



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



## The Rickter Scale® Process



Evaluation



Funded by



An Introduction into the process and examination on differences to existing assessment and motivation techniques in use

- Introduction into the Rickter Scale® process
- Unique features of the process
- Differences to existing assessment and motivation techniques in use in Germany, Greece, Italy and United Kingdom



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## Introduction

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The Transfer of innovation project “Scaling New Heights” has brought education and training centers from four European countries together in order to adapt the Rickter Scale® Process to improve and monitor the journey of marginalised groups towards greater employability. The partners are well aware that there have been tremendous efforts in their countries in recent years to evaluate and assess non-formally and informally acquired skills of vulnerable groups in order to lead them to the labor market or opportunity readiness. Nonetheless, the partners are convinced that the Rickter Scale® Process has some unique features which fit better to the task than existing assessment and motivation techniques in use.

Thus, this study describes the process in more detail and examines the differences to existing tools in use in the participating countries Germany, Greece, Italy and United Kingdom.

# The Rickter Scale® Process

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## What is the Rickter Scale®?

The Rickter Scale® is a complete assessment and action planning process – developed by the Rickter Company in the UK, partner of the Scaling New Heights project, based around a hand-held interactive board, which is designed specifically to measure soft indicators and distance travelled.



The Rickter Scale® board and overlays

The tool provides the user with a point of focus and engages individuals very effectively, whilst encouraging them to take personal responsibility. The individual can explore possibilities, make informed choices and set a realistic action plan. Ultimately the Rickter Scale® demonstrates the genuine movement individuals make, for example, from a chaotic lifestyle to stability, from apathy and negativity to motivation and positivity, from limiting beliefs to having focus and direction in their lives.

## What are soft outcomes?

These are outcomes from training, support or guidance interventions such as increased confidence or better time management which, unlike hard outcomes such

as qualifications and jobs, are likely to describe an individual's journey rather than their destination.

By putting resources and energy into nurturing soft skill and soft indicators, a momentum is created, which will eventually reach a threshold or tipping point, when the softer outcomes will become hard outcomes. E.g. the development of employability skills will result in actual employment.

These softer measurements can provide evidence for funding and strategic management reports, and working in this way is generally considered good practice. Indeed the measurement of soft indicators and distance travelled is now embedded in the procurement criteria for many government contracts in the UK, especially those involved with education, training and employment. Additionally, they can improve the very process of working with individuals and raise the standard of service delivery, helping to pinpoint 'what works' and assisting in developing person-centred, strength-based practice.

## **The Rickter Company History**

The Rickter Company is the partner offering the innovation to be transferred from the UK to Germany, Greece and Italy. After the initial training period with the Lifeboard the Rickter Company develops a set of key indicators with each partner, a 'Frame of Reference' appropriate to each partner's clients and a set of cue questions designed to best achieve their aims and objectives. The Frames of Reference are also designed to reflect the specific vocational, cultural and language needs of all beneficiaries. The Rickter Company trains, supports and licenses all practitioners to using the Rickter Scale<sup>®</sup> Process and works with its own UK beneficiary group, the families and their communities where unemployment is affecting two or more generations. This builds on a Jobcentre Plus initiative, where the Rickter Scale<sup>®</sup> Process is already used with unemployed family members.

The Rickter Scale® Process came into being in 1993 as a response to the need for recognition to be given to clients, the majority of whom found themselves socially excluded, and those working with them, for their efforts in overcoming barriers to progress, and re-engaging with education, training and employment. The co-developers of the Rickter Scale® Process, Rick Hutchinson and Keith Stead worked together over the next few years to create a product that was fully functional, based on what worked, and was robust enough to eventually be produced commercially and be offered with a quality training and support package. The Rickter Company Ltd was formed in January 2001 and their main aim for setting up remains the same to this day. They believe the work that they do significantly counteracts the culture of labelling, blame and negative expectation. The company adopted the mission of 'awakening individuals to ownership, choice and responsibility'.

The mission implies a wish to awaken both individuals and groups to:

- new perspectives, perceptions and beginnings
- take opportunities
- connections to all things
- accept what is in the moment
- be who we really are
- accept the responsibility that comes when we make choices in our lives.

The Rickter Company Ltd would like to offer a way forward to individuals who for whatever reason are disadvantaged/vulnerable, to emerging businesses, to communities and those willing to embrace change and explore opportunity. They also want to offer vital resources to those professionals, authorities and organisations that will facilitate such regeneration, development and transformation. It is believed that the powerful Rickter Scale® Process will successfully improve the individual's journey towards opportunity readiness or employability, whilst providing significant evidence to practitioners and their organisations that will contribute significantly to improved Quality Assurance Systems.

## The Rickter Scale® Process

In 1993, the Rickter Scale® was specifically designed to help individuals overcome their barriers: barriers to their engagement with education, training or employment, and barriers to social inclusion.

Since then over 20,000 Practitioners, working in such diverse fields as Health and Wellbeing, Criminal Justice, Education and Training, Social Work, Careers Guidance and Human Resources, have been trained and licensed by The Rickter Company to use the Rickter Scale® Process with their students/clients/customers. We conservatively estimate that over 1.5 million Rickter Scale® Interviews have been conducted on a one-to-one basis. The geographic and demo-graphic spread of the Process is already well advanced, and we now want to ensure that our adaptations for use with the client groups of our partner organisations genuinely reflect the specific needs of those individuals, fulfil the aims and objectives of the organisations, whilst being culture-specific and linguistically accurate.



Anyone using the Rickter Scale® Process is offered the opportunity to engage with a seemingly very simple series of questions – a structured dialogue, in which they are enabled to identify key elements of their current circumstances, and pick up on skills and strategies that have worked for them in the past. Then by continuing to use different perceptual positions and very precise linguistic devices, they are encouraged to explore possibility in terms of their preferred future, make informed choices and take responsibility for their own goals and contribute to an action plan.



By attaching their own emotions to the experience of their chosen desired state – their goals, they create powerful motivational drivers. By using a multi-sensory approach, the Process appeals to any combination of preferred learning, retention and expression styles. By building their own profile against a set of highly relevant referents reflecting their current circumstances, they are naturally applying systems thinking, and in doing so are able to see the big picture, and acknowledge connections between any of those referents, e.g. their stress levels and work, money situation, poor relationships or use of drugs or alcohol.

The Process can be adapted to operate at all neurological levels (Dilts 1985), especially the higher levels of beliefs, values, identity and spirituality where change is likely to be generative, or indeed at the highest level – evolutionary.

We are also convinced by evidence from those individuals and groups who have used the Rickter Scale<sup>®</sup> Process, that not only have they been able to overcome specific barriers and challenges in their lives, but have moved on significantly. The use of Rickter for many has been a watershed, a catalyst, a means of sense-making in terms of their own lives and who they are.

## **The Rickter Company's Quality Assurance Measures**

The person responsible for our Quality Management System is Heather Bruce, The Rickter Company's Director of Business Administration. She is responsible for all internal audits, e.g. against the ISO 9001: 2008 Standard as well as all quality procedures involving feedback from our customer organisations, Associates/Trainers, Licensed Practitioners and others in our own supply chain.

We have held:

ISO 9001: 2008 – since 2004

Investor in People – since 2003

The Rickter Company Ltd has retained ISO Certification for the past eight years. In order to achieve this we implemented a documented Quality Management System that provides a framework for continual improvement and a range of procedures which form an integral part of our daily business activities. This ensures that as a Team we deliver a consistent and fully customer-focused service. Our QMS is an online system that can be kept updated so that not only our Associates/Trainers throughout the UK but also in Australia\* and New Zealand\*, for example, are assured of access to the very latest in policies, procedures and printable paperwork.

\*We registered The Rickter Company (Australasia) Pty Ltd in Sydney in 2003.

The system operates by identifying the processes involved in the delivery of our service and determining the sequence of operations and means by which these processes can be shown to be working correctly. Record and document control, along with biannual audits and regular monitoring and review of the system ensures sufficient resources are available, and that our procedures work at the highest level of efficiency and effectiveness.

The team is fully committed to the Quality Management System and, wherever relevant, processes encourage feedback from the customer which is then acted upon to ensure the system continues to evolve.

## Germany

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### The process of validation of non-formally or informally acquired competences in Germany

There is no formalized system of validation and certification of competences which are acquired in non-formal or informal ways in Germany yet. Nonetheless, there are many efforts and some current pilots which deal with the topic – some of them having achieved good results and having already reached a well recognized status with broad dissemination throughout the country<sup>1</sup>. The so-called “hamet”-package should be especially mentioned here. This was developed for students with special needs, for instance in schools for physically or mentally handicapped pupils.

Besides those tools mainly designed for specific target groups, there are particular assessment techniques which are well recognized for helping people on their way into the labour market and which are used in schools as well as in education and vocational training centres. These techniques commonly called “competence checks” or “capacity analysis” are described as an example, below before answering the question what the difference to the Rickter technique makes.

### Competence Check / Capacity Analysis

Inspired by the experiences with the “hamet”-package, an assessment system was developed which can be used for students in schools as well as in vocational training centres. Since there is no regular assessment of non-formally acquired skills in the formal school system – with the exception of assessing behavioural matters – young students need support to get a realistic view of their own competences and vocational possibilities. Thus, a formal competence analysis system offered by private companies was introduced into many state schools as well as in private education

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<sup>1</sup> cf. Integriertes Potential Assessment (ipass) – [www.awo.org](http://www.awo.org); DiaTrain (Diagnose und Trainingsprogramm) – [www.ausbildungsvorbereitung.de](http://www.ausbildungsvorbereitung.de); Melba und Ida – [www.melba.de](http://www.melba.de); hamet, Berufsbildungswerk Waiblingen – [www.hamet.de](http://www.hamet.de)

centres in order to provide their students with a deeper understanding of their own resources to strengthen their future vocational orientation.

In common use is a formal week-long assessment containing a series of tests, exercises and teamwork tasks – observed, supervised and evaluated by trainers and external experts. The results give students useful guidance about their skills – especially those that might be important for their vocational orientation. Vocational orientation and overall employability results if one knows:

- what he/she likes,
- what his/her competences are,
- what his/her talents are and
- what profession fits the best.

The capacity analysis consists of five sections:

- Exercises (single and group exercises)
- Tests
- Self-Assessment
- Interview
- Expertise/Report

Part 1, 3 and 4 concentrates on non-formal skills. During the exercises, teams of students are observed by experts while they work on various tasks. The main focus lies on skills like: to lead a group, to get organized, to handle conflicts or to convince others. Before the exercises start, the students are asked to assess their own skills. After the exercise is done, the same questions are asked again to see if changes have taken place and if the student had a realistic view. In the interview, the observer and the student discuss the findings and the steps necessary to be taken for their vocational future. Last but not least, all results – including a summary of the interview - are combined in a written report.

The **test section** contains tests in mathematics, German language and logical reasoning which has to be done by the student alone.



Women returners in the different stages of capacity analysis

The **exercise section** contains tasks which have to be solved in a group or individually like piecing together a 3D wooden puzzle, designing a poster, modelling a house according to a drawing and similar exercises.

## Difference to the Rickter Scale© Process

Comparing theses commonly used techniques in Germany with the Rickter Scale© Process one discovers at first sight that the client (or student or participant) is not involved in writing a test or answering questions at the computer, neither in doing exercises by himself/herself or in a group-work situation. What the client does with his/her Rickter Board is simply to answer questions by adjusting a slider according to the given parameter value from 1 to 10. Since these questions all concern one's own work life or personal life, the client has to give answers to himself/herself:

- At what stage am I at the moment?
- What stage do I want to achieve in the future?

Answering these questions genuinely enables the person to set goals to achieve and think about how to realize them.

Thus, the main difference in the assessment process seems to be the principle described as “**ownership**” which simply means that the client is the one who answers the questions and sets the goals to achieve for him/herself. This in fact seems to be the crucial point: most assessment techniques used in Germany focus on the advisor or counsellor who - based on the observations made in the different tests and exercises - guides the client and develops further steps to go. It seems that just the extent to which the client is included into the process of determining personal capacities and of goal setting differs between the common techniques in use. To let the client himself discover the strong and weak points and to let client be the one who sets the goals seem to be a radical change of paradigm.

## United Kingdom

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There are at present only two other assessment tools in use in the United Kingdom that do anything approaching the scope and flexibility of the Rickter Scale®. A close comparison between the Rickter Scale® Process and the two closest competitors who are also measuring soft indicators and distance travelled shows that no other process combines the same breadth of features nor the same level of effectiveness.

Assessment Tools in UK	The Rickter Scale	The Soul Record	The Outcome Star
Communication	✓	✓	✓
Client Choice & Ownership	✓		
Managing Feelings	✓	✓	✓
Planning/Problem Solving	✓	✓	
Learning Experience	✓		
Recording & Reporting	✓	✓	✓
Management System	✓		
Hand Held Tool	✓		
Service Support	✓		
Training	✓	✓	
Motivational Drivers	✓		

Following there is a brief description of the above mentioned tools which illustrates the unique features the Rickter Scale® Process has to offer.

### The Rickter Scale®

#### *Description of the tool*

The Rickter Scale® is an A4 size hand-held board with ten headings down the left hand side and a magnetic slider for each heading. This slider can be moved along a scale of 0 to 10, enabling the user to scale how they feel about each topic. The Rickter Scale® Board provides the user with a point of focus and through its multi-sensory design, effectively engages individual users, whilst encouraging them to see the bigger picture and take responsibility for their own future. It removes the focus

of the session from the interviewer, thus helping to break down barriers and build rapport more quickly.

We have adapted the Rickter Scale® to work across any arena, so whether an organisation works with individuals who have disabilities, the long-term unemployed, anyone considering an important transition in their lives, or perhaps a family facing multiple issues, the process used remains consistent.

Adaptation of the topics explored will however always be tailored to reflect the specific needs of the end user as well as the aims of the organisation.

No other tool on the market either in the UK or even world wide offers such a diverse range of features or benefits – benefits that accrue not only to the individual service user, but also to the practitioner working with them and the organisation itself.

### ***Benefits***

- Provides evidence for funders/stakeholders
- Easy to use and understand
- Non-threatening and non-judgemental
- Instantly engages the individual
- Overcomes communication barriers
- Builds on what works for the individual
- Allows the exploration of possibility
- Motivates the individual to take ownership
- Creates greater self-awareness
- Flexible tool for use with different client groups
- Produces a reliable and comprehensive profile
- Enables immediate action planning
- Offers standardisation

Each client is registered on the online Rickter Impact Management System (IMS) under their service and the Scaling, Action Plan and Evidence from their interviews are recorded there. The IMS then enables the aggregation, analysis and generation of either individual reports e.g. percentage movement towards their goals, and the measurement of soft outcomes, or reports across different client groups, projects or



programmes. These aggregated reports for multiple clients from multiple work-sites mean that different groups of service users can be tracked as well as trends and patterns identified that might occur locally, regionally or trans-nationally.

For comparison here are the descriptions of our two main competitors

## **The Soul Record**

### ***Development process***

The SOUL Record was developed by a group of voluntary organizations in Norfolk, headed by Norwich and Norfolk Voluntary Services. In response to an identified need to measure soft outcomes of informal learning, this group took the initiative to create a research project with The Research Centre, City College, Norwich.

### ***Description of the tool***

The SOUL Record is available on a CD and consists mainly of:

- an overall outcome measurement questionnaire
- a number of worksheets on developing particular areas (e.g. self esteem)
- an Observing Soft Outcomes observation sheet

The overall 'getting to know you' questionnaires are designed to be completed by the client at the start of informal training, at a mid-way point and again at the end, giving a series of three scores for each client and measure of distance travelled. The adult version of this questionnaire contains 21 statements and the child version 20 statements, each with a scale of six options for the clients to choose according to how strongly they agree or disagree with the statement. Each of the six options is assigned a numerical value from 1-6 and it is these scores which are entered onto the spreadsheet and give rise to results and analysis. This includes tables of average scores against each statement and graphs (bar charts) showing distance travelled through average scores for each of the three outcomes area (five for children) at the start, mid-point and end.

The worksheets also include a very simple scoring system; they contain a number of statements and clients are asked to tick all those which apply to them, and also write down examples of how they have changed since they last looked at the area covered by the worksheet. Each statement and each example given score one point, so distance travelled in specific areas worked on can also be recorded and evidenced through the worksheets. The observation sheets have the same format and scoring system, but are completed by workers or volunteers about the client, based on their observation and experience.

## **The Outcome Star**

### ***Development Process***

Triangle Consulting developed the St Mungos Star in 2003 to measure outcomes across all St Mungo's services. St Mungo's wanted a tool that would enable them to measure outcomes across all its projects. The St Mungo's Star consists of seven ten point scales with descriptions of each point on the scale to help workers determine where to place service users on each outcome area, and a simple Star graphic. The St Mungos Star was purely a tool for measuring outcomes but work over the next two years with other homelessness organisations including Single Homeless Project, the Passage Day Centre and Thames Reach showed that the star concept had potential as a key work tool. In 2008-2009, Triangle Consulting worked in collaboration with other organisations to develop new versions of the Star for children and young people with drug and alcohol problems, for vulnerable people trying to get back to work and for older people. In addition Homeless Link launched the Outcomes Star™ System – an online version of the Homelessness Star and new adaptations were made in the mental health sector.

### ***Description of the tool***

An Outcomes Star™ reading is taken by the worker and service user at or near the beginning of their time with the project. Using the ladders or other scale descriptions, they identify together where on their ladder of change the service user is for each outcome area. Each step on the ladder is associated with a numerical

score so at the end of the process the scores can be plotted onto the service user's Star. The process is then repeated at regular intervals (every three, six or 12 months depending on the project) to track progress. The data can be used to track the progress of an individual service user, or to measure the outcomes achieved by a whole project.

### **The process of validation of non-formally or informally acquired competences in Italy**

The issue of validation of competences in Italy has been faced, so far, in a not-homogeneous way. In fact, while in 2006 the Government approved a national law framework for the validation of formally and not formally acquired competences, the decision to ascribe to Regions and Provinces the responsibility to implement the system autonomously, according to local laws and regulations, turned out in a random development, with significant differences among territories. Some have only carried on pilot testing in the framework of specific projects, other have developed a regulation but have not implemented it, while a third group (Emilia Romagna, Piemonte, Lombardia, Valle d'Aosta, Umbria and Toscana) has also practically implemented the validation system.

Nevertheless, while some tools for validation of formally acquired skills are now more or less disseminated nation-wide, the issue of validation of informally acquired competences still needs to be explored, together with the specificities related to a target of disadvantaged people.

Also, it should be noted that even the most advanced systems in use, are aimed to acquire a specific qualification (registered in the list of Regional Qualifications) and cannot be applied to a more general personal development path.

### **Methods in use – validation of professional skills**

All the methods in use at Regional level in Italy are based on two pillars:

- collection of evidences
- final exam

- 'Evidence' is anything that can prove the possession of a skill: it could be the result of a test, the outcomes of an internship period, but also a manufactured product reflecting the skills being validated.

Evidence is a pre-requisite, since it is used to judge if the candidate has a sufficient level of skills to achieve the desired qualification. All the processes also require a final exam, to be held in front of a Commission, in order to obtain the final certification.

## Methods in use – validation of soft skills and motivational tools

In the field of validation of soft skills and motivational processes, since they are not regulated by law, there is a greater variety of methods in use. Some of the most common are:

- The **motivational interview** is a semi-directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. This is a rather widespread method, especially in the field of addictions and in the promotion of healthy lifestyles. Recently it has also been introduced as a tool for social workers that are specifically trained to use it, but the interview is not supported by any specific instrument. The Italian Association of Motivational Interview Trainers has developed a number of questionnaires validated for different kind of addictions (drugs, alcohol, tobacco etc.). These questionnaires are basically a list of statements to which the user should declare his agreement using a Likert Scale.
- Concerning emotional intelligence in Italy, there is a branch of the Six Seconds Network, that has developed some tools aimed to measure E.I. and Emotional Performance. The focus is the measurement of key competences of E.I. that have an impact on outcomes such as: influence, decision making capacity, relational efficacy, personal efficacy, general health and quality of life. A version for children is also available.

- Concerning the validation of soft skills, there are several approaches in use, including case histories, multiple choice questions, questionnaires, statements to agree or disagree with according to a Likert scale.
- The method adopted by ANS is that of case histories, which are used when validating informally acquired skills of migrant care workers, focusing on a range of soft skills considered specifically relevant for this professional profile.



Validation session of domestic care workers – ANS - Italy

## **Difference to the Rickter Scale® Process**

Comparing the methods in use in Italy with the Rickter Scale, first of all we found no evidence of tools in use aimed to measure distance travelled and to monitor progress in personal development. This can be particularly relevant when working with disadvantaged groups, where training is often not an end in itself, but a way to achieve social inclusion and self-esteem.

Also, a major difference is certainly the focus on the user, who sets the goals they want to achieve and assess whether they have been achieved or not. Again, this is an important opportunity for the empowerment of the user, which is normally one of ANS's goals when dealing with such a vulnerable targets group.

Finally, an important difference is the applicability to a large variety of target groups and to basically all kinds of development path, no matter if aimed at acquiring a specific qualification or not.

## Greece

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### Evaluation forms used in the Group Houses and the Day Care Centre of KMOP

In Greece, there are several rated tools applied for people with mental disorders; however, Family and Child Care Center (KMOP) uses specific clinically-rated tools and scales in order to evaluate symptoms of mental illness and cognitive impairment (both in group houses and day care centre). The main tools that are being used by the medical or paramedical staff are as follows:

#### Rating and validating tools widely used

**Brief Psychiatric Rating Scale (BPRS):** A rating scale which the psychologist or psychiatrist use to measure psychiatric symptoms such as depression, anxiety, hallucinations and unusual behaviour. Each symptom is rated 1-7 and a total of 18-24 symptoms are scored. The items are somatic concern, anxiety, depression, suicidality, guilt, hostility, elated mood, grandiosity, suspiciousness, hallucinations, unusual thought content, bizarre behaviour, self-neglect, disorientation, conceptual disorganisation, blunted affect, emotional withdrawal, motor retardation, tension, uncooperativeness, excitement, distractibility, motor hyperactivity, mannerisms and posturing. The scale is usually applied every 6 months and is used to check if the severity of symptoms has improved or not.

**Comments:** The BPRS is designed for use by clinicians experienced in the evaluation and treatment of psychotic disorders. The BPRS is successfully used to evaluate both inpatients and outpatients. It is less useful for patients with low levels of psychopathology (e.g., adjustment disorders). The specific tool is used by the psychologists of KMOP's Group Houses.



**Mini–Mental State Examination (MMSE):** This is a brief 30-point questionnaire test that is used to screen for cognitive impairment. It briefly measures orientation to time and place, immediate recall, short-term verbal memory, calculation, language, and construct ability. It is also used to estimate the severity of cognitive impairment at a specific time and to follow the course of cognitive changes in an individual over time, thus making it an effective way to document an individual's response to treatment. The form is applied every 6-12 months.

**Comments:** The Mini-Mental State Examination (MMSE) is a widely used, well-validated screening tool for cognitive impairment. It is also a commonly used test of cognitive function among the elderly. It includes tests of orientation, attention, memory, language and visual-spatial skills. KMOP's staff uses it mainly with elderly people who live in the Group Houses.

### **KMOP's assessment and validation tools for people with mental disorders and disabled people**

For KMOP's professionals the assessment of not only the psychiatric symptoms but also of all those factors that affects the client's life is highly important. Therefore, other evaluation forms are in use as follows:

**Basic Abilities and Strengths Checklist (BASC):** This is a checklist to evaluate basic independent living skills, finance and time management skills, literacy, basic psychosocial strengths, as well as job seeking and readiness. This checklist is used by the multidisciplinary team that may include specialists from fields such as occupational therapy, psychology or social work.

**Comments:** Especially for the clients of the day care centre who have moderate mental disorders, the BASC can be part of a general process of vocational assessment, which is conducted by specialists with the use of other methods such as interviewing, history taking (social, psychological, medical, educational, previous working experience) and observation. Its purpose is to help to identify in a summarized yet comprehensive way the individual's interests, abilities, skills,

vocational strengths, needs and career potential, in order for the specialists to adapt to the needs of the individual and work with him/her more effectively.

**Key Competences Checklist (KCC):** The KCC is used in three phases through the general process of the vocational assessment for mentally disabled adults who live outside hospital - at the beginning of the care process, in the middle and at the end. Its purpose is to help the specialists (social workers, psychologists, occupational therapists etc) to identify if the person has all those abilities needed for a successful life in knowledge society. All the categories in the checklist are considered equally important.

**Comments:** KMOP's staff has drafted the aforementioned tool in accordance with the EU Reference Framework for the key competences acquired for personal fulfillment, active citizenship, social cohesion and employability.



Clients of the Group Houses in the Assessmentprocess at KMOP/Greece

**Work Behavior Checklist (WBC):** Within the evaluation of professional competences acquired in training on the job projects (or job insertion programmes) KMOP's specialists are using the WBC tool. The specific checklist is used after placing mentally ill or disabled people in an actual work situation or in an educational programme. This checklist is carried out by an occupational therapist, a psychologist or a social worker and sometimes – if it is possible, by an employer or the supervisor.

**Comments:** After placing the trainee in a real job, a specialist from KMOP's multidisciplinary team (or the employer) visits the workplace and observes the behavior of the individual. In cooperation with the employer or the supervisor the

supervisor tries to gather the necessary information. Areas such as social skills, concentration, behavior, personal hygiene and the adjustment in the workplace are recorded and through this list, meaningful conclusions on the evolution and the working future of the trainee are conducted.

The list is completed at regular intervals, depending on the contract signed by each trainee. E.g. when the trainee works for 12 months, the Checklist is completed the 1<sup>st</sup> month, the 3<sup>rd</sup>, the 6<sup>th</sup>, the 9<sup>th</sup> and the 12<sup>th</sup>.

### **“Scaling New Heights in VET” project’s tool**

**Rickter Scale tool and process:** The Rickter Scale<sup>®</sup> tool is an innovative hands-on assessment and evaluation tool that allows both trainers and trainees, but mainly the trainees themselves, to better understand their present circumstances, to identify priority areas for support or intervention, to recognise strategies that have worked for them previously and to explore future possibilities.

**Comments:** The Rickter Scale<sup>®</sup> process is a unique process that combines the direct involvement of the individual to the process with the assistance of the trainer. It makes use of the positive side of the Socratic method, the so-called obstetrics or art of intellectual midwifery, that through simple, common questions about accommodation, employment status, health, etc, which the trainer sets, help the individuals to bring forth thoughts, feelings and problems rather than the trainer produce them by himself/ herself. Additionally, the Rickter Scale<sup>®</sup> process helps the individual to create a new way of thinking about his/her present state and how to overcome the specific difficulties through his/hers owns actions or with the assistance of the trainer. Taking a step further and having in mind that the individual uses the board, we can strongly support the fact that the Rickter Scale<sup>®</sup> literally shows the individual not only his/her present state, but also his desired state and the distance he/she must “travel” by being active and not passive to his/ her problems. Consequently, the Rickter Scale<sup>®</sup> process encourages, motivates and supports the individual.

## Advantages and Disadvantages of the rating and validating tools widely used

**BPRS:** *Advantages* The BPRS is a widely used tool and has been evaluated as one of the very best rating scales. It was created to provide rapid assessments of psychopathology for inpatient populations. It provides great consistency across patients and diagnoses. It has a high clinical utility as it is available at no cost and very sensitive to change.

**MMSE:** *Advantages:* There are two primary uses of the MMSE: firstly, it is a widely used, validated, and reliable method of screening for Alzheimer's disease and second it is a means of following the course of cognitive changes in an individual over time. This way a person's response to treatment may be documented and this can help in guiding future treatment. Typically, an Alzheimer's patient's MMSE score declines by 3-4 points per year without treatment. Moreover, the MMSE has been translated into many languages and has even been adapted for use by visually-impaired persons.

*Disadvantages:* It includes the need to adjust scores for age, education and ethnicity, as well as presenting potential copyright issues.

### **Differences of using Rickter Scale process compared to other assessment tools in Greece**

<b>CONTENT</b>	<b>RICKTER SCALE PROCESS</b>	<b>CLINICAL-RATED TOOLS AND SCALES (BPRS, MMSE)</b>	<b>KMOP'S ASSESSMENT AND VALIDATION TOOLS (BASC, KCC, WBC)</b>
<u>Training session</u> Interviewer's training	The practitioner must undertake a specific training session. At the end of the training, s/he is licensed by the Rickter Company only if s/he successfully conclude his/ hers training sessions.	The professional licence of psychologists, psychiatrists, social workers, etc validate that they can use clinical rated tools.	Interviewers are been supervised periodically.
<u>Intellectual Property</u>	It is under copyright protection, guaranteeing the quality of the tool	It has no copyright issues	It has no copyright issues
<u>Application</u> To whom is the tool applied?	The Rickter Scale process can be applied to all people from different educational, socio-economical background, age etc.	BPRS is applied to people with psychotic disorders, MMSE is applied to people with Alzheimer and dementia disorders.	The specific tools applied to people with light disorders and disabled people.
<u>Involvement</u> Who is involved directly?	The Rickter Scale process combines the direct involvement of the individual in the process with the assistance of the trainer.	The scores are being entered in by the interviewer.	The scores are being entered in by the interviewer.
<u>Conclusions</u> Who can records the conclusions and decide for necessary actions?	The Rickter Scale process helps the individual to develop a new way of thinking about his present state and how to overcome the specific difficulties through his/hers owns actions or with the assistance of the trainer,	Conclusions and comments are recorded and produced only by the interviewer	Conclusions and comments are recorded and produced only by the interviewer
<u>Trainer/ practitioner</u> Who can take the interview?	It can be used by anyone of KMOP's staff who will receive the specific training. That means that the Rickter Scale does not only apply to specialists such as psychologists, psychiatrists, etc, but also to staff with several specialties e.g as ergotherapists,	It is used only by medical or paramedical staff ex. psychologists, nurses, etc	It can be used by psychologists and social workers

<u>Scaling</u> Who does the scaling?	The individual by himself/ herself scales his present state and sets the goals by indicating the desired grade that s/he wants to achieve	The present state is scaled by the medical or paramedical staff	The present state is scaled by the interviewer
<u>Results</u> How the results are been recorder?	The results are recorded through interviewing and conversation between the individual and the interviewer and not through the observation or interpretation of the practitioner.	The results are recorded through: BPRS: observation MMSE: interviewing, observation	The results are recorded through: BASC: interviewing, history taking and observation, KCC: interviewing, observation, WBC: observation.
<u>Score</u> Feelings of the individual	There is no final score, positive or negative, so there are no right or wrong answers. This difference helps the individual to open up, not feel anxious or hesitation about his/ her answers,	The individual may feel that he is going through an evaluation test. He may make him feel uncomfortable.	The individual may feel that he is going through an evaluation test. He may make him feel uncomfortable.
<u>Focus</u>	The board by itself attracts the attention of the individual and helps him/ her focus more easily on the process,	By questioning the individual, his/ her attention may be distracted easily.	By questioning the individual, his/ her attention may be distracted easily.
<u>Archive</u> How easy is to archive and monitor the individual's process?	The on-line IMS system provides significant assistance to the detailed record of the results. It also archives the whole progress of the interviewer so as to be easy for the practitioner to recover the file of each individual accompanied with graphics that helps both practitioner and individual to realize, compare and understand the interviewee's progress and/or any fluctuations. Moreover, the IMS system is accessible at any time and from everywhere that has internet access, demands little time for recording and secures the files for the access of appropriate designated staff only.	Hard copy must be filed	Hard copy must be filed