



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



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## Practitioner Feedback, part 2



Evaluation



Funded by



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

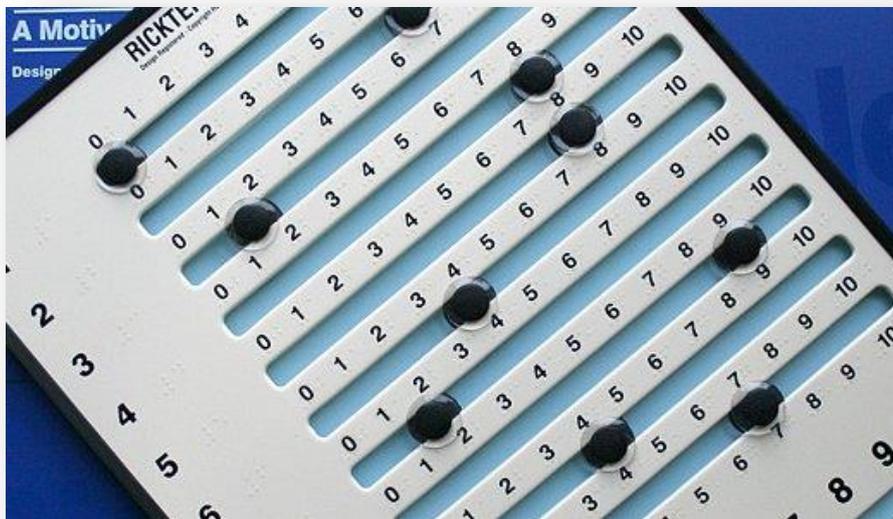


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## Feedback on the use of the Rickter Scale® from Practitioners within the Transfer of Innovation

ZIB in Germany is the lead partner in the Transfer of Innovation Project “Scaling New heights in VET” and along with the partners KMOP in Athens/Greece, ANS in Carpi/Italy and Rickter Company in Newcastle/UK the application and outcomes is surveyed where the Rickter Scale® is a completely new way of assessing. Our challenge is to see how the method is to adapt for different languages and cultures.

The Practitioners were trained in December 2011, and initially worked with the Lifeboard Frame of Reference and then during the Training Follow-up February 2012, The Rickter Company helped the partners to develop an Employability Frame of Reference that is designed to reflect the specific needs of each of the partners target groups, as well as the aims and objectives of each partner organisation involved in TOI.



The Rickter Scale® board

The feedback below has been given by the Practitioners on their experience of applying the Rickter Scale Process within the first twelve months of the TOI implementation.

## ZIB, Solingen/Germany and their use of Rickter

ZIB mainly works with job returners and people who are long term unemployed to raise employability skills and to get them into training or work. They run drop-in centres, workshops and courses that offer recognised qualifications. A lot of their input is with Women returning to work, lone parents and immigrants. While in Solingen in September 2012 we consulted with two members of staff to get feedback on how their use of the Rickter Scale® was going.

One Practitioner said she likes the Rickter Scale® very much and has been using it with lone parents to help them get into employment. She said, "One client realised that tackling one problem allowed everything else to be helped". Examples were given of using it in three different cases with the Employability Overlay which encouraged outcomes of one woman moving to another region, one realising she needed psychiatric help and one losing 20 kilos of weight when she tackled her problem of low self esteem.

One area that has been challenging is using the Frame of Reference questions with migrants. It was felt that perhaps because of cultural or language differences, that both headings and questions can sometimes prompt varied interpretations that reflect quite different cultural norms, mores and values. This showed up in particular where the individuals were from Turkey. The main headings they had problems with were Influences and Stress. There seemed no ownership of the concept of stress, particularly in the Moslem Turkish participants who said, "What will be, will be". It has been suggested that practitioners use, "How worried are you at this time in your life?" in future, as an alternative which could help to engage and offer up the same kind of information as was originally intended. Domestic violence has also been addressed through the use of Rickter, with one woman not ready to change her domestic situation but quite happy to work towards other smaller goals which were having a positive impact on her life.

Another member of staff has been working in the Key Shop, which offers advice to people who are long term unemployed. As this is a drop-in centre, she hasn't had the same opportunity to use the Rickter Scale®. However, she has identified some

interesting responses from the people she interviewed. One person whom she did some coaching with and then used Rickter to identify movement, found it very encouraging. One Turkish lady was interviewed in January and came back in May to do a review, as she felt it helped her plan her life. This staff member did say that one Turkish woman found it a bit invasive as she was only in the area for three months, but had identified that she had no friends, no family and very poor housing conditions. This lady was completely disengaged from her family. The Rickter Scale® Process had encouraged a discussion around choice and realistic expectations and goals in her life. There was also one woman who constantly changed her desired state, but this was thought to be a positive outcome as she became more aware of the choices she had. On the whole the Rickter Process is being used very positively in this new arena and practitioners are satisfied with the outcomes achieved following the second German translation. This took into account the cultural differences that are very much an important consideration when dealing with the target client group.

One of the outcomes was to look at the process of the Review again and there are perhaps some changes that ZIB Practitioners would like to have in the frame of reference, but they will wait to the New Year when the new staff have been trained and can give their input too.

## **KMOP, Athens/Greece and their use of Rickter**

KMOP are a service who works with people with mental health challenges and people with learning disabilities. KMOP supports them within Day Centre Activities, Group Homes and Independent Living. We had feedback from three Practitioners and the Manager on their use of the Rickter Scale®.

To date what has been identified is that people with severe mental health challenges/learning disabilities do not get as much from the interview as those who are higher functioning. These patients have been in their Group Home for over three years and are very well known to the Psychologist who works with them. The

Practitioners felt that the patients here were treating the use of the Rickter Scale® Process as a game and didn't have a particularly good understanding of its purpose. They thought that in some cases they were inclined to lead the patient. However, the advantage that the Practitioner saw from the patients was that someone was caring for them and for one person the positive outcome of using the Rickter Scale® was that they identified that they wanted to go out more often. This has since been arranged.

The Practitioners thought that for new patients who are high functioning, the Rickter Scale® is a very good way of engaging them and helping each patient better understand the present, past and future. One patient liked being encouraged to think in a solution focused way now and also liked the fact they got a printed copy of their Action Plan. The Practitioners say that there are limitations to choices that their client group can have because of their disabilities. However, another positive outcome through the use of Rickter is that one retired gentleman has now managed to access more of his money that his family had been withholding from him.

One Practitioner who works in a Day Centre for people who are higher functioning and in a good mental state, said she found it very interesting that while using the Rickter Scale®, by touching the board, the patient felt they were really sharing and taking part. It was very interesting for patients to see their aims and feel they had more opportunity to make choices for themselves. It also offered an opportunity for them to think deeper on some of the issues in their lives and take a new perspective. She felt the new tailored frame developed in February 2012 was more meaningful, and all the headings work well. We discussed the "Medication" heading, and it was thought that this offered the opportunity to positively recognise how medication affected their lives. In the past patients who had lived in large Psychiatric Hospitals had no choice or consultation over their medication, but in the Group Home they value being consulted and informed. The Practitioner thought the significance of the scaling feature of the Rickter Process was in the gathering of qualitative data, "In a short time we get more information." One area that was identified and discussed was a person on the Review Interview would not change their Baseline Scaling even though there had been an improvement. We talked about the fact that this is always

about the person's perspective and their readiness to move forward and change.

One Practitioner has not had the opportunity to use the Rickter Scale® because of her job role. However, she has used it with colleagues and friends and also for self-evaluation. She felt this was important to maintain her skill level. She is using the IMS recording system and felt it was easy to access and using it removed the need to travel to Group Homes that she had to do previously to gather information. She values the fact that the information is now on the IMS and is available when required. She felt the format of the recording sheets was very good and worked well.

The Manager thought the overall application of the Rickter Scale® within the service was very good. It offered the opportunity for helping the patients and for self development. She said, "This is perhaps the very first time they have felt any ownership, this is a real tool they can manipulate." She felt that sometimes as professionals the staff can hold an opinion of someone's situation, or what they are thinking, but the Rickter Scale® can show us that the patients have a totally different concept. This allows staff to work better with them and to help support and address their needs more accurately. She described one gentleman they work with whose family were manipulating him to give them money, but his concept was that they adored him. The manager said that in her opinion the Rickter Scale® has a very strong therapeutic impact. She identified the benefits for the service in using the Rickter Scale® process as a means of monitoring progress, developing targets and offering evidence of positive outcomes to funders.

A very inspirational visit to two of the Group Homes, meeting the residents and staff, offered up a greater understanding of the work being undertaken and the challenges that people face in Greece right now.

One further outcome of our discussion was that some of the areas of the IMS are still in English and require to be translated into Greek. The Rickter Company will also supply a Picture Accessibility Board when KMOP emails the pictures they require for the overlay.

## **ANS, Carpi/Italy and their use of Rickter**

ANS work with people who are immigrants to Italy and train them to become Carers for the Elderly, offering a recognised qualification in care work. We still intend to do a monitoring visit in 2013 but there was some Practitioner feedback at the meeting in Athens.

It has been identified that some of the Carers they have put into work use the interview with the Rickter Scale® to talk about their personal problems, which they find very useful. Because of the way the Carers work, it is difficult to find time to do Review Interviews. Some of them only have a half day a week off work and it is not always appropriate to ask them to give up this time.

One Practitioner identified a situation that focused around how Care Workers are paid, because in the Public Service, remuneration depends very much on supply and demand. A Carer who is in training thought by answering an 8 or 10 for their scaling around their skill level would enable them to get a job, and were not being completely honest.

Using the Rickter Scale® within the Care Courses showed that when 9 trainees had Review Interviews it evidenced that they had better recognition and awareness of their genuine skill levels.

Some people were interviewed in co-operation with the Employment Service but it was very difficult to make an Action Plan when time was so limited and the Practitioners are only seeing them once or twice.

In Sardinia, only Baseline Interviews have been completed so far.

There are cultural issues around the work being done with Eastern European clients who find it very difficult to scale a number under 5. The Practitioners recognise that this is not wrong but a reflection of the person's mind set.

There was some discussion around the headings of the Frame of Reference and how they were working. Under Relationships and it was felt that the current question was quite difficult for the clients to understand. It was suggested that perhaps it could be worded, "Thinking about the relationships in your life .....".

The heading Work/Life Balance doesn't apply well to those either already in employment or unemployed. The Practitioners would like it changed to, "Time for yourself" - the question being, "How happy are you about the amount of time you have to yourself?"

The Practitioners are to notify the Rickter Company of these amendments in an email and the questions will then be changed on the IMS and the paperwork.



Transferring data from the Rickter Scale® board into IMS

## Resumee

At this time the overall feeling is that the application of the Rickter Scale® Process in these countries is going well. There are some cultural issues that have been raised, and some that can be overcome by changing questions to apply clearer understanding. Although there is a huge diversity of client groups the Practitioners are very good in their practice of using the board within each of them.

After some discussion around constantly changing Desired Scaling the Review Process was revisited to help clarify the steps of the interview. All Practitioners are entering data into the IMS and reports are now being generated. However, there are

still some aspects of the Impact Management System that require additional work, especially around the translation of tabs, headings and navigational instructions. A Fault Report Form has been developed and sent out by email to each Practitioner to allow issues to be followed up quickly and precisely. The IMS will continue to be adapted and revised throughout the course of the project and will always be worked on to meet the needs of the partner organisations.

**Nan Wood**

Scaling New Heights in VET  
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