential difficulties in achieving a training project.

We knew it would be beneficial, and indeed a priority during the research, to use the practical experience of everyone involved, in order to obtain a shared point of reference on which to base our reception interventions.

The Centre's reception and referral situation

- A large number of people have used the service in recent years, and there has been steady growth. For example, in 2003-2004 there were more than 4100 requests for service on site, and of these, nearly 900 adults were interviewed by counsellors following a referral from first-line reception personnel.
- The lack of dedicated government funding for reception and referral services and other complementary services has restricted access to an exploratory meeting with counselling staff, an outline plan of action, and no obligation to register for training or pay fees.
- Some needs for prior learning assessment, recognition of practical learning, academic and vocational information and guidance are addressed only when an internal request is made after admission, or when the adult learner is referred by the support staff from his or her training unit.
- The shortage of counselling resources means that we have to focus a significant percentage of our interventions on registered clients. Because a training profile must be produced for every adult learner, and then updated periodically to reflect the learner's progress and generate findings on local and national success rates, more than 2200 profiles were produced in 2002-2003.

Questions relating to reception and referral services

- How can we become better able to meet the needs of adult clients during reception interventions, in a context characterized by a high volume of demands and a shortage of resources?
- How can the need for counselling be established, based on a demand for services that is not always explicit? How can adults be encouraged to clarify their requests? What can be done to reduce the risk of hindering adult learners' projects?

Given that it is not possible to offer exploratory meetings to everyone, and given that it is not always necessary to do so, especially at the pre-admission stage, we hope to improve and systematize our interventions by testing a new intervention model for reception personnel, and measure the anticipated change.

Research question

How do adult clients and Centre personnel perceive the reception services received or provided following the adoption of a systematic intervention model that takes into account the situational factors that may influence the adult learner's project or the achievement of that project?

Implementing the action research

- Create a participation structure including a local monitoring committee, a steering committee and a research team.
- Plan operations, interventions and monitoring measures.

Creation of intervention tools

Operations to draft a reference framework:

- The reference framework will serve as a guideline for the model to be tested, as well as for the creation of intervention tools and proposed professional development activities (see the Appendix).
- Procedure:
 - Collect parameters from the first- and second-line reception personnel, to determine an internal reference before testing, and take inventory of apparently key situational factors to be considered in processing an adult's project and request for services, because they can impact upon the project or its achievement from the very first reception interventions. Conduct internal validation of the relevance of these elements for the remainder of the work, through unanimous agreement by the monitoring committee.
 - Create a prototype tool that will be used to structure interventions by first-line and second-line personnel, based on eight aspects to be explored when processing demands. Internal validation of the construct's relevance, through unanimous agreement by the monitoring committee.
 - Consult eight adult education specialists from outside the institution, to obtain their expert opinion on the validity of the list of situational factors and potential areas for exploration when processing requests for services.

- Using a concordance coefficient (retaining only those elements ranked as being highly relevant by at least six of the eight people), 16 of the 21 factors were eventually retained, since six of the eight people ranked them as being highly relevant, along with all eight areas for exploration, which seven of the eight people ranked as being highly relevant.
- Creating and testing of intervention tools by the steering team:
 - The exploration grid for priority counselling intervention needs was used to process requests for services and to establish the need for referrals to professional personnel.
 - The priority intervention needs transmission sheet was used to convey the information and observations underlying the referral to the professional resource, who may then use them in subsequent interventions.
 - The adult's action plan was used to decide on the next steps.

Note: all the tools were based on the same reference point (see Appendix).

Beginning of pre-experimental operations

- Awareness activities concerning the conditions required to introduce new practices, on the introduction of a systematic reception intervention model and the research operations, for the personnel concerned.
- Introduction of interaction and continuous improvement mechanisms for reception personnel.
- Professional development activities for first-line reception personnel:
To help the personnel become familiar with the proposed intervention model, understand the intervention tools and improve their request processing interventions, among other things by considering situational factors relating to the adult and the project.

Testing of a systematic intervention model for reception personnel

- First-line interventions (for all adults, in person or over the telephone, with existing support personnel):
Used to process service requests and make referrals to professional personnel using the intervention tools.
- Second-line interventions (for adults [pre-admission or not] referred by first-line personnel after an exploratory meeting with counsellors):
Will vary according to the needs expressed by the adult and those identified at the first stage, the progress made and the adult's willingness to restructure these aspects in order to devise an action plan.

Application of the results observation method for perceptions of reception services received or delivered within a systematic intervention model

- Qualitative evaluation by adults in a focus group or in a telephone interview:
 - Sample: composed randomly, based on availability and interest, from the population of adults involved in counselling meetings in the six weeks preceding the event, so that the reception experience occurred close to the evaluation.
 - Number of respondents: 19 adults (seven in the focus group and 12 in telephone interviews), all of whom had received reception interventions and could therefore talk knowledgeably about their experience. They were also representative of the characteristics of the adult population served by the Centre, although for the most part they had requested services and were candidates for prior learning assessment for access to the construction industry.
 - Questionnaire: Composed of open questions and sub-questions, grouped around two separate topics, concerning adults' expectations and level of satisfaction with the services received. Respondents were asked to rank their level of satisfaction using a scale ranging from 1 (not at all satisfied) to 5 (entirely satisfied), and then to justify their answer.
 - Technique: Semi-structured approach with a single interviewer (the research officer) who had not counselled the adults during the experiment, and was unlikely to do so in the near future.
- Qualitative evaluation by first-line and second-line reception personnel in separate focus groups:
 - Sample: Personnel involved in the experiment, who are in the best position to talk about the interventions.
 - Questionnaire: Composed of open questions and sub-questions, grouped together under two topic headings on the use of the tools (different for each of the first- and second-line reception personnel) and potential improvements for implementation of a systematic intervention model for reception personnel (for all respondents).
 - Technique: Semi-structured approach with a single interviewer (the research officer) for both events.
- Data collection, processing and analysis: Notes taken by units of meaning within the same question or sub-question, and grouped by topic. Performed jointly for all events by the research officer and a member of the monitoring team or the other member of the steering team (except for the focus group and telephone interviews with adults).

Analysis of findings

We applied a triangulation process to our sources in order to obtain an interpretive schema allowing us to limit the subjectivity of our own interpretation of the respondents' perceptions and opinions. Among other things, we used verbatim quotations (translated for the purpose of this version of the report) from the comments made by adult respondents in the report (see the section on interpreting the findings for the sample adult population).

Interpreting the findings for the sample adult population

- The focus group and telephone interview respondents ranked their level of satisfaction at an average of [4.8 out of 5], meaning that the result tends towards: [completely satisfied], on the satisfaction scale.
- The reasons given in support of their answers appeared to refer directly to the satisfaction of their evoked expectations and the needs that triggered their request for service. They also understood the need for a reception and referral service. Initially, the exploration of their expectations was intended simply to place the reception experience of adult respondents within a context, so that they could use it as a basis for comparing their expectations with the service actually received.
- It was interesting to note that there appeared to be some similarities between the evoked needs and what we identified in the research as the situational factors to be considered when processing requests for service. The needs mentioned by respondents included: the need for academic and career-related information requiring professional expertise, and the evaluation and recognition of academic and practical learning, both of which have a potential impact on the project and action plan.
- Expectations were divided among accessibility, the socio-professional attitudes and behaviours of the personnel, and conformity of the services received. Generally speaking, these expectations were met. (See the report for further information on respondents' expectations and needs).
- For the adults we questioned, the way in which they were received and the extent to which the intervention helped them to express their needs and/or projects, especially during the contextualization with situational factors, appeared to be important. They said they were quite apprehensive when they came to reception, because they had a negative view of the school environment and because of concerns about current and future actions. They appreciated the fact that the personnel took this into account.

- Although it is important to take into account the solutions contemplated by the adults and use that as a starting point, it appears that other interesting opportunities also emerge from the interactions with the personnel. For example, the fact of working with the first-line reception personnel to identify other potential solutions to their initial requests appeared to reassure respondents and prepare them in a positive way for the counselling interview, which most respondents felt was a key element for the subsequent outcome.
- Most respondents appeared to recognize the continuity and complementary nature of the first- and second-line interventions, which allowed them to feel that they were in good hands.
- The fact of being guided towards action and led into a problem-solving mode, and that they were empowered to deal with their situation, seems to have given respondents more confidence in their own abilities to overcome the pitfalls and obstacles brought to light by the interventions.

Interpreting the findings for reception personnel

- The systematic approach ensured greater continuity and consistency of the first- and second-line reception interventions. Respondents felt the more precise definition of the expected interventions by reception services and personnel, and the focus on subsequent interventions, had played a role in this.
- The reception interventions in which the intervention tools (including the situational factors) were used appeared to generate a more systematic approach to the identification and prioritization of internal referrals, along with a better understanding of the reasons for the referrals, on the part of both support and professional personnel. All the referrals that took place within the text were perceived as being key for the adult learners' projects.
- Care in selecting the type and scope of the intervention, and in interpreting remarks and observations, were also regarded as being important.
- According to the respondents, use of the priority intervention needs transmission sheet seems to speed up the individual intervention process at the counselling stage, by helping to clarify the context of the demand and the project. The sheet also appears to leave more time for the preparation of an action plan and implementation instruments, without the need for an additional interview in the short term, the possibility of which was greatly reduced due to the local problem.
- Daily feedback between first- and second-line personnel members was also identified as being an excellent and effective way of improving the process over time.
- Professional development activities were regarded as being essential as a means of understanding the intervention model and mastering the intervention tools.

Interpreting the findings for all respondents

The analysis of the findings and the interpretive schema led us to the following conclusion.

- The adoption of the systematic intervention model for first-line and second-line personnel in order to process and respond to service requests
[combined with]
- consideration, by the personnel, of specific needs, expectations and factors that establish the context for specific aspects of the adult's situation as it relates to the service request and/or project, which may influence the project or its achievement
seem to contribute to a positive perception by respondents of the services they received or provided

Recommendations

- The funding conditions should allow for the hiring of dedicated first-line and second-line reception personnel.
- In addition to administrative procedures, if the systematic intervention model is to be effective, it would need to be based on references to the personal referential framework of every person involved in the process.
- Based on the action research project and its findings, we recommend that the intervention tools should continue to be used, on the same basis. It would be interesting for work to be done with other institutions in order to document the situational factors to be considered when processing service requests.
- We also believe it would be important to introduce a user service culture into our practice(s).

Regarding the winning conditions for introduction of a systematic intervention model for reception personnel:

- Systematic does not mean standard. Every member of the first- and second-line personnel must be able to contribute fully, based on his or her abilities and style. This should not affect our ability to attain systematic request processing.
- If the tools are to be used effectively, the reception personnel will need a good understanding of the characteristics of adult applicants and their problems, along with training so that they are able to encourage adults to describe their projects and situations briefly, and also provide information and observations that will be useful to the counselling personnel in subsequent interventions.
- It is important to prepare the institution and the personnel directly involved in the introduction of new practices.

Ethical considerations

- Special precautions were taken when processing the files of adults interviewed as part of the research, to ensure that the operations carried out did not infringe on the normal rules governing confidentiality and the protection of personal information.
- The data collection, data processing and data analysis operations took place in conditions that allowed us to protect the respondents' anonymity.
- During the evaluation activities, all respondents were informed about the ethics protocol, and all freely agreed to participate, and gave informed consent for their remarks to be cited in writing, provided their anonymity was protected.



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APPENDIXES

Appendix 1: Reference framework

Pre-experiment context

Prior to the action research, reception interventions were supported by what was basically an implicit concept of the internal referral function, reflected in institutional choices concerning service supply, approach, proactivity and outreach into the community, reception practices, training entry, support and various other procedures.

For all the actors concerned, the preparatory, planning, professional development and evaluation activities carried out as part of the action research offered an opportunity to express their opinions about the beliefs and values underlying their practices. They clarified the reference framework for their interventions, along with their perceptions of various characteristics of the adult student body and its training and nontraining projects and paths.

Following the lessons drawn from the action research, the research team elected to undertake a process aimed at clarifying and officializing an intervention protocol for reception personnel. The process and subsequent protocol are described below. This section of the report also addresses:

- considerations relating to the projects and paths of adult applicants interviewed by counsellors following a referral since the creation of the single wicket system
- clarifications concerning the various opportunities to intervene in relation to the adults' demands, projects and paths
- brief descriptions of how the reception function operates within the institution
- various situational factors to be considered when processing service demands, and likely to influence projects and paths
- methods for using the intervention tools associated with an integrated model applicable by different personnel categories and sample priority intervention needs transmission sheets

Preparation for the adoption of a reception protocol

The entire reception work force was involved in an individual preparation, interaction and content validation exercise on the beliefs, principles, values and processes underlying their interventions, based on a number of triggers. Describe the basic characteristics of the Centre's reception and referral service. If I were the client receiving the services I offer, what would be important to me? What values do the different types of reception personnel reflect the most in their interventions?

Post-experimental reception and referral service delivery protocol

The entire reception staff supported this concept of the reception function, based on the institutional context, the different profiles of the population they served, and the different opportunities for intervening with the population.

The reception function focuses on adult applicants, their situation and their environment, along with their goals or projects when they first approach the Centre. The function is defined as follows:

- Support adults as they express their demand for services related to the Centre's mission.
- Situate adults in terms of what they need to do to achieve their goals or pursue their training projects.
- Facilitate access to the appropriate services: information, registration and admission for training, pre-admission counselling intervention, or referral to outside resources, depending on their own remarks or the perceptions of the reception personnel.

All the personnel agreed that interventions should be rapid, fair and respectful and that the personnel should listen to and be considerate of the adults, their demands, their situation and their goals or projects. Interventions should therefore be based on ethical rules and should be carried out with an appropriate level of professionalism. Reception services, in terms of their structure and actions, should:

- Help ensure continuity and consistency with the interventions of all other personnel, and be complementary in nature.
- Provide adults with assistance, initially from the first-line personnel and then, following a referral, from counselling personnel. This will enable adults to define their own service demands, choices and issues, thereby allowing them to be autonomous and accountable for achieving their own goals and projects by solving any potential problems.
- Allow the first-line personnel to consider the situational factors that determine whether or not a counselling referral is required, in order to improve the chances of achieving the adult's goals and projects.
- Explore the various scenarios, by means of a counselling interview, that would enable the adult to select the most appropriate and shortest path to his or her goals or projects.
- Foster the preparation of an action plan, by the adult and counselling personnel, that realistically reflects the adult's personality and experience, wishes and abilities.

Projects and paths of service applicants who received counselling

Based on our collective experience of recent years, we were able to identify a number of **intervention opportunities** and **situational factors** that we felt the first-line and counselling personnel should consider. These involve helping every adult, in a differentiated way adjusted to his or her needs, to express his or her demand, and to identify and explore the context and potential problems in achieving his or her goals and projects.

We observed that most of the adults we interview already have an idea of the project they want to pursue. The projects they envisage may not always be clear and may or may not involve training. In some cases, simply the fact of approaching the reception service is a major step forward. They want to satisfy one or more complex needs, and many are aiming for school-to-work transition, social integration, return to work or job retention, retraining or a career shift.

The time limits they set for achieving their goals or completing their projects are sometimes realistic, and sometimes unrealistic. Most are seeking short-term results, and some are not prepared to face the impacts of their decisions and projects. They tend to interpret reality according to their own specific circumstances, and find it hard to envisage solutions to problems or implement appropriate strategies. In many cases, this has caused them to fail and has enhanced their sense of not being able to accomplish their projects.

Some adults are subjected to outside pressures (job loss, personal obligations, family responsibilities, etc.), meaning that the urgency and significance of their projects tend to vary. They may have received support from other bodies (government, community, employability development) such as a local employment centre (CLE), a local community service centre (CLSC), a youth employment centre (CJE), the Commission de la construction du Québec (CCQ), or others, which have already identified a number of steps to be taken. Others are taking steps on their own initiative and want our help to test the validity of their projects or acquire the tools they need to undertake the next steps.

Most of the adults who come to us have a spotty academic background that sometimes includes failures. They have a negative perception of their own academic abilities and some are recent school dropouts.

All have resources, past experience and academic, practical and personal learning, although to different degrees. They also have a certain amount of information on the education system and the labour market, and may or may not have a personal and career-related support network. Many different resources may be brought to bear and will have a direct impact on the implementation and success of their projects.

Types of interventions relating to the projects and paths of adults receiving counselling

Some adults want to **formulate** their projects. They need help to clarify their needs, express their demand, define their goals and identify the steps to be taken, the resources available to them, and any potential obstacles. They also need help to establish a time frame.

Others are at a more difficult stage of the process and need both support and encouragement to redefine and accept the next steps, as well as to identify new sources of assistance and support for their projects.

Some have run out of energy and are questioning the entire process. They need help to find closure, learn from their past experience and move on to complete their projects.

Reception function methods

Adults who demand services (by telephone or in person) are welcomed by a designated reception support person (for further information on the reception task, see page 14).

Based on the information collected and observations made while processing the demand, the reception resource decides whether or not to proceed with:

- registration and eventual admission directly into a training unit in one of the Centre's educational models (e.g. the 16-18 year-old unit, the distance training unit, the employability development unit, etc.)
- referral to a pre-admission counsellor

If the person is admitted directly into a training program, the counsellors and support officers in the training unit take over his or her case (e.g. professional staff, special educators, teachers providing tutoring), in particular for specific reception activities and individual interventions where necessary.

Situational factors with a potential impact on the nature or the realization of the adult's project

The following list of situational factors is the product of a process of reflection by the Centre's reception staff and a group composed of practitioners, education consultants and adult education researchers consulted for the research. Our purpose in doing this was to use their experience to test the content and issues relating to the factors.

These factors are presented out of consideration for the adults, and with a view to helping them based on who they are and what they have experienced, rather than as a means of labelling them or hindering their progress. A further goal is to take into account, consider and be aware of

the opportunities available. The personnel must listen to what the adults have to say, try to identify their needs, based on their own specific context, and then propose a differentiated intervention adjusted to each individual's needs, rather than simply imposing our own value system.

The list of factors is intended to enrich the reception staff's representations of the situations that may influence the adults' projects or the ability to complete those projects. In some cases, the factors illustrate the need for counselling, for example for adults who are not registered for training or those for whom a pre-admission interview seems to be essential in order to obtain support through interventions in the training units.

Combinations of factors—which are common in practice—and the relative weight of each factor in the adult's own personal history and situation, as well as the interaction with the inherent conditions of the adult's project, all require careful attention, in our opinion, during reception interventions. It should be noted that not all factors should be associated with adults who demand services.

The target populations in the *Plan of Action on Adult Education and Continuing Education and Training* were all considered when establishing the factors. They were seen by our personnel during the action research and received special attention.

The order in which the factors are presented in no way reflects priority or any kind of hierarchy, but is simply a product of how the different areas of the priority intervention needs exploration grid are presented.

Situational factors retained for the experiment

- an express demand by the adult to meet with a counsellor is often an indicator of need
- a poorly expressed initial demand or a project that appears to be unrealistic or difficult to achieve
- poor estimate of the resource investment required to achieve the project
- statement by the adult regarding a low level of motivation for the service demand or project, or both
- space given to the person accompanying the adult (if any), to answer the reception officer or provide clarifications, or verbal influence over the service demand or project, or both
- referral made by organizations based on certain employability deficits or other elements of the adult's personal, academic or career situation

- lack of academic or vocational information that might change the project and action plan, and that would require professional expertise
- evaluation and recognition of prior academic and practical learning as a major aspect that could potentially change the project and action plan
- projection of a very negative academic image, or long history of academic failure, or both
- clear apprehension regarding individualized teaching
- resistance or mental blocks, or both, concerning the Centre's admission procedures or its academic classification and review processes, or both
- false perception of the duration of adult education training paths, or a perception that adult education is easy and that good results can be obtained without too much effort
- low level of education
- several start-stop attempts at training with no real change in the objective conditions for success (short, medium and long-term goal, number of hours of attendance, full-time employment combined with full-time studies)
- expression of a problem in the adult's personal or career-related situation, or both, that may hinder the adult's ability to complete the project
- visible behavioural problems

Appendix 2: Intervention tools

Priority intervention needs exploration grid (counselling)

Purpose: To consider different areas needing to be explored when processing the adult's service request, training project, if any, and context. These areas will eventually be used by the first-line personnel to establish the need for an internal referral, and will serve as guidelines for the counselling session.

Priority Intervention Needs Exploration Grid

<div> <div>Project Description – Training or Not</div> <div> <div>Service Demand</div> <div>Outside Referral</div> </div> <div>Time Frame</div> </div>				
<ul style="list-style-type: none"> ▪ Demand for meeting with a counsellor ▪ Initial demand seems unrealistic or undefined, or both ▪ Underestimates personal resources vs. project ▪ Project seems unrealistic or unachievable ▪ Expresses low level of motivation and/or low level of commitment to the request and/or project ▪ Several attempts to start training 				
Evaluation and recognition of prior learning	Academic situation	Academic and career-related information	Career situation	Personal situation
(Academic and practical learning)	(Prior education; perception of the possibility of training and resulting demands)	(Level of knowledge about the proposed project)	(Career path, level of job training, experience, vocational learning)	(Mobility, availability, financial aspects, family and social situation, personal learning)
<ul style="list-style-type: none"> ▪ Needs evaluation or recognition or both, may change the project and action plan 	<ul style="list-style-type: none"> ▪ Negative academic image ▪ Apprehensive about individualized teaching ▪ Negative reaction to the Centre's admission procedures and practices ▪ Low level of education ▪ Inaccurate perception of adult education 	<ul style="list-style-type: none"> ▪ Lack of information that may change the project and action plan 	<ul style="list-style-type: none"> ▪ Verbal reference to a problem with the project 	<ul style="list-style-type: none"> ▪ Verbal reference to a problem with the project ▪ Observable behavioural problems

Note: This representation of the areas for exploration in no way reflects a priority order for processing of the service demand, except for: “Service demand, outside referral, project description and time frame”, which must be addressed first, and are considered as the triggers and foundations of the reception process.

Priority intervention needs (PIN) transmission sheet

Purpose: Used by first-line personnel to write and convey the information and observations that triggered the referral, and that may be useful to the professional personnel for future interventions (technical and instrumental feedback).

Use by first-line personnel:

- The sheet is completed when it is decided to refer the adult to a counsellor, after arranging a counselling interview and after the adult has left.
- The sheet is placed in the file created for the counsellor who will meet with the adult. The file is kept in a specific location, in accordance with the usual file processing rules and precautions.
- Clarifications may be made and other documents may be added (e.g. the file of an adult who has already attended the Centre, the report card, a liaison document from a partner organization, etc.).
- Feedback may be made before or after the interview with the counsellor.

Use by second-line personnel:

- Consider the file, the sheet and the documents provided.
- Feedback may be made before, during or after the interview with the support personnel concerned.
- After the intervention, the file and intervention tools are kept in the counsellor's office, in accordance with the usual file processing rules and precautions.

Sheet preparation criteria:

- Provide information and observations that may be useful or necessary in the counselling intervention.
- Briefly present elements that are or may become problems in the service demand, along with the adult's goals, project and context, and the reasons for the referral.
- As far as possible, identify the elements that triggered the service demand, based on the adult's own representations and using his or her own words: project, goal, objective, need, problem, constraint, obligation, etc.
- Focus on writing down the adult's own remarks concerning interpretations; should be descriptive rather than evaluative, and suggestive rather than affirmative.
- Write down reactions to the interventions or ongoing interventions, or both.

Model and transmission sheet: Priority intervention needs

The four sheets (following on from the model description) are intended to illustrate the type of information and observations that can be recorded. They also illustrate the utility and need for information and observations in the counselling intervention process. The reasons for making an internal referral, whether or not the adult is eventually admitted to the Centre, will be useful in guiding reception and referral service interventions in the Centre.



Transmission Sheet:
**PRIORITY INTERVENTION NEEDS
(PIN)**

SURNAME:	GIVEN NAME:
DATE OF BIRTH:	TELEPHONE NUMBER:
INTERVIEW:	GIVEN TO:
PREPARED BY:	DATE:
INITIAL STATEMENT OF SERVICE DEMAND	

INFORMATION AND OBSERVATIONS

PROJECT DESCRIPTION
OUTSIDE REFERRAL
TIME FRAME
EVALUATION AND RECOGNITION OF LEARNING
ACADEMIC SITUATION
ACADEMIC AND CAREER-RELATED INFORMATION
CAREER SITUATION
PERSONAL SITUATION

PRIORITY INTERVENTION NEEDS
ILLUSTRATION
FIRST CASE

INITIAL STATEMENT OF SERVICE DEMAND

Register for equivalency tests at the Centre, as one of his friends has done. Said his friend has the same level of education as him and passed all the tests.

INFORMATION AND OBSERVATIONS

PROJECT DESCRIPTION

To get his C.C.Q. card as an apprentice carpenter-joiner.

OUTSIDE REFERRAL

C.C.Q.

TIME FRAME

As quickly as possible; says his boss is putting pressure on him to get his card. Has a 3-month exemption card (that will expire in 3 weeks' time).

EVALUATION AND RECOGNITION OF LEARNING

Does not have his grade card, but will get it in time for the counselling interview.

ACADEMIC SITUATION

Thinks he passed Secondary I French, Math and English; said he had a lot of problems at school; said he is afraid of failing the tests.

ACADEMIC AND CAREER-RELATED INFORMATION

Only knows about secondary studies equivalency testing (SSET) as a means of achieving his goal.

CAREER SITUATION

His employer has guaranteed him a job if he gets his apprentice's card. Says he has already had a card and does not understand why he has to redo the whole process at his age (42 years old). Works in Greater Montréal, does not have much time available for an interview, even after work. Does not want to take time off work.

PERSONAL SITUATION

**PRIORITY INTERVENTION NEEDS
ILLUSTRATION
SECOND CASE**

INITIAL STATEMENT OF SERVICE DEMAND

Take MAT 436 courses to meet the requirements of the DCS X Techniques program.

INFORMATION AND OBSERVATIONS

PROJECT DESCRIPTION

Wants to register for this program next January, at the X CEGEP. Wants to enroll for three hours a week; says he can spend a further three hours a week working at home.

OUTSIDE REFERRAL

TIME FRAME

Thinks he can (easily) complete MAT 436 in the next six to seven weeks.

EVALUATION AND RECOGNITION OF LEARNING

Has the requirements for the SSD+ with MAT 416 & 514 (five years ago), report card attached.

ACADEMIC SITUATION

Registered at the Centre two years ago, short-term goal: same as this demand; dropped out after three weeks; said he did not understand why MAT 436 was necessary for the program; said he always found mathematics hard; could not manage MAT 436 in the youth sector because of his problems; now says if you want something badly enough, you can do it, and he thinks individualized teaching will help him. Thinks he will be revising the material.

ACADEMIC AND CAREER-RELATED INFORMATION

Knows how to apply for admission to SRAM, and knows about the deadline; has not checked, but is sure the program he wants is available at the above CEGEP in the winter term. Thinks he does not have much chance of being admitted because of his academic record, but ...; heard about the college program from his cousin who now works as a technician.

CAREER SITUATION

Works 40 hours a week, during the day; could lose his job in the next few weeks; says he does not have much leisure time.

PERSONAL SITUATION

Is thinking of quitting his job if he is accepted at the CEGEP.

**PRIORITY INTERVENTION NEEDS
ILLUSTRATION
THIRD CASE**

INITIAL STATEMENT OF SERVICE DEMAND

Register to obtain an SSD and then go on to a VSD. Hesitating between the carpentry-joinery program and the car mechanic program.

INFORMATION AND OBSERVATIONS

PROJECT DESCRIPTION

Says he has changed his career goals several times recently; says he finds it hard to make his mind up, and is feeling very stressed as a result. Thinks the most important thing in the short term is to get his SSD, then he can change jobs as quickly as possible, but does not know which field. "The SSD will open a lot of doors."

OUTSIDE REFERRAL

TIME FRAME

Says he does not have a specific time frame but hopes to get the SSD within a few months; says this may not be realistic, based on what he still needs. Is prepared to attend for 20 hours a week.

EVALUATION AND RECOGNITION OF LEARNING

ACADEMIC SITUATION

Attended for about three weeks on two separate occasions last year (same timetable choice as this time); says "third time is a charm." Reasons for dropping out in the past: lack of motivation—says he was too busy to train, and that he had problems at work—which are still there, but he has learned to live with them.

ACADEMIC AND CAREER-RELATED INFORMATION

Does not know the admission requirements for VSD programs, except for the SSD.

CAREER SITUATION

His work schedule will be changing in the coming weeks—he describes it as an "inventory rush."

PERSONAL SITUATION

**PRIORITY INTERVENTION NEEDS
ILLUSTRATION
FOURTH CASE**

INITIAL STATEMENT OF SERVICE DEMAND

Wants to meet a counsellor for an evaluation of prior learning.

PROJECT DESCRIPTION

Has a new job, one of the requirements for which was the SSD; he thinks he has it but "I might be missing a few Secondary V credits because I failed some courses."

OUTSIDE REFERRAL

TIME FRAME

Starts his job in two weeks' time.

EVALUATION AND RECOGNITION OF LEARNING

ACADEMIC SITUATION

Has not been to school for ten years, says he hopes he does not need training, even in the adult sector, because he feels he is too old (47).

ACADEMIC AND CAREER-RELATED INFORMATION

Wonders if his new employer would accept secondary school equivalency; does not think he should have to provide his diploma: "I've always worked without it."

CAREER SITUATION

Was laid off a month ago and has applied for employment insurance (being processed).

PERSONAL SITUATION

Adult's action plan

Purpose: Prepared during counselling interventions, based on the adult's decisions concerning the project, with a view to being applied in the short time by the adult, following the identification, exploration and evaluation of the adult's situation, prior learning, limitations and constraints. The plan sets out the steps to be taken and the observable actions to be performed in order to solve the problem and complete the project. It also describes the resources required, including any resource people such as the counsellor or other people inside or outside the Centre.

Note:

The action plan is based on the same criteria as the priority intervention needs exploration grid and the priority intervention needs transmission sheet, in order to:

- Contextualize the adult's request, project and situation using the same point of reference for all personnel
- Foster continuity and consistency of interventions by the various personnel members concerned, and for the adult
- Ensure a common understanding of the intervention tools and better ongoing use
- Achieve ongoing improvement of service delivery

Use by second-line personnel:

- The content and form of the action plan will vary from one person to the next, and the plan belongs to the adult.
- After the intervention, the counsellor keeps the file and intervention tools in his or her office, in compliance with the usual file processing rules and precautions.



MODEL ACTION PLAN

NAME:	DATE OF BIRTH:
TELEPHONE NUMBER:	OTHER TELEPHONE NUMBER:
PREPARED BY:	DATE:

INITIAL STATEMENT/Project
TIME FRAME
EVALUATION AND RECOGNITION OF LEARNING
ACADEMIC SITUATION
ACADEMIC AND CAREER-RELATED INFORMATION
CAREER SITUATION
PERSONAL SITUATION
INTERNAL/EXTERNAL REFERRAL

Appendix 3: Professional development activities for reception and referral service support personnel

Goals

- Improve the processing of service demands by introducing a new intervention model.
- Position themselves with regard to the changes generated by the introduction of a new intervention model.
- Explore the staff's everyday reference framework.

Objectives

- Clarify the objectives of the proposed intervention.
- Situate themselves with regard to the Centre's reception service practices and procedures.
- Situate themselves with regard to the characteristics and paths of adult service applicants.
- Situate themselves with regard to the roles, duties and intervention fields of reception personnel, based on the model's guidelines.
- Learn the model's methods and intervention tools.
- Consolidate their demand processing skills and their ability to decide whether or not to refer the applicant for pre-admission counselling based on the model's guidelines, among other things by considering the situational factors that may influence the adult's project or its achievement, and any follow-up to the intervention.

Context

- Improvement of the reception practices of an experienced staff working exclusively on reception and referral tasks (nearly 20 years of experience in similar or directly related positions)
- Involvement of support personnel in a process aimed at identifying certain characteristics of the adults requesting services, along with the situational factors that may influence the project or its achievement
- Responsibility for professional development entrusted to the steering team, composed of one member of the management team and the research officer, himself a reception and referral counsellor at the Centre, although he would not be involved in counselling when the intervention model was tested

- Application of the model and learning of the intervention tools after testing and validation of the model and tools to be used by everyone during the entire experimental period, without input from the steering team
- Limited duration of professional development and testing and validation of tools, to ensure that the experiment takes place in a real situation involving the problem identified by the research team

Approach

- Prior to professional development: Identify professional development needs, based on the goals of the process, and obtain suggestions for methods.
- The steering team identified the training process, content and methods, and consent from the personnel concerned.
- The professional development activity was based on the following three orientations:
 - use of active, inductive methods inspired by the participatory approach,^{*} encouraging participants performing the same duties to pool their knowledge and expertise, and consolidation of work teams involved in a given service delivery sequence
 - on-the-job training through the provision of support and supervision, in training conditions that allow for maximum transfer of learning relating to the skills required to process service requests in accordance with the model's orientations
 - reinvestment in real-life situations reported by participants during pre-experimental activities, to support the process of contextualization and generalization of learning

Content

- Review of objectives and determination of outcomes.
- Pooling of the Centre's administrative procedures, practices and rules for request processing.
- Paths and characteristics of adult service applications and situational factors to be considered when processing requests.
- Outlets for adults following first-line and second-line interventions, and academic and career-related information.

^{*} The theoretical references are presented in the report bibliography.

- Intervention model to be tested:
 - first-line interventions (initial processing of service demands): goals and objectives, roles given to personnel in the service delivery sequence, preferred guidelines for interventions, tasks, socio-professional skills to be consolidated when processing requests for service and for follow-up to interventions
 - second-line interventions (exploratory meeting with counselling personnel): goals and objectives, roles given to personnel in the service delivery sequence, preferred guidelines for interventions, tasks and follow-up
 - perception of changes generated by the introduction of the intervention model, and potential obstacles to its application in the institution in which it was tested
 - intervention tools: process and learning

Introduction of content

- Structured interviews for sharing of information on:
 - objectives and anticipated outcomes
 - administrative procedures and practices
 - characteristics of adult applicants and their paths, and the potential outcomes of interventions
 - introduction of model and intervention tools to be tested
 - perception of changes generated by the new methods

Note: The content may be reviewed throughout the training process.

- Start-up case studies:
 - allowing the personnel to evoke the kinds of situations encountered when processing demands for service
 - allowing the personnel to grasp and contextualize the information received during the training, to explore its possibilities and to understand its limitations
 - providing opportunities to explore the individual participants' reference frameworks by verbally processing some special service demands, identify constants and variables, and prepare a more general service request processing schema for testing (priority intervention needs exploration grid - counselling)
- On-the-job training situational reconstructions:
 - fostering integrated learning to help participants understand and practise using the priority intervention needs exploration grid for first-line interventions

- allowing for the acquisition of service demand processing skills, identifying and ranking referrals to second-line personnel based on the intervention model's guidelines, and preparing the priority intervention needs transmission sheet in order to provide counselling personnel with observations and information that will be useful in their interventions, based on the agreed process and criteria
- Feedback on specific situations and tasks during the pretesting phase:
 - allowing for reinvestment in real situations encountered when processing service demands, based on the exploration grid and when using the priority intervention needs transmission grid between the training activities
- Individual feedback between training activities, throughout the training process

Duration

Professional development took place over seven consecutive weeks, at a rate of three hours per activity.

