



scaling new heights in VET

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



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Practitioner Feedback, part 1



Evaluation



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Initial Feedback on the use of the Rickter Scale® from Practitioners within the Transfer of Innovation Project “Scaling New Heights in VET”



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Initial Feedback on the use of the Rickter Scale® from Practitioners within the Transfer of Innovation

Feedback collected during 06/02/2012 – 10/02/2012

At our first session together, we looked at the way forward with regard to the evaluation and quality standards and it was suggested that Nan and Karen visit each country with regard to familiarisation of client group, work pace, work practices etc. Alfons said this needs to be put in writing to the awarding board for approval.

Each person was asked to feedback on their use of the Rickter Scale® to date and to scale where they feel they currently are in using it, i.e. 10: you are very happy with your use of Rickter and 0: you are not happy at all. Currently everyone is using the Lifeboard to enable them to become used to the structure of Rickter interviewing and to help identify barriers toward progress for their client group.

What follows is a brief record of each person's thoughts (with their initial scaling shown in brackets):

Germany: Trainer A (8)

The service has a good atmosphere, good time allocation and enough young men to use it with. In the future they may select people to use Rickter with but at the moment are using it with everyone. 5 interviews have been completed and the clients were very comfortable in using the Rickter Scale®. These are young men who usually wouldn't talk very much, especially about emotions who got to the basic problem quite quickly. They felt it was good to have the board where they can see their lives and it was much easier and better than the normal system of conversation. More was covered i.e. one young man's relationship to his deceased father allowed it to be discussed on a better level.

Karen said this was a good representation of the use of the Rickter Scale® and capturing this work and she suggested a questionnaire be developed to capture previous work to allow a comparison and contrast.

Germany Trainer B (4)

There is a lack of opportunity to use the Rickter Scale® because their major role at the moment is signposting. However there were several interviews carried out, one with a young man looking for an apprenticeship and another with a female client around coaching. The third client had a lot of problems which were really deep and she got into a conversation around this. She looked upon using the Rickter Scale® as a positive experience on her initial interview but at the next interview thought that it had opened "old wounds". We discussed this and looked at the positive aspect of identifying ways forward, but we are not yet at a point where we can say if this was a positive or a negative experience and we need to take into account that the client was at a very low point in their life.

Nan pointed out that we need to make sure that the review process is understood and that a tailored overlay which is more in line with the job role is applied. The interviews were taking two hours and it was obvious that intervention was being dealt with at this point instead of self assessment and action planning.

Greece: Trainer C (8)

There had been two initial interviews using the Rickter Scale® completed, one lady from the Day Centre and one from the Group House. She had to remind them to keep their finger on the slider to keep connected to the board but she felt that overall the process helped to show them that their concentration level was good. Effie had a good working knowledge and background information of these clients in the long term so there was nothing new. Some of the clients were not realistic, about money for example. Some because of their mental health/learning disabilities are on a very limited budget which for health reasons cannot be expanded. Some clients are autistic. Some found the questions difficult to understand. It was felt that the Rickter Scale® would be beneficial with new patients to help get to know them. One lady it was used with identified a difficult relationship with her son but as a result of the interview telephoned him and improved communication, making her happy enabling an emotional reaction to be seen.

Nan suggested again easier worded questions which are more tailored to the job role and client group.

Greece: Trainer D (9)

Explained that due to her job role she did not have a lot of time with clients however she has done one interview and is waiting to review it. She thought the Rickter Scale® made it easier to connect with someone she didn't know. Overall she is still exploring how the Rickter Scale® works in the service.

Greece: Trainer E (7)

Her view at the moment is that the scale works better with more functional patients. She had interviewed one person whom she has known for two years and found that she was guiding him towards her goals rather than giving him the choice, under the onus of trying to motivate him. While there is recognition of influencing because of the levels of understanding she felt that it had been appropriate. She was interested in using it to get to know the second patient who was new to her and after the interview found out that what she had been told was unrealistic around friendships and relationships. The client had told her he wanted friends but she found he had friends and went out once a week to the theatre. It was an interesting out come with regard to the response and the level of familiarity and relationship you have with that person.

As a group we did discuss at some length the perception of friendship this person may have and their freedom of choice around relationships. We also looked at the challenges faced by the service on the different levels of understanding that their clients have because of mental health issues and learning disabilities.

Greece: Trainer F (8)

There have been two initial interviews completed on people that she has worked with for four years. She felt comfortable with the familiarity of these clients. The use of the Rickter Scale® helped to set new goals. There was no new information but felt

that with new patients it would be a useful way of getting to know them. She felt it was directive in selecting goals.

Greece: Trainer G (4 & 7)

There have been four initial interviews done with women aged 20-35 years old who are single parents. Time has been the main problem however you can capture a lot of information within the interview. It is a very powerful tool. Physically touching the board helps the client to see the situations and the words became actions. The younger women were curious as to how it works and after the interview was saying they now knew from which point to start. I noticed the reaction and a good result. It would be better to change some of the headings to look at more of their life around employment. All the women were positive every time using Rickter Scale® and we received a better quality of information. These were all new clients that we didn't know before the interviews took about 40-45 minutes.

Italy: Trainer H (6)

Three care workers were interviewed, one lives in their place of employment as a resident care worker who is on call for 24 hours, and one is employed for eight hours per day and the third person for less than eight hours per day. One person was interviewed and it took two hours, she told everything about her life stating, "I have told you things that I have never told anyone. Her scaling didn't match in Marianna's opinion as on relationships she had said she was very happy with her friends but when it came to happiness she said she was so sad because she did not have her family here. The second woman interviewed talked a lot about her husband. It was felt that the next woman interviewed lied because of the environment she was in i.e. Social Work Office and the connections she had with it around confidentiality.

Again as a group we discussed the length of time an interview should take and that although the client has ownership of the board, as the interviewer you are in control of where you let the interview go. I.e. there was no need for the life story as it wasn't relevant to what you are there to address in your job role. More tailored

questions are required but they do want to use the Lifeboard as well to discover barriers.

Italy: Trainer I (5)

This is a complicated period to do Rickter due to agency changes. Because of the contract that some workers have it is only possible to interview them in their free time on a Wed or Sun night. It is therefore difficult to motivate them to give up this limited time to come in and be interviewed. Serena has found this a bit stressful due to the availability of the clients. She feels confident and comfortable in using the Rickter Scale® now having practiced on her sister and flatmate which helped. There were some problems with the questions on the Life Board. She had interviewed a Care Worker who said she needed another job and Serena said she couldn't do that. Later the Social Worker would ask Serena if this person was happy in her job. What should she say? Does she disclose this information? They are currently looking at how the Rickter Scale® fits into the process of their service within their established reputation in Carpi.

Serena was advised to follow her services policy of confidentiality and disclosure. She could also make it a step on the person's action plan to ask her for guidance around sharing such information. Also the acceptance of not being able to change things is important for the client unless they make a choice was discussed after an example was given of a woman working in Italy who because of the immigration laws cannot have her daughter to live with her.

Italy: Trainer J (7)

Time here is an issue and the initial interviews were taking 2 hours. There was however some very interesting results. One lady who was interviewed said under relationships that she relied on her parents to mind her 4 year old son while she was working. Through using Rickter she decided to put her son into kindergarten and gain independence from her parents. The second lady interviewed said she was unhappy with her life at the moment as her daughter was attending a therapist and she didn't know if she was happy or not. She was shown her graph from the

interview which helped identify which areas to be worked on and her first steps; a review date is yet to be arranged.

Again the interview is not just about using the Rickter Scale® to assess and action plan but it is also being used for intervention and counselling. If as a result of doing the interview intervention/counselling is required it should be identified on the Action plan and a date arranged to do this separately from the Rickter Scale® Interview.

Italy: Trainer K (7)

There have been three interviews done, about 1 ½ hours to complete each one. There was difficulty with two women aged between 25–45 years in holding the board. The client's are happy to have the one to one attention. They didn't understand the influences question. There was very positive feedback after the interview and recognition of problems and solutions, although confidentiality can still be an issue for some.

From the feedback given and as an agreed part of the TOI we spent time agreeing common headings for everyone from the Lifeboard and also new headings which are more tailored to the work being done by each service.

A review interview was demonstrated and each person got to practice interviewing again to ensure that they were feeling comfortable, competent and confident in using the Rickter Scale®.

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