DH Department of Health

Mental Health Policy Implementation Guide

Support, Time and Recovery (STR) Workers

Learning from the national implementation programme

Final Handbook

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Learning from the national implementation programme

December 2007

National Institute for Mental Health in England
National Workforce Programme

'As STR workers, we have a direct focus on the needs of the service user, being flexible in providing the **S**upport service users need by giving them **T**ime and thus promoting **R**ecovery.

'Having been a service user myself and now employed in the role of STR worker, the two words that I felt were the most important part on the journey towards my **recovery** are **support** and **time**. These two words alone empowered me to manage my life in a manner that allowed me to achieve a meaningful and a positive sense of belonging within the community.

'"Support, time and recovery" is about rekindling hope – seeing people and people seeing themselves as being capable of recovery and believing that they deserve it; having the time to meet the individual needs of the service user and pay attention to and respect their wishes and aspirations, helping them to lead as ordinary lives as possible, in whatever setting they find themselves, to facilitate their recovery.

'During my time as an STR worker, I have found that it can potentially be very stressful, lonely and even scary at times – but it need not be; remember STR workers are part of a team. Communication and teamwork promote effective STR working.'

STR WORKER
NORFOLK

'My STR worker helps me sort out my bills such as my telephone bill. She talks to me and explains things to me that I don't understand. She attends meetings about my granddaughter with me, where she supports me and tells me what the meeting is about and the decisions being made. I see her as a good friend who listens well and she helps me keep my house clean. I am able to stick to a routine with the help of my STR worker. Her help is invaluable.'

SERVICE USER

'The introduction of STR workers in Havering has brought about a positive and dynamic change to the lives of individuals recovering from an episode of mental illness. The remit and focus of an STR worker is to provide support, give time to the service user, and thus promote their recovery. Clearly, such a model can be distinguished from care workers, by means of a clear focus on the needs of the individual, promoting independence; underpinned by anti-oppressive values and skills. The clear focus on therapy and a commitment to undertake continuing personal development, has highlighted the calibre of an STR worker compared to other roles.

'In Havering, STRs have proven that the "recovery model" works with an unstinting commitment and belief that individuals can recover. The future's bright – the future's STR!'

NICK CHISNALL
PROVIDER SERVICES MANAGER
LONDON BOROUGH OF HAVERING

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Foreword

Speak to service users, their carers, support, time and recovery (STR) workers themselves and front-line managers and they will tell you that the introduction of STR workers into the mental health workforce has been a great success. This is because STR workers are clearly meeting the need and expectations of service users. You only have to read the quotes on page ii of this handbook to get a sense of what a difference the role has made. This positive view is supported by the evaluation of initial STR pilot sites and by the evaluation conducted by Cornwall Partnership NHS Trust. Working with the Department of Health (DH), a national evaluation of the role has been commissioned by the National Institute for Mental Health in England (NIMHE) National Workforce Programme (NWP), which is scheduled to report in December 2008, and the expectation is that it will confirm the strong anecdotal evidence already available.

This very positive message is really important at a local level, particularly for service users. At the national level, this means that the twin national policy objectives of helping to personalise services based on the needs of service users by introducing the STR role and expanding the mental health workforce at assistant practitioner level, have also been met. On a purely numerical basis, the national target of having 3,000 STR workers by December 2006 has been achieved, which is a significant accomplishment as the programme had no central funding for implementation of the posts. And the added bonus is that less than 1% of STR workers have been recorded as leaving, which is an excellent retention rate. The credit for all this goes not only to the hard work put in by the Changing Workforce Programme (CWP) team but also to the various employing organisations that have recognised the value of the unique role of the STR worker. They have developed creative ways of changing current roles or adding new roles into mental health services and ensuring fidelity to the concept. Many networks are being sustained through the commitment of local committees and employers.

All practitioners have the desire to meet the needs of service users as one of their core values, but never before has a role that specifically addresses this issue been created in mental health. So it has been a unique experience and one that has proved its worth.

Furthermore, the STR worker role has provided employment for a significant number of current or former service users, thus helping to reduce their social exclusion and promote their own recovery.

This handbook clarifies and updates 2003 guidance, which still remains in force, in the light of experience and provides an additional set of resources to sustain the STR worker role into the mental health workforce for the medium and long term.

We anticipate, as New Ways of Working becomes more firmly implemented across trusts and as teams take up the Creating Capable Teams Approach, that the role of the STR worker will be sustained within the overall workforce reform process.

Roslyn Hope
Director
National Institute for Mental Health in England National Workforce Programme
(Part of the Care Services Improvement Partnership)

Introduction

1.1　This handbook has been produced in support of the existing Department of Health (DH) support, time and recovery (STR) worker policy implementation guide[1] and updates the resource pack that was produced to support the STR worker national Accelerated Development Programme (ADP).

1.2　The aim of the handbook is not only to report on the successful progress in implementing the STR role but also to expand upon the 2003 guidance in the light of experience and new developments.

1　DH (2003) *Mental Health Policy Implementation Guide: Support, Time and Recovery (STR) Workers.* London: DH.

Background

2.1   In 2001, the Workforce Action Team set up to look at the workforce issues of the National Service Framework for Mental Health produced its final report. As part of its remit to look at the non-professionally affiliated workforce, it recommended the introduction of a new type of worker, the support, time and recovery (STR) worker, whose specific remit is to **S**upport service users, spend **T**ime with them and thus work with them towards **R**ecovery.

2.2   The STR worker national Accelerated Development Programme (ADP), initially part of the NHS Modernisation Agency Changing Workforce Programme (CWP) and later hosted by the National Institute for Mental Health in England (NIMHE), which is now part of the Care Services Improvement Partnership (CSIP), commenced in early 2002 and finished in March 2007.

2.3   The main aim of the programme was to assist health and social care organisations, including voluntary sector organisations, to implement the role of the STR worker. This was a new role for non-professionally affiliated mental health staff which aimed to have 3,000 STR workers in place by December 2006.

2.4   Components of the programme included:

- an initial set of six pilot sites[2] (2002 to 2003);

- the ADP with 71 partnership teams[3] (November 2003 to December 2006);

- pump-priming sites to intensively focus on STR workers in new settings (April 2006 to March 2007);

- role development support, particularly education and training (E&T) initiatives such as the recovery training module;

- development of good practice models around organisational development and working across health and social care traditional boundaries;

- support and guidance for organisations that chose not to join the ADP; and

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2   Huxley, P et al. (2006) *No Recovery without Time and Support. Evaluation of the introduction of Support, Time and Recovery workers in three pilot sites*. London: NHS; NIMHE; SCWRU, King's College London; CSIP.

3   Successful applications to be part of the ADP were comprised of teams with partners from the NHS, social care and voluntary sector working with staff, managers, professional groups, service users, carers and trade unions.

- development of guidance and good practice around attracting people who would not normally have considered careers in health and social care or felt unable to successfully apply for posts. These may include, for example, people who are long-term unemployed, service users, carers, single parents or people from black and minority ethnic (BME) communities.

Who is the handbook for?

3.1   This handbook is for people and organisations in health and social care, including the voluntary sector, who have responsibility for or are involved in the implementation of STR workers. These include:

- commissioners, managers, human resources personnel, modernisation leads, team leaders and service managers in:

    – primary care trusts (PCTs);

    – NHS trusts;

    – local authorities;

    – voluntary sector organisations;

- Local Implementation Teams;

- strategic health authority (SHA) workforce leads;

- CSIP workforce leads; and

- trade unions and staff-side organisations.

Quantitative data

How many STR workers are in post?

4.1   The following figures have been collated from the December 2006 ADP reports; the January 2007 pump-priming site reports; organisations outside the ADP that have been supported by the programme (associate sites); and organisations that have not been part of the national programme. It is likely that there are more STR workers in place than actually shown as not all organisations have supplied data.

STR workers in post through the ADP	1,998
STR workers in post through ADP associate sites	188
STR workers in organisations outside the national programme	97
STR workers currently in recruitment (e.g. awaiting Criminal Records Bureau clearance etc)	170
Funded STR worker posts due to start shortly (e.g. awaiting a service reconfiguration)	635
STR workers in pump-priming sites	15
Total	**3,103**

4.2   These figures are:

- head counts[4]

- STR workers working with people across all ages; and

- all STR workers including those in specialist teams.

4.3   The intention was that the STR workers would represent an addition to the mental health workforce. However, the STR worker was not a centrally funded role – the majority of organisations have developed the role from existing resources. Figure 1 demonstrates the proportion of posts (implemented through the ADP) that were new and those that were converted.

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4   It was decided early in the programme to count in this way to encourage organisations to look at more flexible patterns of recruitment which would, in turn, encourage people who would not usually consider careers in health and social care, such as carers or people with lived experience of mental health difficulties, to apply.

Figure 1: ADP total – proportion of STR workers – new posts and existing roles

Number of STR workers
working in new posts 34%

Number of posts converted from
existing roles 66%
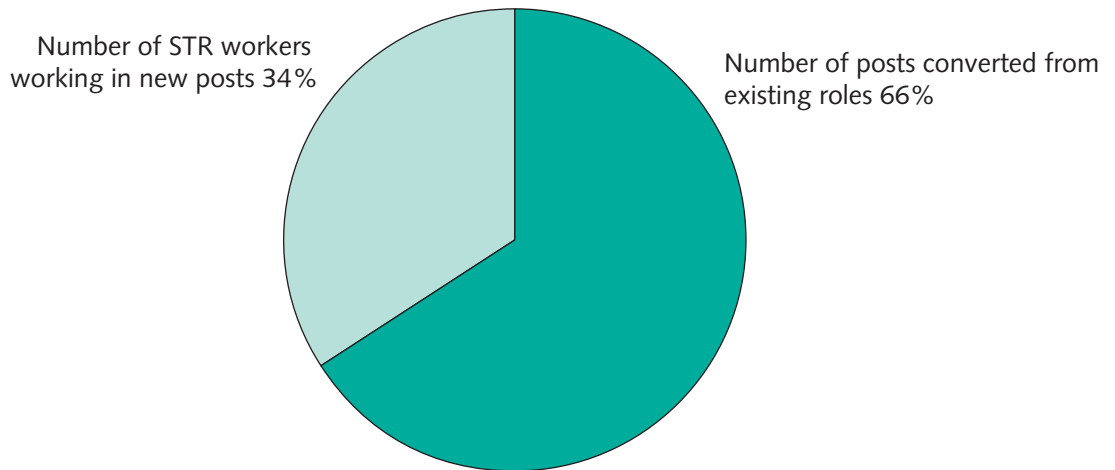
4.4   The CWP team developed a process for 'conversion' to STR workers which involved an induction programme coupled with a commitment to undertake continuous personal development (CPD), as part of a Personal Development Plan (PDP).

Case study

Humber Mental Health NHS Trust has developed a conversion process which provides existing support workers, who are undertaking similar tasks, with the opportunity to convert to the STR worker role.

The process requires the submission of an application that requests examples of aspects of the support worker's current role that are similar to the STR role. Applicants are then invited to take part in a game of 'STR Pursuit', a board game similar to Trivial Pursuit but with role-specific questions. Played in a group, it provides a fun, non-threatening, informal way of observing skills, values and attitudes while highlighting what the applicants already know and what they need to know about the role.

Contact: sarah.todd@humber.nhs.uk

Where are STR workers employed?

Figure 2: Service areas where STR workers are employed (by percentage)
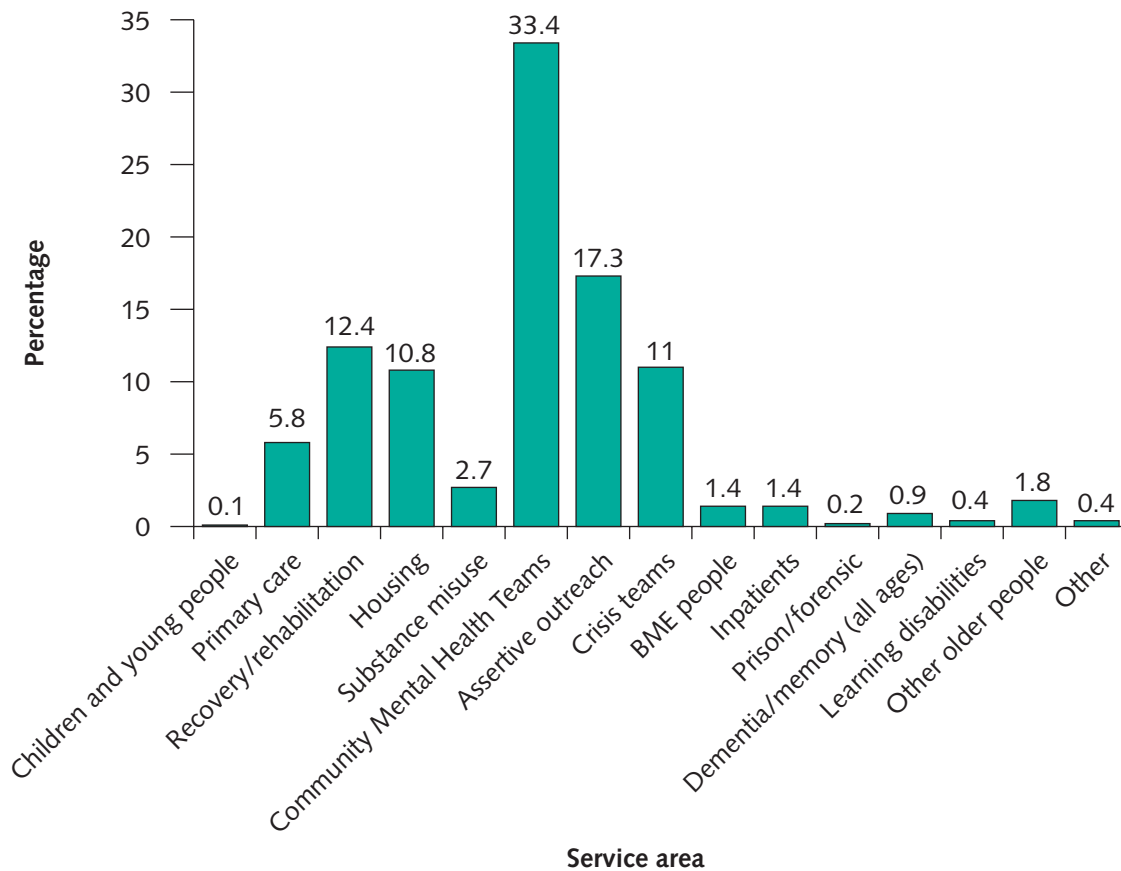
4.5   These figures are:

- head counts;

- for STR workers working with people across all ages; and

- for all STR workers including those in specialist teams.

4.6   Currently, there are STR workers in:

- children and young people services;

- primary care services;

- recovery and rehabilitation services;

- housing services;

- substance misuse services;

- community Mental Health Teams (CMHTs);

- assertive outreach teams;

- crisis teams;

- BME specialist services;

- inpatient services;

- prison and forensic services;

- dementia/memory (all ages) services;

- services for people with learning disabilities;

- other older people services; and

- other services.

Employment of service users

4.7　It has always been recognised that STR workers could come from different walks of life and backgrounds including existing and former service users. Consequently, many sites have been proactive in the recruitment of people with lived experience of mental health problems, with 55% of sites being successful in employing between 10% and 100% of new workers who have declared that they have lived experience of mental health distress themselves. A further 18% have employed between 1% and 9%. As only 34% of STR posts are new posts (the remainder went through a comprehensive conversion process), these figures are very encouraging.

4.8　In addition, 83% of sites report that they have had service users involved in an active capacity as part of the local STR implementation groups.

Case study

Peter Barry, STR worker, Tees Bay, St Luke's Hospital

Tell us about your career so far: After leaving school at 16, I worked in the construction industry as a survey technician on building sites up and down the country. Although this was great fun I had always planned on going to university, so after taking A-levels at night school, I went to the University of Warwick where I studied sociology for three years and drank a lot of beer.

After graduating I had a brief flirtation with teaching before accepting an offer to work as a land surveyor in the Saudi Arabian desert for 18 months. On returning to England, I began a new career in sales and recruitment in which I stayed for the best part of 20 years.

After deciding to change career, I studied for a Diploma in Social Work at New College, Durham, before ill health forced me to withdraw from the course, after completing the first year. In the years that followed, I gained an insight into the world of the mental health service user/patient, as my own mental health deteriorated, culminating in me spending three years in and out of St Luke's. I also gained a familiarity with the Mental Health Act.

As part of my recovery, I joined the Albert Centre to gain knowledge and experience in person-centred substance misuse counselling. I spent three very happy years with the Albert Centre and still maintain close links. The experience and knowledge I gained at the centre helped me to secure a job with Mental Health Matters on their crisis line before joining the trust as their first ward-based STR worker, and it transpires the first ward-based STR worker in the country!

Describe a typical day: A typical day for me is a very busy one which starts with making phone calls on behalf of service users, followed by attending a clinical review session. After this I talk to service users about their concerns, especially new admissions, where appropriate. The practical side of my job is to work with service users in a person-centred, empowering way and support them in addressing the non-medical problems that may impact on their recovery. To do this, I try to form close relationships with them and use this as a base to help them to help themselves.

A key aspect of my role is networking and facilitating and, during a typical working day, I talk to other NHS professionals, service user groups, mental health agencies, probation services and housing officers. Although ward based, part of my role is to follow service users into the community where appropriate, helping them set up social and support networks which hopefully will help prevent relapse and readmission.

What may surprise people about your job?: Well, it's a great job and although I tend to be very busy and on the go all the time, I love it. It is demanding but very rewarding at the same time. It is a brand new role and although colleagues on the ward have developed an understanding of my role and its value, there is still a need to promote the role among professionals outside the ward team.

Where do you see yourself in ten years' time: Well, my crystal ball is a bit cloudy at the moment, but whatever my professional future may bring I hope and expect it will be closely tied in with the development of support, time and recovery, which I am very passionate about. I hope that in ten years' time I will be able to liaise with ward-based STR teams in every psychiatric inpatient setting in the trust.

What are your ambitions?: I think my professional ambitions are tied in with the development of ward-based STR workers in the trust. As a personal ambition, I hope one sunny day to be all I'm capable of being.

Learning from the national implementation programme

5.1   Paragraph 3 of the 2003 STR worker guidance explained that the guidance should be seen as a single point along a continuum because the development of mental health services, including staff, will continue to be subject to a dynamic process. It went on to say that the effect of this is that guidance cannot be regarded as being set in stone and will be subject to revision in the light of experience, which includes the lessons learnt from the STR pilot programme (and, in due course, the ADP).

5.2   There has indeed been a significant amount of learning from the national implementation of the STR worker role, details of which are highlighted below.

The STR worker role

Development of the role

5.3   The role slowly evolved as organisations came to grips with the new role, staff were appointed and other members of the mental health team got to know and understand their new colleagues. However, while subtle changes have occurred, the value base and the values and skills set out in Appendix A of the 2003 guidance still remain central to the philosophy of STR workers.

5.4   The statements below, from two STR workers, describe how the role of the STR worker has developed:

> ### Case study
>
> **STR worker: Havering**
>
> It was a decade or so ago when community care was in its infancy. Our title, care worker, was quite a vague description of our role in helping to care for people experiencing mental illness. The word 'patient' conjures up a variety of ideas as to its meaning; one especially is that patients need looking after. The people with whom we work are called 'clients' and we offer them a service rather than look after them. Since then, we have come to understand mental illness better, especially from the sufferer's perspective. This has come about from STR workers working closely with clients in their own homes and in the community. All STR workers now undergo quite extensive study and training as well as on-the-job assessment.

We attend courses on a range of topics, including different types of mental illness and depression; promoting independent care in the community; managing aggressive behaviour; learning about commonly used psychotic drugs; and soft and hard illegal drugs being used in the community. Thus, the role has gone from being a care worker to an STR worker undertaking the professional qualification NVQ Level 3 or higher, or the City and Guilds Community Mental Health Certificate.

Before, clients were not encouraged to have much of a productive life but rather to take the tablets, go home and have an easy life. The role of the STR worker is now much more about spending time supporting and encouraging people in everyday living skills, including any special ventures of their own choosing to assist in their recovery for the future. In some ways, the care worker did not give the client the opportunity to think and manage things for themselves. For example, if a client got behind with paying a bill, we would have phoned the creditor for them and sorted it all out. Now we would encourage the client to make the call themselves, after discussing who to ring, what to ask for and how to make an offer to stage payments to catch up, the STR worker staying quietly in the background ready to give advice when needed. Or previously, when a client had been sent a benefit form to fill in, we would have done it for them. Now I would read the questions out to them and ask them what they think they should put as the answer.

Our role now is much more about encouraging self-empowerment. Having acquainted ourselves with the available community services, we are able to point people in the right direction and will gently guide the client if they want to participate in a particular project or hobby. We are beside them giving support, where necessary, but always prepared to let them stand on their own two feet if this is what they want. Thus, they become aware of their strengths and weaknesses and with support can overcome them. STR workers experience much job satisfaction in playing a big part in helping people become confident, capable and valued members of society. Clients develop ways and means of living with their symptoms and gain hope for their future recovery. With STR support, many clients have developed their own independence, doing college courses and volunteer work.

David Pollikett, STR worker, Colchester

I feel that I have become a qualified member of the team since becoming an STR worker and my contribution at meetings is valued as my status is becoming clearer. The mentoring group has helped a great deal by sharing ideas and exchanging experiences. It has also given me more self-confidence and knowledge in the role. Service users benefit too as I keep my caseload around 12 so that I am able to spend more time to work on their goals. It also helps them gain self-confidence and esteem to become more independent in the community. The training aspect has been important too. There is a training pathway for those who want to learn more and move forward. I have achieved the NVQ Level 3 and nearly completed my Certificate in Community Mental Health. This has given me the opportunity to apply for a professional qualification in the future.

Clarity of the role

5.5　Although the 2003 guidance contained a good deal of information about the STR worker role, some localities have reported 'they have felt their way' along the pathway of introduction and would welcome further clarity of the role. Recognising there is no single, fully comprehensive template or model that will cover every eventuality, Appendix B attempts to provide some greater measure of clarity by describing the areas of need identified by service users where STR workers have a role to play in helping to meet or address those needs, in carrying out their role. However, this Appendix cannot hope to cover every eventuality – it is not intended to be some form of 'tick list' to be used as a performance management tool. The areas of identified need are not set out in any particular order of importance or magnitude. This will often depend on individual circumstances, perceptions and local issues.

Job descriptions

5.6　The original guidance contained example core job descriptions and person specifications for foundation, intermediate and senior STR workers. These have been built on, amended and adapted since then and some current examples are attached as Appendix C.

Career progression

5.7　The 2003 guidance set out a career pathway within the STR worker role (foundation, intermediate and senior) and the diagram on page 39 of that guidance, which is part of the E&T pathway, also indicates other roles such as nursing. Since 2003, completion of the Level 3 Certificate in Developing Practice in Community Mental Health Care has been accepted as an entry qualification for nursing.

5.8   The following case study gives an example of career progression for an STR worker.

Case study

Judith Maw, Humber Mental Health NHS Trust – My progression from service user to STR worker to service user and carer project worker

My name is Judith; I have been working as an STR worker since December 2004. My story really begins in 1999, while trying to juggle being a wife and mother with working full-time for East Riding Council, as a teacher's aide with the Traveller Education Service in schools across Hull and East Riding. At the same time I was studying for a BA Honours Degree part time in the evening. I was also trying to fight a pay issue on behalf of myself and my colleagues.

Due to the effort and commitment I gave to each, the result was I burnt myself out, and was referred to the CMHT and spent three months as an inpatient. On my discharge from hospital, I had the support of Mary, my STR worker. Mary was the person who saw the potential in me to become an STR worker and she gave me contact details for Positive Assets, the trust service user employment scheme.

It took a while for me to build up the courage to contact them, but with Mary's encouragement I did. This was the best move I could have made. On returning to childcare I had faced so much discrimination, I began to feel unemployable. When I spoke to Diane at Positive Assets, her enthusiasm for and acceptance of the benefits that my experience as a service user could bring to the role of STR worker gave me a new outlook and determination to move forward with my life.

In December 2004, I began working as a STR worker in an inpatient unit, the same inpatient unit I had spent three months on. I have really enjoyed every aspect of my role, working with the clients, and developing community links and resources, such as the Carers Card for professional carers to use East Riding Council leisure facilities for free when supporting clients. The role has given me so many opportunities to develop as an individual. I have had so many new opportunities to do things I would never have believed myself to be capable of – including speaking to 60 people at a conference about developing the role of an STR worker.

While I feel passionate about the role and totally committed to it, I felt that on completion of my Certificate in Community Mental Health I was ready to be stretched. When I saw the role of service user and carer project worker advertised, the job description appeared to be just the challenge I was ready for, and the person specification described me perfectly. The STR worker role has given me the experience to apply for this new position. It has not always been easy, as a former service user working within the trust, but the encouragement and continuing support from colleagues has been tremendous, particularly from Mary, who has always been available for advice and support. While I am looking forward to my new role, I will miss this one.

STR worker role and service users

Should STR workers become friends with service users?

5.9 The 2003 guidance said that 'STR workers provide companionship and friendship but within appropriate transparent boundaries'. When early consultations on the STR worker role were taking place, many people were concerned about the implications of boundary setting for STR workers. In reality, this has not been problematic as STR workers have operated in a professional manner with service users, while retaining the informal relationships that service users say are helpful to recovery.

Does an STR worker have their own specific caseload?

5.10 Caseload management has been an issue for STR workers and their managers. When the first posts were being converted, some were community support workers with a caseload of 30. If STR workers were to work with this number of cases, it would make it almost impossible to form meaningful relationships. The advice given was that, in most cases, the person managing STR workers should be the gatekeeper for referrals, as they were familiar with the STR worker role and in a position to offer a rationale to referrers as to acceptance, waiting list or otherwise. There could also be an assessment component of referral, depending on the service setting, which would be carried out more appropriately by a more experienced member of staff.

5.11 In reality, each STR site has developed a different process, with some STR workers taking their own referrals, some going to a caseload review meeting, and some to a manager. The process for handling referrals and caseloads, and potential difficulties, needs to be addressed before the introduction of an STR worker.

Can an STR worker write notes on a service user's case file/notes?

5.12 Local (trust and other employers) policy should be followed but general guidance would be that after appropriate training (e.g. the legal implications of record keeping), STR workers should record their work with each service user in their notes, recording the date and time appropriately.

5.13 The main issues that have arisen have been concerns from healthcare professionals such as nurses about the implications for countersigning notes made by non-professionally affiliated staff. These issues have been discussed with the Nursing and Midwifery Council (NMC). The NMC's *Guidance for Records and Record keeping 2005*[5] states:

'Good record keeping helps to protect the welfare of patients and clients by promoting:

- *High standards of clinical care*

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5   NMC (2005) *Guidance for Records and Record Keeping.* London: NMC. www.nmc-uk.org

- *Continuity of care*

- *Better communication and dissemination of information between members of the inter-professional health care team*

- *An accurate account of treatment and care planning and delivery*

- *The ability to detect problems, such as changes in the patient or client's condition, at an early stage.*

There is no single model or template for a record. The best record is one that is the product of the consultation and discussion, which has taken place at a local level between all members of the inter-professional health care team and the patient or client. It is one that is evaluated and adapted in response to the needs of patients and clients. It is one that enables any registrant to care for the patient or client, regardless of where they are within the care process or care environment. It is an invaluable way of promoting communication within the health care team and between practitioners and their patients or clients. Good record keeping is, therefore, both the product of good team work and an important tool in promoting high quality health care.'

5.14   It is therefore important that a clear local policy is drawn up regarding every member of the team's responsibility for record keeping.

What should STR workers not do and why?

5.15   The 2003 guidance said that STR workers should **not** be involved in the following six areas of activity. However, as the role has developed, STR workers now work with people of all ages and in varied service settings. Occasionally, some STR worker roles have been developed to include parts of these responsibilities. Examples are given below.

- **Providing clinical or medical treatment –** STR workers would never provide clinical or medical treatment as a major part of their role, but examples where they may contribute are:

  – supporting a service user to access resources, e.g. using the internet to find information about a diagnosis or to find self-help information;

  – accompanying service users to appointments with medical staff;

  – in older people's services, taking on tasks such as blood pressure monitoring, so that each service user sees as few people as possible on each visit;

  – for STR workers who visit people at home, reminding a service user to take their medication, if this is agreed in a care plan; and

  – administering first aid, when trained to an appropriate level.

- **Monitoring or administering medication** – STR workers should not normally be directly involved in this, but should be involved in local medicines management training aimed at non-professionally affiliated staff, to gain an appreciation of medication issues. Examples of involvement:

  – An STR worker who has concerns that a service user is becoming unwell as a result of problems with medication should always report this, but explain to the service user what they intend to do and why.

  – Some community houses are staffed by non-professionally affiliated staff who are trained in-house to administer medication. Some of these workers have continued to administer medication since becoming STR workers. The residents prefer having staff they know giving them their medication, rather than other healthcare professionals whom they do not know. To fetch other staff would have brought a clinical element to community living.

  – STR workers, particularly where they are members of an assertive outreach team or crisis team, who visit people at home may remind a service user to take their medication, if this is agreed in a care plan.

- **The sectioning or compulsory medication process under the Mental Health Act** – While STR workers do not directly participate, they have an important role to play in supporting service users during this process. Examples may be:

  – visiting the service user in hospital and liaising with in-patient staff;

  – 'being there' for the service user to share concerns with; and

  – being able to provide feedback from the service user to the team.

- **Service management** – A small percentage of STR workers have become senior STR workers. Some of the very developed senior STR worker roles have elements of management and supervision of other STR workers. Appropriate learning and development (L&D) should be available to support staff in this role. This model of implementation is more common in the voluntary sector.

- **Therapeutic counselling** – STR workers would not normally offer formal therapeutic counselling. At the time of writing, one or two specialist STR roles (for instance within a substance misuse team) are being developed which may, in future, have a counselling or therapeutic component. However, for the vast majority of STR workers it will be useful to learn (and put into practice) basic counselling skills and behavioural family therapy, including active listening, demonstrating empathy, summarising, etc. It might be useful to include these skills in L&D, given that the Cornwall evaluation (see paragraph 9.2 below) showed that emotional support was seen to be the most valued aspect of the STR role in supporting service user recovery. Under the Improving Access to

Psychological Therapies Programme, some sites have identified STR workers as being able to participate in the service user care pathway. In these circumstances, STR workers need access to training that is being developed nationally, including basic cognitive behavioural therapy (CBT) skills and competences.

● **Care co-ordination under the Care Programme Approach (CPA)/ care management** – STR workers would take part, along with other staff, in contributing to the CPA but would not be care co-ordinators.

5.16 The rationale behind all of the above is to ensure that the focus for all STR worker activity is the relationship with the service user. When considering developing the STR worker role to incorporate any of the above tasks, it is important to review whether this still allows the worker to support the service user, spend time with them in a meaningful way and work towards their recovery.

5.17 Any activity should be developed as part of a plan (e.g. a care plan; a Wellness Recovery Action Plan; a crisis/contingency plan), which the service user (or carer, as appropriate) develops with relevant staff.

5.18 Since the 2003 guidance was written, there have been many debates as to whether STR workers can carry out **assessments**. Part of the difficulty is that the term 'assessment' is used in different ways in different service settings. The view taken is that comprehensive assessment of a how a person is functioning within social, spiritual, physical and/or mental dimensions is a high-level skill and it is therefore not appropriate for STR workers to lead these types of assessment.

5.19 With appropriate training and experience, STR workers, as part of the mental health team, should, however, be actively involved and **contribute** to assessments, planning and evaluation of plans. For example, they could:

● discuss with the service user their progress towards goals;

● describe how a service user has gained confidence in certain situations;

● talk to someone who is admitted to an in-patient unit about how they feel, or become a familiar face;

● attend service user case reviews and support the service user's contribution;

● use their close rapport with the service user to identify preferences that can be shared with the team; and

● help the service user identify what they want to address and achieve.

Are STR workers expected to act as advocates for service users?

5.20 STR workers are not independent advocates in the formal sense. However, an underpinning role of an STR worker is to empower service users to speak up for themselves and therefore advocacy skills are important.

How are STR workers supervised and supported?

5.21 It is particularly important that STR workers have a clear framework for management and supervision, as they work across organisations and may receive supervision from different people at the same time. Evidence from the Cornwall evaluation (see paragraph 9.2 below) suggests there should be an STR lead, such as a senior STR worker, to ensure that STR workers' needs are met and that input into the development of the role is maintained, as well as providing supervision and support for STR workers. Best practice suggests that effective supervision and management may include:

- developmental supervision from an allocated, suitably experienced person, scheduled at regular intervals;

- regular individual performance reviews from their line manager;

- supervision about working with a particular service user from that person's care co-ordinator;

- ad hoc supervision, for instance from a nurse in charge of a ward;

- peer supervision as part of an STR worker cohort; and

- mentoring from their senior STR worker (where appropriate).

5.22 These different types of supervision and management could be co-ordinated as part of a PDP. This would make clear what the purpose of each type of supervision is and what to expect from each. It would perhaps be useful to develop a supervision and management organisational chart that explains how each aspect of supervision connects to the others. For instance:

- peer supervision could be facilitated by a senior manager who has specific responsibility for the development of new roles;

- mentoring from the senior STR worker could provide useful feedback for other STR workers locally, so long as the information was anonymised; and

- issues from development supervision could be anonymised and themes fed back.

> ### Case study
>
> In Oxleas, South East London, monthly breakfast meetings are popular with STR workers. A psychologist facilitates monthly group supervision meetings. STR workers also have individual supervision sessions with line managers every 6–8 weeks, and bi-monthly sector group meetings are held.
>
> **Contact: tracy.simpson@community-options.org.uk**

5.23   Any organisational issues arising from supervision (such as time management or the referral process) would need a formal route to be fed back into the team and the care co-ordination process.

5.24   Two further examples of good practice around supervision may be found in the *New Ways of Working for Everyone* progress report[6] and in the Hampshire Partnership Trust case study, as set out on page 22.

> ### Case study
>
> Within Humber Mental Health NHS Trust, a clearly defined, robust supervision framework has played a major part in the successful implementation and development of the STR worker role.
>
> Supervision arrangements include bi-monthly peer group supervision, individual clinical practice supervision, individual STR role-specific supervision and e-mail/ telephone supervision outside normal supervision arrangements. Additional specialist supervision is arranged to meet specific needs.
>
> The peer supervision sessions have further developed into action learning sets where STR workers have the opportunity to share experiences and ideas in a safe, supportive environment. The sessions are 'owned' by the STR workers and all have the opportunity to propose learning subjects and make suggestions for agenda and guest speakers.

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6   DH (2007) *Mental Health: New Ways of Working for Everyone. Developing and Sustaining a Capable and Flexible Workforce.* London: DH.

The supervision structure is underpinned by a comprehensive E&T development pathway, which outlines the learning requirements of STR workers in conjunction with the organisation's personal development review process. This pathway consists of a role-specific induction, which incorporates the Ten Essential Shared Capabilities (ESCs), mandatory training and relevant in-house training, e.g. on service user employment and advanced directives. The Certificate in Community Mental Health and NVQ Health and Social Care are also part of the pathway that identifies further opportunities for progression to professional qualifications. The key learning components of the roles are continually revisited during supervision, providing the opportunity for peer support and shared learning. This enhances the development of both the role and individual workers.

Contact: sarah.todd@humber.nhs.uk

Case study

Hampshire Partnership Trust has a specific STR worker supervision policy that clearly defines what supervision is and describes 'what's in' and 'what's out'.

Contact: Jane Atherton, STR Project Lead: jane.atherton@hants.gov.uk

STR workers and service users from BME communities

5.25 Some examples of innovative practice are set out below.

> ### Case study
>
> **Straw chairs**
>
> 'They wanted me to build straw chairs with the rest of the insane.' 'They were trying to drive me mad.' Mr P, a young male Asian in his early 30s, was referred to the local BME STR service. His diagnosis was paranoid schizophrenia. Social isolation was the issue, as he wasn't getting out of the house at all. Clinician after clinician had tried to engage with him, but failed to sustain any change. Many referrals to voluntary organisations, rehabilitation services and even work therapy – mending straw chairs with fellow service users – had been tried.
>
> The BME STR worker's assessment differed. The individual was not isolated, and instead it was assessed that he had shrewd acumen, aspirations and a passion for creativity that had not been tapped. The STR worker listened for days, weeks and even up to a year, because this was the need that the young service user had – he wanted his delusions to be heard, to be exorcised by speech and mutual empathy and understanding. Finally, a year later, he acknowledged that he was 'now strong inside', declaring that the turning point had been that he was allowed to talk, that he was given emotional support, adequate time and the space to make a guided recovery – a recovery that entailed him quantifying and exploring his cultural issues very sensitively. Was he English or Indian? Somewhere in the middle? Neither? This exploration gave him the chance to find the answers that were physically holding him down on his bed.
>
> A year later, he now sits in his Regency-styled flat, having moved home after successfully bidding for a council tenancy. He smiles as he sips blackcurrant juice from a wine glass. He has recently completed another creative writing course. 'You know you STR workers are good at your jobs... You actually listen to us as if we are humans.' He had never been referred to a creative course before, and he had never been given the time or support to discuss his inner feelings so freely.

BME service user statements

'Finally I have been heard… I've been in the service for the last 10 years and everybody treats you like you're not there; they discriminate, don't give you the time. Start talking about cultural issues and you'll never see the worker again. I've got better and moved on now, because my values and my ethnicity have been understood by my BME STR worker – I'm getting a service now.'

45-year-old Sikh British female – south Warwickshire

'I never felt comfortable discussing my culture or my ethnic/identity issues, but I can now, freely, with my BME STR worker… and these issues are probably the biggest factors affecting my mental health. But try even beginning to get a white worker to listen, let alone understand – they just give you funny looks. I felt stronger inside since having a BME STR worker and would never have made this recovery without the service.'

37-year-old Sikh British male – south Warwickshire

Contact: BME STR worker service, Yew Tree House, Leamington Spa, Coventry and Warwickshire Partnership Trust, 01926 886802, ranjitchall@warwickshire.gov.uk

STR contribution to the delivery of effective mental health services

Case study

The Early Intervention in Psychosis Team is a multidisciplinary team (MDT) based in Leamington Spa that works with young people aged 14–35 experiencing a first episode of psychosis. The addition of an STR worker to the team has had a huge impact on the service.

The role of the STR worker is to provide service users with flexible support, by giving them time and in doing so aiding recovery. All young people who have experienced psychosis face the challenge of recovery, which is not solely about the removal of symptoms but also about the building of a meaningful and valued life. Unfortunately, the rebuilding of such a life and the maintenance of existing social and educational networks is often made difficult due to barriers that arise through social exclusion. Through prejudice and discrimination, opportunities for these young people become more limited, in turn leading to withdrawal from society. Young people then feel disconnected from friends and family, from the communities in which they live and from meaning in life, which impedes recovery. Social inclusion therefore plays a huge part in the recovery process.

A large part of the STR worker role within the Early Intervention in Psychosis Team is thus to promote social inclusion. The addition of an STR worker to the team has enabled the continuation and establishment of several groups within the service whose main aims are to promote inclusion. The STR worker plays an important role in running a weekly sports group and a fortnightly men's social group. Furthermore, a monthly women's group is organised by the STR worker and has included activities such as lunch, bowling, badminton and a self-defence class. The addition of an STR worker to the team has also enabled the creation of several innovative groups through the use of direct payments, including a canoeing group and a cooking group. High attendance and positive feedback from service users demonstrate the success of the groups and the impact they have.

With the main aim being to promote social inclusion, the aforementioned groups enable service users to build confidence, to meet young people with similar difficulties, enabling the sharing of experiences and ways of coping, and to develop relationships. As well as facilitating new and positive relationships, the groups also ensure the maintenance of existing social networks. Being part of such groups also enables young people to develop their own interests and links with community organisations, and, importantly, enables them to feel part of their community.

As the STR worker has been central to the facilitation, organisation and maintenance of numerous groups that promote inclusion and thus aid recovery, the contribution of the STR worker role is one of great significance. It has had, and continues to have, a huge impact on the service provided by the Early Intervention in Psychosis Team.

Contacts:
Elizabeth Willetts, STR Worker, and Jenny Rowley, Acting Team Leader, Early Intervention in Psychosis Team,
elizabeth.willetts@swarkpct.nhs.uk / jenny.rowley@swarkpct.nhs.uk

Case study

Within South Warwickshire Assertive Outreach Team we have two STR workers. These are fully integrated into the team and work alongside qualified members of staff in line with New Ways of Working (NWW). The team aims to reduce hospital admissions and work in partnership with families and carers to support clients with severe and enduring mental health needs. We have been able to demonstrate a clear reduction in bed days and our carer research has shown a high standard of satisfaction in the care provided. Our STR workers are directly involved in specific pieces of work such as behavioural family therapy and co-ordinating our art group and client holidays. As part of a strong, supportive team, they have been actively involved in improving the lives of our clients.

Contact: charli.marchi@swarkpct.nhs.uk

Case study

My STR worker has been my lifeline. She has been with me for nearly two years now as I have needed a lot of help and input with going out.

She has supported and advocated for me in my times of need with my benefits and legal difficulties.

Before I had her I could not go shopping; now I shop with support. I hated shopping before, but with her help I now enjoy a lot of the trips we go on.

She has been very supportive and I have learned to trust her. As she knows me as an individual, she has the ability to gently encourage and challenge me just enough, but knows not to push too far. If I am having a bad time we do something positive, like going for a walk, which boosts my mood.

She tailors the work to fit me, unlike groups that I couldn't adjust to at the time. I have been to groups in the past but I used to hide in the corner and not really join in. I felt like I was in a group but, at the same time, I felt isolated and on my own within the setting. We have been to relaxation classes from which I benefited a lot.

We are currently in the middle of yoga classes. My STR worker joins in with me so I don't feel so embarrassed and also because, at the moment, I wouldn't have the courage to stay and go back on my own.

I have come a long way in two years but, at the same time, I still have a way to go. I stand a better chance with my STR worker than without, and with time, patience and support I can get even better.

Linda (Poole)

Contact: d.humphriss@poole.gov.uk

Learning and development for STR workers

Background

6.1 The 2003 guidance recommended a number of key components to the E&T pathway for STR workers. This was not some form of prescription or 'must dos', rather it provided a framework, recognising that STR workers will come from a wide variety of different educational backgrounds, experiences and qualifications. However, the experience of the STR national ADP has reinforced the need to establish consistency and quality of E&T for STR workers as far as possible.

6.2 The key components of the recommended pathway were the Level 2 Certificate in Mental Health Work, where appropriate; the Level 3 Certificate in Community Mental Health Care (CCMHC) (both Certificate awards are produced by the Mental Health Foundation and City & Guilds); and the NVQ Level 3 Promoting Independence award. Despite the changes and additional learning materials set out below, this pathway remains fully valid for STR workers.

6.3 Since 2003, there have been a number of developments that affect the E&T for STR workers. These include:

- the Ten ESCs, applicable to the whole of the mental health workforce, which were published in 2004;[7]

- the new joint health and social care awards (NVQ Levels 2, 3 and 4), which were launched in 2005 and replace the NVQs in Care, and the NVQ Level 3 Promoting Independence award;

- learning materials for the Ten ESCs, which were published in 2005 and were piloted and evaluated in 2006. Based on the outcome of the evaluation, the materials have been revised, and are now available on the web[8] (contact: imcgonagle@lincoln.ac.uk);

- the Level 3 Certificate, which was revised in 2006 and renamed 'Developing Practice in Community Mental Health Care' to reflect recent changes in UK

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7 DH (2004) *The Ten Essential Shared Capabilities: A Framework for the Whole of the Mental Health Workforce.* London: DH.

8 The revised materials are available in a downloadable format from the Centre for Clinical and Academic Workforce Innovation (CCAWI), University of Lincoln, at www.lincoln.ac.uk/ccawi.

legislation, policy and mental health practice (contact: enquiries@cityandguilds. com or customer relations on 020 7294 2800);

- a set of learning materials in respect of recovery, which was published in 2006 by the CCAWI (contact: imcgonagle@lincoln.ac.uk);

- a new set of Common Induction Standards (CIS), launched by Skills for Care, the strategic development, body for the adult social care workforce in England. The CIS are designed to be met within a 12-week period and will form the basis of registration of all social care staff with the General Social Care Council (GSCC);

- capabilities for inclusive practice, published in 2007, which provide a resource for reflection, challenge and practice to make the values of recovery and inclusion a reality;[9] and

- learning materials to help staff understand issues around race equality and cultural capability (RECC). These are available on the CCAWI website (contact: Olivia Nuamah at the CSIP London Development Centre, olivia.nuamah@ londondevelopmentcentre.org).

6.4 Fundamental to the role of the STR worker are the values they hold and exhibit in interacting with service users. The Ten ESCs, recovery, social inclusion and RECC materials all focus on attitudes and values and therefore provide the bedrock for all subsequent training and qualifications for STR workers.

6.5 These and other developments are set out in the generic learning and development (L&D) toolkit published by the NIMHE NWP.[10] In particular, the publication of the Creating Capable Teams Approach (CCTA) provides all mental health teams the opportunity to review their skill mix and refine their L&D needs on the basis of service user and carer need.[11]

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9   DH (2007) *Capabilities for Inclusive Practice.* London: DH.

10 DH (2007) *A Learning and Development Toolkit for the Whole of the Mental Health Workforce Across Both Health and Social Care.* London: DH.

11 DH (2007) *Creating Capable Teams Approach (CCTA): Best practice guidance to support the implementation of New Ways of Working (NWW) and New Roles*. London: DH.

> ### Case study
>
> In Devon, four local ongoing STR training and development groups, with local co-ordinators, have been formed and meet monthly. All STR workers continuing their study after the foundation course were offered opportunities to develop their skill toolbox, to include Wellness Recovery Action Plans, life coaching, unrecognised grieving, human givens, mindfulness, intentional peer support, wellness tools, solution-focused approaches and social inclusion competences. One of the key voluntary providers, the Community Care Trust (South Devon) is building in an opportunity for volunteers with lived experience of mental health problems. They can work towards becoming STR workers by completing the foundation course, in preparation for any posts that may be advertised in the future.
>
> **Contact: Laurie Davidson, Devon STR Lead, Wonford House Hospital, Dryden Road, Exeter EX2 5AF**

Are STR workers expected to work towards Health and Social Care NVQs?

6.6   An NVQ is a nationally recognised qualification that is assessed against National Occupational Standards (NOS). NOS describe best practice by bringing together skills, knowledge and values. They are written as 'units of competence' by the standard-setting body – the Sector Skills Council – that represents the particular work area. For the social care sector this is Skills for Care and for the health sector Skills for Health.

6.7   A person gains an NVQ by achieving a set number of units through demonstrating competence at work. Candidates are individually assessed by qualified assessors, who observe their work and discuss with them their knowledge and understanding of why they work in particular ways. Candidates are required to collect evidence of their competence to work to a set standard. Such evidence can include direct observation, oral and written questioning, observing a product or outcome of their work, written testimony, expert witness statements, and keeping a record of their work.

6.8   It is important to note that NVQs are an assessment system and do not constitute a training course. They require a certain level of background knowledge about the area of work, so candidates will need to learn to be competent prior to assessment. Vocationally related qualifications, such as the Mental Health Foundation/City & Guilds Level 2 and 3 Certificates, can be offered as evidence that the knowledge requirements for the NVQ have been met.

6.9 To gain an NVQ, a candidate registers with an NVQ assessment centre where it is important that NVQ assessors have a full understanding of the values that underpin the STR role. Some employers run their own NVQ assessment centres; others have a contractual arrangement with an external assessment centre in their locality. The candidate's manager or training adviser will be able to discuss and probably help to arrange for registration. Edexcel has a 'Questions and Answers' section on everything related to registration.[12]

6.10 The Health and Social Care NVQs were launched in January 2005 following nationwide consultation. The rationale for these new awards was:

- to develop smaller and more accessible qualifications;

- to allow transfers across sectors and specialisms;

- to support lateral and vertical career development; and

- to reduce overlap and duplication of content.

6.11 The structures for these NVQs are as follows:

- NVQ Level 2 Health and Social Care (four core units plus two optional levels);

- NVQ Level 3 Health and Social Care (four core units plus four optional units) with either an adult or children and young persons pathway;

- NVQ Level 4 Health and Social Care (four core units plus four optional units) with either an adult or children and young persons pathway.

6.12 On behalf of the STR worker national ADP, Skills for Health commissioned a piece of work to double-check the new awards against the competences required for STR workers, the Mental Health NOS, and NVQ Level 3 in Promoting Independence (as the award originally recommended for STR workers). The outcome was very positive. Although generic, the new awards can easily be related to mental health work and contain units that promote social inclusion and recovery approaches. Appendix D lists those Level 3 optional units that are deemed to be the most appropriate for STR workers.

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12 More information is available from the Sector Skills Councils (and www.skillsforcare.org.uk and www.skillsforhealth.org.uk) and the awarding bodies for NVQs in Health and Social Care (www.cityandguilds.com and www.edexcel.org.uk).

Case study

STR workers employed by our Trust are expected to have a Level 3 NVQ. The STR workers receive formal training on recovery within the first three months of appointment. Currently, service users and carers are undergoing training in order to provide workshops for the STR workers, which commenced in August 2007. The Re-Start service uses a collaborative team model for its allocation of work and review of intervention. This provides indirect training and development in that the team shares skills and ideas at the weekly review and daily feedback meetings. The Re-Start team has allocated 'protected learning' time during which team members participate in training workshops organised by the occupational therapists (OTs) or receive training from MDT colleagues or external organisations. All members of the team contribute to identifying their learning needs and booking sessions. Finally, the team has twice-yearly team-building days that address team working, sharing skills and expertise, and devising a team development plan.

Contact: Amanda Kershaw, Professional Occupational Therapy Lead, Lancashire Care NHS Trust, amanda.kershaw@lancashirecare.nhs.uk

Must STR workers undertake both the Certificate and the NVQ?

6.13   These are two different components: both of the Certificate courses complement and support the NVQ and provide a valuable measure of a worker's progress. However, they are not a substitute for the NVQ: the NVQ is a competence-based qualification that requires the worker to demonstrate that they are competent in providing high-quality care for service users in the workplace. The recent introduction of other learning programmes, such as the Ten ESCs and Recovery Training, provides alternative or additional ways to complement the NVQ award.

6.14   To date, many organisations participating in the STR worker national ADP have found it increasingly difficult to resource both the Certificate and the NVQ for their STR workers. A number of sites have consistently promoted the completion of both awards while others have insisted on the completion of one. In recognition of these difficulties facing organisations, it is recommended that:

'Employing organisations set a minimum requirement for each STR worker's attainment of either the Level 3 NVQ or the Level 3 Certificate – Developing Practice in Community Mental Health Care, within 2 years of starting in post.'

6.15   The ideal solution – and best practice – is for organisations to make both awards available and determine which is most appropriate through an initial training assessment with the individual STR worker. Some staff have been appointed with

significant competences already achieved, and it has been found that they are reluctant to repeat this. This is a matter for local determination. The case study below is an example of one such candidate who found the training rewarding. However, employing organisations might wish to decide which of these two awards to generally promote, in line with the overall needs of their service and historic good practice. Moreover, statutory and non-statutory social care organisations will be expected to promote NVQs, in line with the impending GSCC requirements for registration.[13]

Case study

'On reflection' – an STR worker's experience of the Level 3 Certificate course

Although I had already completed a Diploma in Youth and Community Work and a Degree in Social Work, I felt the CCMHC would be another opportunity to gain more knowledge specific to my role as an STR worker. I have always believed that learning is a lifelong process and 'you're never too old to learn', and this was how I approached the Certificate course in January 2005.

It was a new challenge for me, and I was not really looking forward to it to begin with. The induction put me at ease, and then I felt much more positive about getting started. The first assignment was the worst as I was not sure exactly at what pitch to work. I found this was the same for my fellow students. Everyone appeared to be getting on well together and peer support was essential throughout the course. Passing my first assignment gave me the confidence and motivation to get on with the next: with 10 in all to complete each month over the next year, I was kept busy.

I felt the content and delivery of the course were excellent, I made some new friends and I am very pleased to have completed it. I was able to reflect on my practice, and with each piece of work I gained in knowledge and experience. The course has been beneficial to my personal and professional development within the Humber Mental Health Teaching NHS Trust.

Marjorie Brabazon, STR Worker

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13 The GSCC, as the social care workforce regulator in England, is to start registering domiciliary, outreach and residential care workers in 2007, thereby ensuring that registrants have already achieved common induction standards and that they continue their training and achieve NVQ qualifications as a requirement of remaining registered. It has stipulated that all the non-professionally qualified members of its workforce must have achieved a minimum qualification of NVQ Level 2 by 2010. For more information visit www.gscc.org.uk

What about Foundation Degrees for STR workers?

6.16 Foundation Degrees are a relatively recent initiative. They offer both theory and practice, with the latter element taking place at work, which:

- enables workers to continue to work while they study;

- develops and motivates workers in their existing roles;

- opens up routes to further professional training;

- takes an interdisciplinary approach with opportunities for specialisation;

- develops flexible practitioners in the workforce;

- widens participation by providing opportunities to workers who are unable to access higher education in other ways;

- involves employers in the management of learning; and

- provides opportunities for qualified workers to develop their mentoring and practice assessor skills.

6.17 The Foundation Degree is a modern higher education qualification that provides 240 Credits at Level 2, equivalent to a Diploma. Once this is achieved, a student is able to progress to an Honours Degree. Previous relevant work or informal or personal experience is recommended for a Health and Social Care Foundation Degree. Possession of an NVQ Level 2 or 3 is also advantageous for such degrees.

6.18 Learning takes place in a variety of ways (through supervised work, shadowing, e-learning, etc) and in a variety of settings (in the workplace, at home, during placements, etc). The learning process may include portfolios, reflective notes, case studies, written assignments, taught sessions and action learning sets. Foundation Degrees take two years full-time or three years part-time to complete.[14]

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14 For further information visit www.foundationdegree.org.uk

Case study

The Open University (OU) Foundation Degree in Health and Social Care is designed to develop the knowledge, skills and competences that underpin support staff practice in the health and social care sector. Therefore, the degree is neither specific to mental health nor aimed solely at STR workers, although it can and does apply to them.

For STR workers recruited to Milton Keynes PCT, there is a clear expectation that they will undertake the OU Foundation Degree. Suitability for entry is based on an individual assessment. Some STR workers already have NVQ Level 3 and want to progress to something more. Others have previously completed (in another work setting) the OU's Understanding Health and Social Care course (K100).

The Foundation Degree consists of 'knowledge-based' courses (Level 1) covering the theoretical framework for practice, and 'work-based' courses (Level 2), which link theory with practice in the context of the student's own workplace.

The first two courses at Level 1 are equivalent to the first year at a conventional university and are interdisciplinary and generic in nature. They are:

- Understanding Health and Social Care (K100) (60 points); and

- Introducing Professional Practice (K1140) (60 points).

The rest of the programme is at Level 2, where students working in mental health, such as STR workers, would complete:

- Mental Health and Distress: Perspectives and Practice (K257) (30 points); and

- Challenging Ideas in Mental Health (K272) (30 points).

Completion of the courses is expected to take two years of full-time study or up to four years of part-time study. Because of its modular structure, students can step off and on at any time, but it is only at the end of all the courses that students are awarded the Foundation Degree. Each course is studied over a period of 32 weeks, running from February to October or October to June, and it takes an average student about 12 to 16 hours per week to study a 60-point course, and half that time for a 30-point course.

Contact: **cathy.walker@mkpct.nhs.uk**

6.19 While Foundation Degrees were not featured in the 2003 guidance, some localities that have since been involved in the STR worker programme have considered these as an option for future personal development of STR workers.

What if there is no Level 3 Certificate course available locally?

Case study

As the Level 3 Certificate was not available locally, the Hambleton and Richmond team looked at other more local options, taking into account cost and travel.

The nearest available course – Mental Health Care, provided by Teesside Regional Open College Network (TROCN) – did not cover all the aspects covered in the CCMHC. It was necessary to map the TROCN course against the City & Guilds Certificate to ensure that any areas it did not cover could be covered in the NVQ Level 3 training. This was done and it was agreed that the course was appropriate for STR workers as long as it was aligned to specific units in the NVQ. The course was originally very cheap, being subsidised by the Learning and Skills Council (LSC), and had the added bonus that it could be accessed at a local college. (Mental Health Care has since been confirmed as a Level 3 course, but unfortunately LSC funding is no longer available.)

Case study

North Yorkshire PCT has a relatively small group of STR workers, which would not sustain an NVQ Level 3, A1 NVQ Assessor or CCMHC course, unless partnerships were set up with other organisations.

The PCT built on relationships with other provider organisations in order to develop STR workers in a wider range of statutory and non-statutory services. As a result, they have had several housing support workers from Broadacres Housing Association and Carr-Gomm Housing Association training as STR workers.

The PCT discovered that these housing associations and several other local agencies wished to access the NVQ Level 3 Promoting Independence and, subsequently, the NVQ Level 3 in Health and Social Care, the A1 NVQ Assessor training and the CCMHC. They succeeded in obtaining funding and provision for these, with the benefit of sustaining these courses locally on a regular basis. Other agencies that have participated in training with STR workers are: health, voluntary organisations, education, army welfare, district councils, service users and carers.

Since 2003, 17 people have gained their NVQ Level 3 qualification, 5 have obtained their A1 NVQ Assessor award, and 43 have passed their Mental Health Care course (as an alternative to the Level 3 Certificate).

Contact: jane.beacher@nyypct.nhs.uk

Case study

Stoke-on-Trent's social services training department decided to register to provide the Certificate in-house. This has allowed for much greater flexibility in the running of the course. Partnership with service users and carers in the planning and delivery of training is encouraged, and the course is offered free of charge to service users, carers and voluntary sector staff.

The trainers facilitate additional sessions on recovery and provide flexible mentoring and study support schemes for their students.

The course has attracted a number of volunteers and others with lived experience of mental health problems who are interested in pursuing a social care career; this in turn has enabled connections between volunteering and service user recruitment into STR worker roles.

Contact: diane.morris@swann.stoke.gov.uk

Funding for learning and development

6.20   The experiences of those organisations that participated in the STR programme testify to the variations in the level of external support and funding available. A number of organisations have been particularly well supported by their respective SHAs and local LSCs. Others have not fared so well.

6.21   Generally, local authority social care providers have access to funds from their mental health training grants, and NHS trusts from their multi-professional education and training budgets via the SHA. Unfortunately, the voluntary/independent sector is not generally eligible for the traditional funding streams identified above. Despite this, many agencies within this sector have developed bespoke training programmes for their workers – including STR workers. East Suffolk MIND (Ipswich) and Community Options (Bromley, Kent) are two such examples.

6.22   Another potential source of funding for NVQs and Adult Apprenticeships is the LSC. The LSC is responsible at both regional and local level for planning and funding high-quality vocational training for everyone. For 2006/07, it introduced an entitlement to free tuition for an individual's first full Level 2 qualification. Therefore, a number of new foundation STR workers will be eligible for this. The LSC funds training provision at local level, so your local partnerships will be crucial to the funding negotiations. For more information visit www.lsc.gov.uk

Set of competences for STR workers

6.23   Although paragraphs 50–53 and Appendix D of the 2003 guidance described an E&T pathway for STR workers based on a generic programme of L&D, there has been a call to develop a knowledge and skills set specifically for STR workers. Led by the NIMHE NWP, this programme of work has just started as this handbook is being published, and the details of the skills set will be published on the NWW website at www.newwaysofworking.org.uk in due course.

Case study

The East Suffolk Mind team created a new set of competences that helped identify training needs in appraisals. Trainees who had direct personal experience of mental health problems were supported to obtain a Certificate in Mental Health Work Level 2 and were given work placements. A programme of training, including qualifications such as City & Guilds in Community Mental Health Care and a variety of recovery training took place based on PDPs.

On completing the training programme, workers reflected that they did the following things differently:

- talked about recovery with the client and set objectives based on the recovery approach;

- looked beyond symptoms to the whole person;

- were more honest with clients and worked more in partnership; and

- were more self-aware, e.g. able to recognise their own prejudices.

Contact: Tina Graves on 01473 231666

Occupational health

7.1   It has become clear that in introducing the STR role and seeing what support exists in NHS trusts for both new roles and the recruitment of people who have mental health problems, occupational health support for staff is not consistent across the country. While forward-thinking occupational health departments support some sites, others have relied on Service Level Agreements with neighbouring organisations (e.g. acute NHS trusts) that included only basic screening at recruitment stage and some long-term sickness support.

7.2   Some of the STR programme leads encountered resistance from occupational health staff and human resources departments, which were worried that they were targeting people with mental health problems for the STR role and that this would (they argued) cause the organisation problems in terms of increased sickness and absence, risk management and health and safety. However, it was pointed out that these issues were not exclusive to people with mental health problems. It was also pointed out that the organisations had a responsibility to provide a service to support the mental health of existing staff, and presumably this would reap benefits in terms of decreased sickness and absence rates and also aid retention of staff.

7.3   In 2002, the Department of Health produced the *Mental Health and Employment in the NHS* guidance,[15] which was issued to all the STR site programme leads. Following engagement on mental health and employment websites and discussions with the STR National Reference Panel, good practice in occupational health guidance has since been formulated into a checklist. This is reproduced in Appendix E.

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15 DH (2002) *Mental Health and Employment in the NHS*. London: DH.

Agenda for Change – pay levels – NHS Knowledge and Skills Framework outline

8.1   The 2003 guidance set out some indicative levels of pay for the three levels of STR worker. These have been superseded primarily by pay modernisation in the NHS and the Agenda for Change programme.

8.2   Lack of standardisation of pay across health and social care can be problematic for a number of roles where people may work in the same team but have different employers, e.g. CMHTs. However, the implementation of the STR role has highlighted the issue again.

8.3   There are a number of things to consider when determining terms and conditions for an STR worker role:

- Are there already STR workers in the service? If so, what is the level of pay and other terms and conditions?

- What will be the implications for other groups of staff?

- In the NHS, is there a trust Knowledge and Skills Framework (KSF) role profile available? (Many STR workers have been matched against a community support worker role.)

- Has the whole package of terms and conditions been considered? (This includes annual leave, pension, working hours, local benefits such as London weightings, enhanced pay for unsocial hours, etc.)

8.4   Recent analysis of the terms and conditions of advertised STR posts in health and social care, taking local variations into account, has indicated that there is little difference in basic salary between advertised local government posts and NHS posts, but the NHS Agenda for Change periodic unsocial hours payments are more generous. There remains a wide variation in voluntary sector terms and conditions.

8.5   Current indications suggest that STR workers employed in the NHS are on Band 2/3 (£12,177 to £15,107/£16,799) for foundation workers; Band 3 (£12,853 to £16,799) for intermediate workers; and Band 4/5 (£15,107 to £19,703/£24,803) for senior STR workers (2006/07 pay scales).

8.6   NHS trusts will have completed KSF outlines. One example may be found at Tees, Esk and Wear Valleys NHS Trust, where the KSF outline covers the six core dimensions of communication; personal and people development; health, safety and security; service improvement; quality; and equality and diversity, as well as a number of the health and well-being dimensions.

Contact: judith.hurst@tney.northy.nhs.uk

Evaluation of the STR role

9.1   The Department of Health/NIMHE NWP has commissioned a research programme that aims to:

- see how far NWW and new roles have been introduced into the mental health workforce;

- identify the barriers to implementation;

- identify what impact NWW and new roles are having on other areas in mental health as part of a whole-systems change; and

- see how the programme can move on or has moved on from the pilot/project stage to long-term sustainability.

9.2   The research programme includes the role of the STR worker, and the outcomes from the programme are expected in December 2008.

Case study

Locally, the Cornwall Partnership NHS Trust has carried out an evaluation of the role of the STR worker within the crisis team. The key findings were as follows:

- The STR role has been well received by service users and carers and the duties and responsibilities of the role were significant to the recovery of service users.

- Service users indicated that, while help and support with practical tasks were of benefit, being listened to and having emotional support were of greater value.

- Carers felt well supported both practically and emotionally by the STR workers. They felt informed and included in the decisions made by the team and that having time with the STR worker enabled them to gain deeper insight into their relative's illness. STR workers also helped them find ongoing support once the patient is discharged from the team.

- The STR workers felt that the role was effective in supporting service users in their recovery by means of providing an holistic approach to care. They felt their contribution was respected and valued within the crisis team.

Contact: vici.williams@cpt.cornwall.nhs.uk

Case study

In Bromley, Oxleas Community Options commissioned a survey of clients. The key findings showed:

- increased interaction with the STR worker, leading to a 50% decrease in abortive visits;

- greater increase in independence – 10% of people no longer need the service;

- 'the STR worker is like a friend who I can talk to with trust and confidence' (client);

- happy and responsive staff teams that impact positively on people's lives;

- increasing numbers of compliments from people using services;

- the development of new services and training programmes; and

- support for others developing the STR role.

Contact: tracy.simpson@community-options.org.uk

An evaluation of a new non-professionally qualified worker (NPQW) role

An evaluation of the impact of the introduction of STR workers as part of the NPQW workforce showed that:

- the effect 'appears overwhelmingly positive';

- the STR worker role is most effective when clearly linked to the process of recovery and the goals of social inclusion;

- the role generates positive and desired outcomes for service users – particularly through the provision of time and continuity of support; and

- there is a generally high level of job satisfaction and respect.

Source: Huxley, P et al. (2006) *No Recovery without Time and Support. Evaluation of the introduction of Support, Time and Recovery workers in three pilot sites.* **London: NHS; NIMHE; SCWRU, King's College London; CSIP.**

The role of carers

10.1 The STR role was developed to help meet the needs of service users. Experience has now shown that there have been positive knock-on effects on carers. The Cornwall evaluation has found that the role of the STR worker to provide both emotional and practical support has been of benefit to carers both directly in meeting their needs but also indirectly, as the needs of the person they cared for have been met. Carers have found it helpful that STR workers can take their relatives out, as well as enjoying the benefit gained by having 'someone to sit and talk' and 'spend time' with their relatives.

10.2 Carers have felt included in decisions, and having the team visit the person they cared for in the home also brought attention to their needs, which resulted in more support being put in place following discharge from the team. It was felt that their situation and the demands of their caring role were better understood by having an STR worker visit and spend time with them and the person they cared for. Additionally, they felt they were able to discuss aspects of care in more depth and gain a deeper understanding of their relative's illness.

New Ways of Working and new roles

11.1 One of the major initiatives undertaken by the NIMHE NWP has been around NWW for the whole of the mental health workforce. NWW is about developing new, enhanced and changed roles for mental health staff and redesigning systems and processes to support staff to deliver effective, person-centred care in a way that is personally, financially and organisationally sustainable. NWW represents a cultural shift – it involves rethinking values, ways of working and roles to deliver person-centred care.

11.2 A series of reports has been published, culminating in a progress report, *New Ways of Working for Everyone*, published in April 2007.[16] As part of the programme, a subgroup looked at NPQWs, who include STR workers. The subgroup recognised the value of this part of the workforce when it said:

'Non-professionally qualified workers (NPQWs) provide an important, substantial and sometimes under-recognised contribution to services for people with mental health problems. Such roles can provide significant benefits to service users and carers, service organisations and other staff. In many areas, such as inpatient care and many community settings, NPQW staff often spend more direct time with service users than staff with traditional professional qualifications.'

11.3 The subgroup referred to the introduction of new roles, and to the evaluation of the STR pilot sites referred to in paragraph 2.4 above.

11.4 Further details about NWW can be obtained from the website www.newwaysofworking.org.uk, which includes a section on NPQWs.

11.5 The sustainability of the STR role in the long term will be secured through the whole-systems approach that organisations need to take, through more effective workforce planning, workforce reform and flexibility. The CCTA is designed to help teams review their skill mix based on service user and carer needs; the STR role in this context is specifically identified.

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16 DH (2007) *Mental Health: New Ways of Working for Everyone: Developing and sustaining a capable and flexible workforce.* London: DH.

Case study

Example of innovative practice supporting NWW

Recovery **E**nhancement via **S**upport, **T**ime, **A**ctivity, **R**ecreation and **T**herapy (Re-Start) was set up in East Lancashire with the aim of integrating STR workers into the inpatient MDT.

The key to it being a success was to ensure that the STR workers contributed to the NWW and were able to offer a flexible, user-led service in order to promote recovery, rather than merely assimilating these workers into traditional NPQW roles within the inpatient team.

An occupational therapy team leader post for STR workers was created in order to ensure that the STR workers maintained their identity, that they continued to learn and develop skills in promoting recovery, that the wider MDT understood their role and remit, and to ensure that the introduction of STR workers to the service made a positive impact on service users and carers.

All people admitted to the inpatient unit are introduced to the Re-Start service. A questionnaire is used, where appropriate, to gather the service user's views of their recovery goals. Collaboratively, the STR workers and the service users devise their recovery plan in their own words. The STR workers involve themselves in a wide range of activities in order to support the recovery plans, from helping someone choose what they are going to wear for the day to supporting an individual back into employment. The STR workers and the team leader have promoted their service to their colleagues via presentations and a launch in December 2006. The STR workers continually visit community groups and organisations to promote their service and to develop their knowledge. The service is currently undergoing an audit of its standards. A questionnaire to service users and feedback from carers have been extremely positive, with an emphasis on the empathy shown and the time given to the service users and their families.

'Your time and patience with our son has certainly made a big difference.'
Carer

'The Re-Start team is a positive and safe team. I've been helped with social awareness and confidence issues.'
Service user

Contact: Amanda Kershaw, Professional Occupational Therapy Lead, Lancashire Care NHS Trust, amanda.kershaw@lancashirecare.nhs.uk

Appendix A
Membership of the Handbook Consultation Group

Dena Adamson	CSIP/NIMHE East Midlands Development Centre
John Allcock	Associate Director, NIMHE NWP
Peter Allen	Richmond Fellowship
Jane Atherton	STR lead, Hampshire Partnership NHS Trust
Stan Boater	Locality Manager, Pennine Care NHS Trust
Nick Chisnell	Provider Services Manager, London Borough of Havering
Bill Davidson	New Ways of Working Service User lead
Laurie Davidson	STR lead, Devon
Margo Fallon	CSIP/NIMHE London Development Centre
Barry Foley	CSIP/NIMHE North West Development Centre
Jo Gajtkowska	CSIP/NIMHE South East Development Centre
Brenda Gibson	STR worker, London Borough of Havering
Nicki Hollingsworth	CSIP/NIMHE North East, Yorkshire and Humber Development Centre
Roslyn Hope	CSIP/NIMHE West Midlands Development Centre
David Humphriss	Senior STR worker, Poole Community Mental Health Teams
David Jordan	Rethink
Amanda Kershaw	STR lead, Lancashire
Jen Kilyon	New Ways of Working Carer lead
Marc Lyall	Skills for Health
Phil Marriott	Care Programme Approach Coordinator, Coventry and Warwickshire Partnership Trust
Anne Mercer	Department of Health Workforce Directorate, E&T Branch
Chris Merchant	CSIP/NIMHE North West Development Centre
Paul O'Halloran	CSIP/NIMHE Eastern Development Centre
Elaine Readhead	CSIP/NIMHE North East, Yorkshire and Humber Development Centre
Peter Ryan	Senior Lecturer, Middlesex University
Kate Schneider	CSIP/NIMHE South West Development Centre
Lynne Taylor	Workforce Development, Coventry and Warwickshire Partnership Trust
Jim Thomas	Skills for Care
Vici Williams	STR Worker Evaluation Project lead, Cornwall Partnership NHS Trust
Avril Wright	CSIP/NIMHE Eastern Development Centre

Appendix B
Clarity of the STR worker's role

Background

B1.1 The 2003 guidance described how the name support, time and recovery (STR) worker came about, as well as describing the services that STR workers should provide (see paragraph B3.1 below). It said: 'the role of STR workers is to be flexible in providing the **S**upport service users want by giving them **T**ime and so aid their **R**ecovery. Recovery is based on mutually agreed goals arising from a joint assessment of the individual's strengths and needs. It is essentially an individual approach enabled by a positive and helpful relationship between individuals and staff members across all service settings.' **This summary of the role remains equally valid today.**

B1.2 Appendix C of the 2003 guidance gave some practical examples of these individual strengths and needs, by way of three vignettes across hospital, community and primary care settings and how these issues might be tackled by an STR worker.

B1.3 The need for flexibility is inherent in the STR role. No two service users are identical in terms of their circumstances and needs, which means there can never be a single, fully comprehensive template or model that can be applied to the STR role and that covers every case or circumstance. Indeed, the introduction to the 2003 guidance also mentioned that it would merely point the way for STR workers, recognising that there will always be some element of local application and decision making.

B1.4 Nevertheless, there are a number of core areas of activity to the role that will apply across the board. The purpose of this Appendix is to provide some greater clarity in this respect.

What service users want

B2.1 A key finding from the Cornwall Partnership NHS Trust evaluation was that being listened to and having emotional support was valued very highly and was rated above practical support. However, carrying out practical tasks with the support of the STR worker provided a further opportunity for service users to talk and feel listened to. All this was underpinned by a mutual respect between the STR worker and the service user.

B2.2 The CCTA, produced by the NIMHE NWP to help teams focus on the needs of service users, makes it clear that the needs identified by service users themselves **are mainly about promoting social inclusion**. These include:

- budgeting;

- E&T;

- employment;

- financial awareness training;

- housing;

- income, benefits (and tax credits) advice;

- internet access;

- leisure activities to include exercise and sporting/fitness facilities;

- race and culture;

- shopping;

- social and sexual relationships;

- social networks;

- spirituality, creativity, identity; and

- transport.

B2.3 Other service user needs set out in the CCTA include:

- access to other people with lived experience;

- access to self-help groups;

- access to a pharmacist to include effective medicines management;

- access to regular health checks;

- access to a dietitian, nutritionist and physiotherapist;

- access to a GP, dentist, optician, chiropodist;

- having a voice and access to advocacy; and

- health promotion to include healthy eating, obesity, smoking cessation and preventing substance misuse.

What STR workers should do

B3.1 Appendix A of the 2003 guidance said that STR workers, who must be linked into the care co-ordination process, will:

- promote independent living;

- provide companionship and friendship, but within appropriate, transparent boundaries;

- provide regular and practical support;

- provide support with daily living;

- facilitate people living 'ordinary lives';

- help the service user to gain access to resources;

- provide information on health promotion; and

- support service users with involvement/participation in their treatment.

B3.2 This statement, which was supported by a summary of the values and skills that underpin the role of the STR worker, was a broad description of what the role entailed. But, as implementation of the STR worker has rolled out and more experience has been gained, coupled with the development of the CCTA that involved service users, it is now possible to provide more detail than was contained in the 2003 guidance and this is set out in paragraphs B2.2–B2.3 above.

B3.3 What needs to be recognised, however, is that within each of the bullet points in paragraph B3.1, there lies a myriad of possible tasks that are far too numerous to mention. For example, the vignettes referred to in paragraph B1.2 above covered:

- (in the hospital setting vignette) ensuring that the lady's pets were being looked after, i.e. the 'provision of practical support';

- (in the community setting vignette) helping the lady to make contact with the Citizens Advice Bureau and the Child Support Agency, i.e. 'access to resources'; and

- (in the primary care setting vignette) putting the young man who could not read in touch with a tutor in a local college who specialised in dealing with dyslexia, i.e. 'facilitating ordinary lives'.

B3.4 Other tasks that the STR role would involve include:

- helping to use a launderette, i.e. 'provide support with daily living';

- showing how to prepare a healthy meal, i.e. 'health promotion';

- accompanying a service user to the gym, i.e. 'leisure activities to include fitness facilities'; and

- showing a service user how to purchase a season ticket and use the bus, i.e. 'transport'.

B3.5 But these are just a few examples of tasks that set the context for the role of the STR worker – that, in essence, it is about promoting and supporting social inclusion within a recovery model based on establishing and sustaining a professional, supportive relationship with the service user that is underpinned by the Ten ESCs.

Delivery

B4.1 Although not exclusively for STR workers, all the needs shown in paragraph B2.2 can, to a greater or lesser extent, be addressed by STR workers as part of a Capable Team Approach. The extent to which STR workers are able to undertake fully to help tackle these issues – or to contribute to providing support to help tackle them – will depend not on national guidance, but on the individual background, knowledge, training, skills, experience, aptitude and confidence of the STR worker and the support they can expect from their colleagues. The example job descriptions set out in Appendix C of this handbook give a clear indication of the level and type of intervention that STR workers are expected to undertake in fulfilling their role.

B4.2 Two of the fundamental skills required of an STR worker are being a good listener and a good communicator. This is because one of the key underpinning roles is to be a good networker, allowing the STR to know who to get in touch with, whenever a problem or issue comes up.

Recovery approach

B5.1 What must be borne in mind, however, is that as part of an overall recovery approach, the overriding role of the STR worker is to empower the service user to think and act for themselves as part of a WRAP – not for the STR worker to do it all for them.

Appendix C
Job descriptions

North Yorkshire Adult and Community Services and Hambleton and Richmondshire Primary Care Trust

Hambleton and Richmondshire Integrated Mental Health Services

JOB DESCRIPTION

Job title: Senior Support, Time and Recovery Worker (Community Support)

Accountable to: Assistant Director Mental Health

Responsible to: Commissioning and Service Development Manager

Grade:

Hours: 37

Base: Gibraltar House, Thurston Road, Northallerton

Organisational values

The post holder will be committed to providing excellence in person-centred care, which will include the promotion of recovery, social inclusion and normalisation for the individuals to whom they provide care.

The organisation will provide individual client interventions with an evidenced-based, person-centred care pathway and will ensure effective co-ordination of care across internal and external boundaries.

This approach will require the post holder to:

- fully understand the people they work with and for;

- contribute to stimulating change in a proactive way and therefore develop excellence in the service they provide;

- create an environment that is a great place to work and learn for the post holder and their colleagues; and

- manage the resources available to the post holder effectively, to provide the best possible care for their clients.

Job summary

To offer advice, guidance and support to service users with mental health or substance misuse problems and their carers in relation to welfare benefits, housing and related education and employment issues. To provide management support for the Supporting People service and to provide professional support to intermediate STR workers.

Organisational chart

Area Manager – Integrated Mental Health Services

Commissioning and Service Development Manager

Community and Substance Misuse Teams

Senior Support, Time and Recovery Worker (Community Support)

Employment and Education Opportunities Officer

Community Support Officers
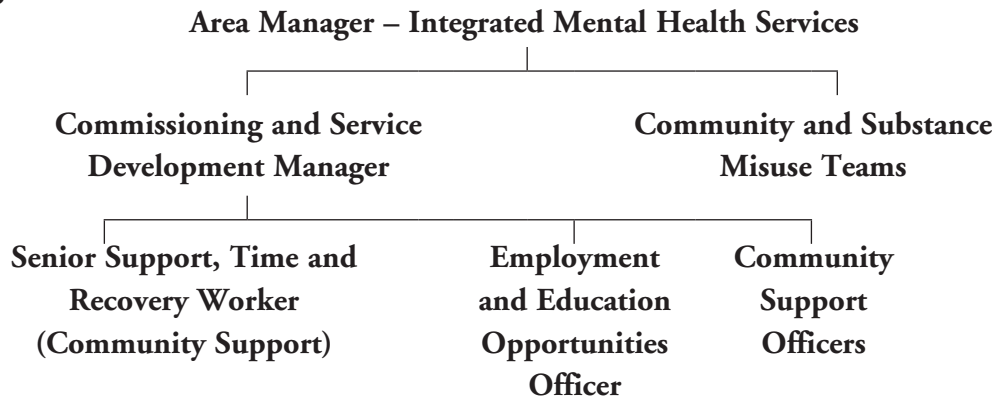
Key result areas

Service provision

- Advise and support individuals to enable them to access and/or retain suitable accommodation.

- Offer guidance on employment and education rights by supporting service users and carers to access appropriate benefits and tax credits and refer them to agencies or workers where appropriate.

- Ensure that individuals are aware of their rights (with regard to housing, benefits, education and employment issues), obtain appropriate welfare benefits and housing and, where necessary, mediate and advocate on their behalf with the relevant agencies.

- Encourage service user and carer access to other support networks in the community.

- Attend service user reviews, CMHT meetings and any other relevant meetings.

- Liaise with and signpost to other agencies while adhering to confidentiality policies.

- Work within an agreed care plan and monitor and record an agreed plan of action, reviewing as appropriate.

- Record unmet needs in respect of the service being offered.

- Undertake administrative tasks, including the maintenance and production of records, reports and statistics.

- Develop partnerships with statutory and voluntary organisations in the development of mental health services.

- Work with the PCT and other organisations as appropriate, to ensure a collaborative approach to the development and implementation of service initiatives.

Management

- Assist the Commissioning and Service Development Manager with the development, collation and administration of Supporting People data.

- Contribute to the recruitment and selection of staff.

- Participate in the induction of intermediate STR workers as appropriate.

- Provide professional support and supervision to intermediate STR workers.

Professional

- Provide a high standard of professional care at all times in accordance with the relevant professional body.

- Be aware of and adhere to all guidelines, protocols and processes relating to good practice.

- Attend relevant meetings, courses and seminars, and keep up to date professionally.

- Be responsible for personal development agreed through the PDP process.

General

- Maintain confidentiality of information regarding service users and their families and friends at all times.

- Act in the best interest of patients/clients at all times.

- Be conversant and comply with the trust's and local authority's health and safety policy.

- Be aware of and adhere to all trust and local authority policies and procedures, in particular the codes of conduct for staff and the employment policy.

COMMUNICATIONS AND WORKING RELATIONSHIPS

Internal	External
Service managers	GPs
Trust and social service departments	Service users
	Carers
Practitioners	District councils
Medical	Department for Work and Pensions
Nursing	North Yorkshire Supporting People
Social care	Voluntary agencies
Therapy staff	Independent providers
	Statutory agencies
	Housing associations

KNOWLEDGE AND SKILLS REQUIRED

- Educational standard to five GCSEs (Grade C) or equivalent and an A-level or other equivalent qualification.

- A willingness to undertake and obtain an NVQ Level 3 in Health and Social Care, a Certificate in Community Mental Health Care (Level 3) and an NVQ Level 4 (or equivalent) in Management, Health and Social Care or Legal Advice.

- Strong interpersonal skills, to advise and support service users.

- An awareness of issues affecting mental health service users.

- Knowledge of approaches to working with mental health service users.

- Good communication skills, both written and verbal, and the ability to represent the organisation.

- A substantial knowledge of welfare and housing benefits, housing issues and related employment and educational issues.

- An ability to offer professional supervision.

- An ability to demonstrate self-motivation.

- An ability to assess and evaluate individual needs to enable service users to make informed decisions.

- An ability to analyse complex information concerning the legal aspects relating to housing and benefits.

SUMMARY

This job description is not an exhaustive list of the duties and responsibilities of the post, and the post holder may be requested to carry out duties appropriate to the grade and post.

The post may change over time to meet organisational requirements, and this job description may be changed after consultation with the post holder at any time.

Please note that this post is deemed to require an enhanced disclosure check by the Criminal Records Bureau.

Signature of post holder: .... **Date:** ....

Signature of line manager/head of service: .... **Date:** ....

Position: .... **Area/service:** ....

PERSON SPECIFICATION

Requirements	Essential	Desirable
Qualifications	Five GCSEs (Grade C) or equivalent and an A-level, NVQ Level 3 or other equivalent qualification	Management, Health and Social Care or Legal Advice qualification at NVQ Level 4 or equivalent NVQ Level 3 in Health and Social Care and a Certificate in Community Mental Health Care (Level 3)
Knowledge and experience	Minimum of one year's experience in advice work An awareness of issues affecting mental health service users Knowledge of approaches to working with mental health service users A substantial knowledge of welfare and housing benefits, housing issues and related employment and educational issues Experience of liaison and negotiation with other agencies Experience of monitoring and recording information	Experience of working with people with mental health or substance misuse problems individually or in groups in community settings A clear grasp of the concept of recovery and the way rehabilitation services can contribute Experience of working to an agreed care or support plan Knowledge of community care and mental health legislation Knowledge of local and national resources for service users
Skills	An ability to offer professional supervision An ability to demonstrate self-motivation An ability to assess and evaluate individual needs to enable service users to make informed decisions An ability to analyse complex information concerning the legal aspects relating to housing and benefits Good communication skills, both written and verbal, and the ability to represent the organisation	

Requirements	Essential	Desirable
Skills (continued)	Strong interpersonal skills, to advise and support service users Basic computer skills The ability to work independently and as a team member	Administrative and organisational skills
Attitudes, aptitudes and personal characteristics	Sensitive to the needs and rights of service users Flexible approach to the work	
Other requirements	Able to access and have use of a vehicle	

Hampshire Partnership NHS Trust in partnership with Social Services

JOB DESCRIPTION

Post title:	Senior Support, Time and Recovery (STR) Worker – Mental Health
Grade:	
Hours of work:	Flexible (37.5 hours per week), to include evening and weekend work and bank holidays
Accountable to:	
Reports to:	Specified manager within the locality
Required education and training qualifications:	The post holder will be expected to complete a comprehensive induction programme and other core learning activities, as well as undertaking ongoing training to achieve the Certificate in Community Mental Health Care/NVQ Level 3 in Care and NVQ Level 3 in Management

Service setting

When designing the role of the STR workers, it was envisaged that the posts would be placed in the voluntary and statutory sectors, and that they would be found in a range of settings such as acute care, community settings, primary care and housing employment schemes. The following is the generic component of the post. It is expected that this job description will be used for all those settings, but it is also recognised that additional elements may be added to ensure that the post remains relevant to all the different settings.

Job summary

- To work as part of a team that provides mental health services, focusing on the direct needs of service users, working across boundaries of care, organisation and roles.

- To provide support and give time to an allocated group of service users in order to promote their recovery and maintain them in their community environment, helping them to build their own support networks.

- To support service users to identify their needs and to assist care co-ordinators to plan, implement and evaluate individual care plans.

- To have the individual service user's needs at the fore at all times, working to the recovery model to support the service user to work towards their identified goals.

- To use agreed values and skills to underpin day-to-day work.

In addition, the responsibilities will include:

- To liaise with and work in association with members of the locality management team, other mental health professionals and the voluntary and private sector as required.

- To actively support an integrated health and social care service for service users, to help ensure that best value services are delivered to the users of STR services.

- To manage and monitor the provision of STR support by way of care packages to service users, working to the Care Programme Approach (CPA).

- To manage, supervise and support a team of STR workers.

Key duties and responsibilities

- To be responsible for providing links between the service user and their care plan. This will include actively participating in and contributing to the review of the service user's care packages as requested by the service user and/or the responsible care co-ordinator.

- To be responsible for building a rapport with service users, which may entail working with them in a setting other than that of the team (i.e. visiting service users in hospital).

- To support service users in engaging effectively with the agreed CPA care plan and in accessing appropriate services on a regular and consistent basis.

- To positively promote independent living for service users within the community by maintaining extensive knowledge of and links with community resources. To actively support service users to use these resources, thereby countering discrimination and encouraging social inclusion.

- To provide regular and practical support to service users and their carers (as appropriate) in developing and managing independence and maintaining dignity and self-respect. To include support with tasks for daily living and home management, e.g. budgeting/cooking.

- To provide, or to assist service users to access, information on health promotion and obtain information that will enable them to access resources, including benefits and welfare rights, education and employment.

- To help identify early signs of relapse by monitoring service users' progress, level of functioning and mental state, and to inform the appropriate staff involved in the service users' care.

- To work closely with care co-ordinators involved in the service users' care.

- To maintain adequate records as required by existing policies and procedures, using appropriate paper and electronic systems. To enter appropriate details on the service users' case notes as necessary.

Management responsibilities

- To be involved in the recruitment and induction of STR workers; to offer personal and observational supervision to them on a regular basis; to offer peer support and mentoring; and to undertake line management responsibilities for a team of STR workers.

- To work together with STR workers, in consultation with others as appropriate, to identify their training needs as part of their annual performance review. To ensure that STR workers undertake an appropriate package of training and education to meet their identified needs, and to participate in and be responsible for STR staff development.

- To provide leadership and support for STR workers employed in the area, regardless of who their employer is.

- To ensure that appropriate strategies are in place which enable STR workers to carry out the duties and responsibilities of their role, ensuring that appropriate boundaries are understood by staff.

- To regularly review the service offered by STR workers, to ensure consistency of standards, quality and effectiveness.

- To liaise regularly with the project lead, to ensure that regular updates of information are available to the STR team.

- To undertake such other duties as may be determined from time to time within the scope of the post, as identified by the line manager.

General

The above duties and responsibilities are to be carried out in accordance with the following:

- Under the provision of the Data Protection Act, it is the responsibility of each member of staff to ensure that all data, whether computerised or manual, is kept secure at all times. This includes data relating to patients and other members of staff. Data must not be disclosed to any unauthorised person and must be regarded as strictly confidential at all times.

- The post holder will be in possession of personal details of service users and other confidential information. This must not be discussed or divulged to any unauthorised person.

- While developing a rapport with service users based on respect and honesty, the post holder will at all times work within clear professional boundaries.

- The post holder must ensure compliance by self with the trust's standing orders, standing financial instructions, policies, procedures and guidelines, including taking all reasonable steps to manage and promote a healthy working and anti-discriminatory environment.

- The post holder should participate in appraisals, training and CPD and take part in a structured supervision process.

- The post holder should be an active member of a network of STR workers across mental health services, attend and participate in STR worker training.

Review of job description

This job description seeks to provide an outline of the duties and responsibilities of the post. It is not a definitive document and does not form part of the main statement of terms and conditions. The job description will be reviewed during the annual appraisal process.

The post holder may be required to undertake other duties as required that fall within the grading of the post, to meet the needs of the service.

PERSON SPECIFICATION

Requirements	Essential	Desirable
Qualifications	Certificate in Community Mental Health Care/NVQ Level 3 in Care, or agreed equivalent Commitment to undertake CPD	NVQ Level 3 in Management, or agreed equivalent
Experience	Experience of managing or supervising staff	Experience of emotional distress Experience of mental health services (as a worker or service user/carer)
Skills/knowledge	Ability to listen effectively and communicate effectively at all levels Basic written communication skills to enable completion of records, etc Empathy, compassion and patience Ability to create innovative solutions to help empower service users Ability to work unsupervised in a range of settings Ability to form positive therapeutic relationships with service users and carers A keenness to make a positive contribution to improving the quality of life of people with mental health problems Ability to recognise and support the personal resourcefulness of people with mental illness Ability to acknowledge diversity and promote anti-discriminatory practice/equal opportunities and cultural awareness	

Requirements	Essential	Desirable
Skills/knowledge (continued)	Ability to provide practical support with daily living activities and to work in a way that will enable service users to obtain/ retain responsibility for their decision making Ability to act calmly in emergencies and to respond in a professional manner to potentially challenging behaviour Good organisational skills, with the ability to prioritise	
Circumstances	Able to travel within the geographical work area in an effective manner Able to work weekends/evenings as appropriate	

South Tyneside Primary Care Trust

JOB DESCRIPTION

Job title: Support, Time and Recovery Worker (senior level)

Division: Finance and Commissioning

Department/ward: Mental Health and Disability Services

Location: Based at Denis Johnson Centre

Main purpose of the job

The post holder will work as part of a team, with service users, focusing on the expressed needs of the service user and providing support to promote the individual's independence and recovery.

The post holder will work independently in the community to a clear and specific care plan to give time to service users to enable them to access mainstream community resources and maintain themselves within their community environment.

It is expected that the post holder will be trained or will undertake training to Foundation level in CBT.

The post holder will support the service user in recovery by achieving their goals/needs through implementing and evaluating individual support plans. As a senior STR worker, the post holder will have additional training and therefore will be expected to undertake more complex tasks when necessary.

The post holder will provide clinical/professional support to foundation and intermediate STR workers.

The post holder will contribute to the recruitment and induction of STR workers to the team.

The post holder will provide professional leadership for STR workers employed in South Tyneside regardless of who the employer is.

The post holder will participate and take a lead in staff development and take part in STR team meetings as and when required.

Organisational chart

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          ┌────────────────────────────────────────────────┐
          │   Strategy and Commissioning Manager (Mental Health) │
          │              (primary care trust)              │
          └────────────────────────────────────────────────┘
                                │
          ┌────────────────────────────────────────────────┐
          │        Mental Health Commissioning Manager      │
          │                (local authority)                │
          └────────────────────────────────────────────────┘
                                │
          ┌────────────────────────────────────────────────┐
          │     STR Lead Officer (Day Opportunities Officer) │
          │                (local authority)                │
          └────────────────────────────────────────────────┘
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Fine dotted line indicates professional supervision only

Senior STR Worker (primary care trust)

STR Worker (local authority)

Intermediate STR Worker

Foundation STR Worker

Job family
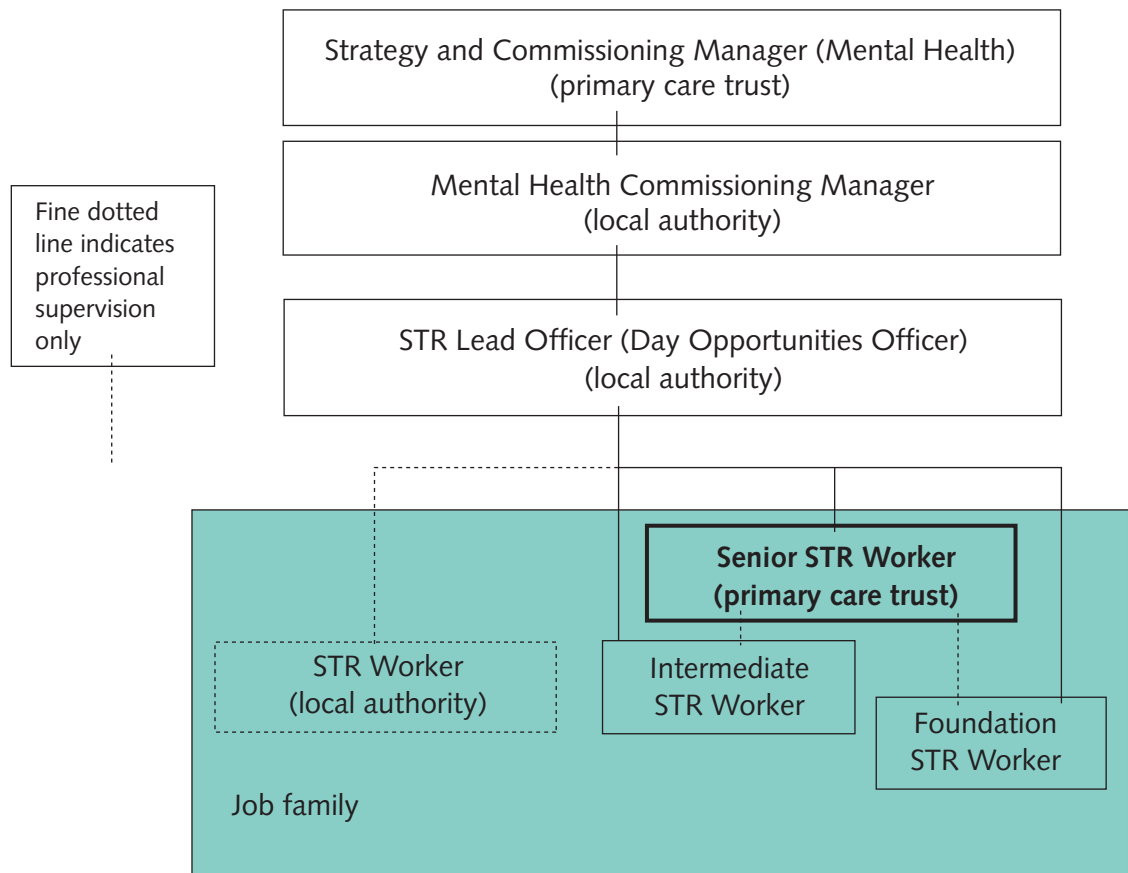
Knowledge, skills, training and experience
Essential prior to recruitment

- NVQ Level 3 in Care, or related field.

- At least three years' experience of working in, or receiving services from, mental health services.

Knowledge

- Awareness and understanding of mental health services and how to access them.

- An understanding of people with common mental health problems and awareness of severe and enduring mental health problems.

- A thorough knowledge of mental health service provision locally and an awareness of the national picture.

- Experience of working with a variety of stakeholders.

- Knowledge of the whole-systems approach to mental health and service delivery.

Skill

- Access to transport.

- An ability to assess risk and respond appropriately.

- An ability to liaise with other parts of the service and other agencies.

- IT skills.

- An ability to work to promote positive messages of recovery.

Experience

- At least three years either working in or receiving mental health services.

- At least three years' experience of managing or supervising staff.

- Liaising with a range of staff, including senior clinicians and external agencies.

- Involving users and carers in a service and actively incorporating their experience.

- Ensuring that their services are sensitive to the variety of needs of their users.

- Working in a culturally diverse society.

- Providing education and training to a range of professionals.

Desirable at recruitment

- Experience of working in a mental health setting.

Essential during employment

- Maintain CPD by undertaking training to meet service requirements, professional requirements and personal requirements in negotiation with management as part of the appraisal system.

Analytical and judgemental skills

- Work with people to identify their needs and assist in judging what would help a person's recovery.

- Occasionally make judgements on matters of risk and support other STR workers to implement departmental policy on risk.

Strategic planning

- Provide information, as required, to management to assist in service development.

Key result areas
Patient/client care

- Positively promote social inclusion to assist service users to participate in activities that are meaningful to them, while recognising and supporting personal choice.

- Use time effectively to support individual service users, by actively engaging with individuals to achieve their identified outcomes, and disengaging at the appropriate time.

- Identify signs of relapse by monitoring the person's progress, level of functioning and mental state, and alerting appropriate people involved in the service user's care.

- Facilitate taster sessions/activities with groups of service users.

- Liaise and work closely with the multidisciplinary teams and with other mental health professionals in all sectors.

- Maintain records of appropriate information relating to service users, within the department's policy guidelines.

- Attend relevant meetings and CPA reviews as appropriate.

- Work flexibly to include evenings, weekends and holidays, when required, to enable service users to access services at these times.

- Demonstrate professional practice at all times, being non-judgemental and promoting equal opportunities and anti-discriminatory practice.

- Accept and undertake supervision and guidance as set out within the directorate's policy and procedure.

- Undertake any training relevant to the role of an STR worker.

- Contribute and participate in appraisal and personal development planning as determined within appropriate policies and procedures.

- Liaise with other parts of the service and other agencies.

- Ensure that individuals are enabled to access appropriate advice, support and interventions outside the practitioner's role, area of knowledge and experience.

- Facilitate service user/carer input into the development of best practice.

- Ensure that the CPA processes and procedures are adhered to where appropriate.

- Provide an out-of-hours service as and when required.

- Participate with other agencies, as appropriate, in the care of those people with severe mental health problems, and enable appropriate access to all primary care services.

- Support people with mental health needs to improve their physical health and well-being.

- Establish, sustain and disengage from relationships with clients.

- Provide advice and information to those who enquire about mental health needs and related services.

- Work with families, carers and individuals during times of crisis.

- Support clients with difficult or potentially difficult relationships.

- Enable people with mental health needs to develop coping strategies.

- Contribute to the protection of individuals from abuse.

Policy and service development

- Work within existing PCT policies and procedures.

- Provide feedback and participate in service reviews and developments.

- Help develop systems to monitor the delivery of services in line with service objectives and specifications.

- Contribute to developing and maintaining cultures and strategies in which people are respected and valued as individuals.

Financial and physical resources

- Take personal responsibility for allocated equipment, e.g. mobile telephones.

Human resources

- Contribute to the development of the induction programme for new members of the team and participate in it as and when required.

- Act as a mentor to new staff joining the service.

- Contribute to and lead workshops or seminars applicable to the post holder's experience/knowledge.

Information resources

- Ensure that individuals are enabled to access appropriate advice, support and interventions outside the STR worker's role, area of knowledge and experience.

- Ensure that CPA processes and procedures are adhered to where appropriate.

- Maintain and manage records and reports.

Freedom to act

- Be able to work autonomously but be able to seek appropriate help and support when required.

- Be able to manage a caseload in conjunction with their line manager and be responsible for their own time management.

- Provide professional guidance and advice to intermediate and foundation STR workers via professional supervision. This function does not imply management responsibility, but good communication with management is essential to deal with issues that impact on both roles.

- Be able to work both on their own and as part of a team.

- Work is guided by occupational policies, procedures and codes of conduct. Work is supervised and advice is generally available.

- The post holder will be allocated clients at allocation meetings.

- The post holder will be expected to develop their own knowledge and practice.

- Reflect upon and develop their own practice using supervision and support.

- Duties are undertaken in accordance with the PCT and local authority, professional codes and guidelines.

Communications and relationships

- The post holder will be based in the Denis Johnson Centre and is accountable to the Day Opportunities Officer.

- Work within a team of other STR workers and administrative staff.

- Develop their own knowledge and practice.

- Promote effective communication and relationships.

- Provide and receive highly confidential and sensitive information.

- Communicate verbal and written information, recognising the recipient's needs and understanding the possible repercussions of misunderstanding that information.

- Promote effective communication and relationships with people who are troubled or distressed.

- Facilitate learning through presentations and activities.

- Develop and sustain arrangements for joint working between workers and agencies.

- Work with people with a mental health problem.

- Establish and maintain working relationships with people who have difficulty in communicating.

- Establish and maintain working relationships with people who lack trust and motivation.

- Set limits to relationships and communications.

- Work with existing service providers who are working in a changing environment.

- Receive sensitive information in relation to people with a mental health problem.

- Create an atmosphere where clients feel comfortable to talk about themselves and their emotions.

Effort and environment
Physical

- Drive or travel most days in order to provide a service to people with mental health problems in the community.

- Lift briefcase or similar, where the total weight lifted is up to 20lbs.

- Potentially assist clients with shopping and other items, lifting in and out of a car and some carrying.

Mental

- Work with clients who are experiencing mental health difficulties in the community, supporting and encouraging them.

- Work to record contacts and communicate these to their manager.

- Work within a setting of care management and risk assessment.

Emotional

- Regularly work with people whose mental ill health, perspectives and life experiences can cause them to be distressed.

- Regularly work with people who are experiencing, or have experienced, often sad or upsetting social situations.

- Provide peer support in dealing with the emotional distress that results from client contact.

- Be involved directly with mental health service users, carers and staff on a daily basis.

- Occasionally deal with clients who may have a history of violence or aggression.

Working conditions

- The Denis Johnson Centre will be a busy 'hub', acting as a base for STR workers. It is a busy office environment within a building that is also in use as a day centre.

- STR workers will be working in the community and in people's homes on a daily basis.

Signature of post holder: .... **Date:** ....

Signature of line manager: .... **Date:** ....

Suffolk Mental Health NHS Partnership Trust

Job description master guidance sheet

POST IDENTIFICATION

Job reference:

Post title (full):	Age-inclusive Support, Time and Recovery Worker
Grade:	Band 3
Main location/base:	Bury St Edmunds
Accountable to:	Acute Service Manager
Reports to:	Team Manager (Bury St Edmunds)
Department(s):	Crisis Resolution/Home Treatment Team (West)
Directorate:	Suffolk Mental Health NHS Partnership Trust

SUMMARY OF ROLE

The post holder will work in the 24 hours, 7 days per week provision of home treatment, under supervision, as part of the Crisis Resolution Home Treatment (CRHT) Multidisciplinary Team, and will focus on the direct needs of their client group. They will:

- provide support and give time to an allocated group of service users, and thus promote their recovery and maintain them in their community environment;

- meet the needs of their client group which pay attention to and respect their wishes and aspirations to lead as ordinary lives as possible by helping them to access community resources and engage in community activities such as leisure, education and training; and

- assist the CRHT Multidisciplinary Team to assess, plan, implement and evaluate mutually agreed goals and plans of care.

Key tasks: support, time and recovery work

- To be responsible for providing the link between the service user, their care plan and their key worker, for an allocated number of individual service users.

- To assist in delivering a high standard of support and care to service users and their carers, promoting their equality, dignity and mental well-being at all times.

- To work with individuals to facilitate access to and engagement in a range of community-based activities, working across boundaries of care and organisations.

- To work with service users on a regular and consistent basis to achieve their identified goals and access appropriate services provided.

- To positively promote independent living for service users within the community.

- To provide support to individuals with daily living, which might involve practical help, emotional/psychological support and assistance with any difficulties that may arise.

- To develop a rapport based upon companionship and friendship but within appropriate and transparent boundaries.

- To help service users gain access to resources, including benefits and welfare rights.

- To provide information on mental health promotion.

- To help identify early signs of relapse by monitoring the service user's progress, level of functioning and mental state, and alert the appropriate staff involved in the individual's care.

- To report regularly to the CRHTT Shift Co-ordinator and be under the supervision of a member of the multidisciplinary team.

- To attend and participate in team/care plan review meetings as appropriate.

- To develop good working relationships with other organisations that are able to help individuals achieve their goals, including housing and benefits agencies, Healthy MIND, vocational specialists, colleges, training providers and other voluntary agencies.

ORGANISATIONAL POSITION

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                    ┌─────────────────────────────┐
                    │    Acute Service Manager    │
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            ┌──────────────────────────────────────────┐
            │  Modern Matron/Clinical Team Manager      │
            │  Crisis Resolution Home Treatment Team    │
            └──────┬──────────────────────────┬─────────┘
                   │                          │
                   ▼                          ▼
    ┌─────────────────────────┐   ┌──────────────────────────────────┐
    │    Shift Co-ordinator   │───│  Crisis Resolution Home Treatment │
    │                         │   │      Multidisciplinary Team       │
    └────────────┬────────────┘   └─────────────────┬────────────────┘
                 │                                   │
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    ┌────────────────────────────────────────────────────────────────┐
    │              Support, Time and Recovery Worker                  │
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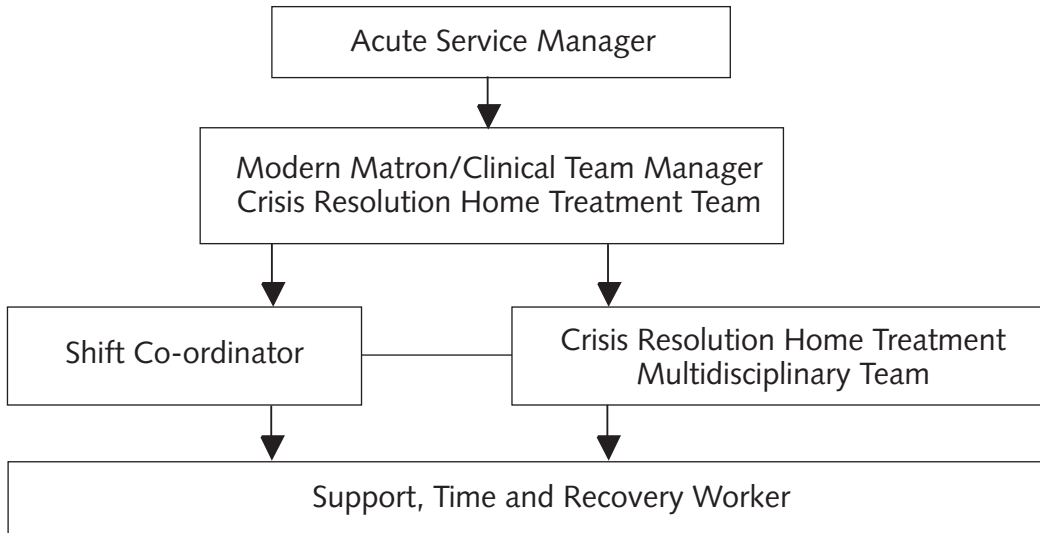
MAIN DUTIES/KSF LEVELS

Communication (Level 2)

- Establish and maintain good communication and co-operation with clients and carers, other professionals and agencies. Develop and maintain communication with people about difficult matters and/or in difficult situations.

- Work closely with all CMHTs, mental health social workers and care co-ordinators within the CPA and with other colleagues working within multi-agency mental health services.

- Communicate effectively with the client, their carers, the team and other external bodies.

- Ability to demonstrate effective listening, counselling and reassuring skills.

- Raise any concerns with the team's Shift Co-ordinator in the support of this person.

- Pass on observations at the end of the shift to the team's Shift Co-ordinators regarding individuals within the client group about whom there are concerns.

- Input data into e-Pex software program and ensure that the information entered has been checked by a qualified team member.

Personal and people development (Level 2)

- Develop own skills and knowledge and provide information to others to help their development.

- Participate in training programmes Statutory and Mandatory.

- Participate in individual supervision sessions with the team leader and designated team members.

- Teach clients in aids to daily living.

- Be able to commit to the aims and values of the Suffolk Mental Health NHS Partnership Trust.

- Be able to work independently.

- Be able to work with people experiencing acute mental illness.

- Be able to work within a multidisciplinary team.

Health, safety and security (Level 2)

- Monitor and maintain the health, safety and security of self and others.

- Adhere to policies on health safety, lone working, vulnerable adults, infection control, etc.

Service improvement (Level 1)

- Make changes in own practice and offer suggestions for improving services.

Quality (Level 1)

- Maintain the quality of own work.

Equality and diversity (Level 2)

- Support equality and value diversity.

- Support clients with enduring mental illness to be equal members of society, supporting them in their social integration.

ROLE OBJECTIVES

Promotion of health and well-being and prevention of adverse effects on health and well-being (Level 2)

- Plan, develop and implement approaches to promote health and well-being and prevent adverse effects on health and well-being.

- Work with clients to address their daily physical and mental health needs.

- Post holder has a special responsibility for ensuring the safety at all times of clients who are either vulnerable or fragile.

Assessment and care planning to meet health and well-being needs (Level 2)

- Contribute to assessing health and well-being needs and planning how to meet those needs.

- Assess symptoms and communicate these to the Shift Co-ordinator or the team's doctor.

- Ability to work to a prescribed care plan.

Enablement to address health and well-being needs (Level 3)

- Enable people to address specific needs in relation to health and well-being.

- Encourage clients to develop and maintain skills and utilise aids to promote an increase in dependence.

- Assist clients in shopping and in preparation of cooking meals, snacks and drinks as required.

- Help empower clients.

Provision of care to meet health and well-being needs (Level 2)

- Undertake care activities to meet the health and well-being needs of individuals with a greater degree of dependency.

Interventions and treatments (Level 2)

- Contribute to planning, delivering and monitoring interventions and/or treatments.

Knowledge and information resources (Level 2)

- Maintain knowledge and information resources, and help others to access and use them.

Learning and development (Level 1)

- Assist with learning and development activities.

GENERAL NOTES

This job description gives a general outline of the post and is not intended to be exhaustive or inflexible. It may be amended from time to time in consultation with the post holder and a recognised trade union if appropriate.

Terms and conditions of service

This appointment is subject to the terms and conditions of employment of Suffolk Support Services, which is hosted for employment purposes by Suffolk Mental Health NHS Partnership Trust.

Health and Safety at Work etc Act 1974

The post holder must be aware of the responsibilities placed on them under the Health and Safety at Work etc Act 1974 to ensure that agreed procedures are carried out and that a safe working environment is maintained for patients, visitors and colleagues.

Special requirements

This position will involve work with children or vulnerable adults, and the post holder will therefore be subject to a criminal records check carried out by the Criminal Records Bureau.

A separate job description will need to be signed off by each post holder to whom the job description applies.

Signature of post holder: .... **Date:** ....

Signature of head of department: .... **Date:** ....

Person specification

POST IDENTIFICATION

Job reference:

Post title (full):   Support, Time and Recovery (STR) Worker (Intermediate Level) – Mental Health

Grade: Band 3

Requirements	Essential	Desirable
QUALIFICATIONS		
1. Good general education	*	
2. Ability and desire to obtain both underpinning knowledge and Certificate in Community Mental Health Care/NVQ Level 2/3 qualifications combined with a commitment to undertake CPD	*	
3. Ability to travel	*	
EXPERIENCE		
1. Experience of mental health services (as a worker or service user/carer)	*	
2. Experience of working in a social care setting		*
3. Experience of liaising with other agencies	*	
4. Experience of recording factual information	*	
5. Experience of delivering care or support	*	
6. Ability to work independently	*	
7. Ability to work as part of a team	*	
KNOWLEDGE BASE		
1. An understanding of the mental health system	*	
2. An understanding of a person's right to choice	*	
3. An understanding of the importance of user/carer involvement	*	
4. An understanding of equal opportunities, diversity and anti-discriminatory practices	*	
5. Knowledge of benefits/employment systems		*
6. Awareness of local services and how to access them		*
7. Moving and handling awareness		*
8. Basic health and safety awareness		*
9. Basic first aid skills		*
10. Basic food hygiene		*
11. An understanding of the care planning process and the CPA		*

Requirements	Essential	Desirable
SPECIFIC SKILLS		
1. Good verbal, written and listening skills to enable completion of records, etc	*	
2. Ability to create innovative solutions to help empower service users/problem solve	*	
3. An ability to act calmly in emergencies and to respond in a professional manner to stressful and challenging behaviour	*	
4. Ability to provide practical support with daily living activities	*	
5. Ability to form positive therapeutic relationships with service users and carers	*	
6. Ability to work to a prescribed care plan	*	
7. Good IT skills (ability to use a personal computer to write notes)	*	
8. Ability to manage time, travel and workloads effectively	*	
9. Ability to work well as a team member and on own initiative	*	
PERSONAL FACTORS/QUALITIES		
1. Committed to the rights and needs of service users and their carers	*	
2. A keenness to make a positive contribution to improving the quality of life of people with mental health problems and promote their independence	*	
3. Ability to work with service users in a non-judgemental manner	*	
4. Committed to equal opportunities	*	
5. Empathy, compassion and patience	*	
6. Committed to promoting good practice and disclosing and challenging inappropriate conduct or practice	*	
7. Able to understand and work within a confidentiality policy	*	

Date agreed: …………………

Signature of post holder: ....

Signature of line manager: ....

Hampshire Partnership NHS Trust in partnership with Adult Services

JOB DESCRIPTION

Post title: Intermediate Support, Time and Recovery (STR) Worker – Mental Health

Grade:

Hours of work: Flexible (37.5 hours per week), to include evening and weekend work, and bank holidays

Accountable to:

Reports to:

Required education   The post holder will be expected to complete a comprehensive
and training qualifications: induction programme and other core learning activities, as well as undertaking ongoing training to achieve the Certificate in Community Mental Health Care/NVQ Level 3 in Care.

Service setting

when designing the role of STR workers, it was envisaged that the posts would be placed in the voluntary and statutory sectors, and that they would be found in a range of settings such as acute care, community settings, primary care and housing employment schemes. The following is the generic component of the post. It is expected that this job description will be used for all those settings, but it is also recognised that additional elements may be added to ensure that the post remains relevant to all the different settings.

Job summary

- To work as part of a team that provides mental health services, focusing on the direct needs of service users, working across boundaries of care, organisation and role.

- To provide support and give time to an allocated group of service users in order to promote their recovery and maintain them in their community environment helping them to build their own support network.

- To support service users to identify their needs and to assist care co-ordinators to plan, implement and evaluate individual care plans.

- To have the individual service user's needs at the fore at all times, working to the recovery model to support the service user to work towards their identified goals.

- To use agreed values and skills to underpin day-to-day work.

Key duties and responsibilities

- To be responsible for providing links between the service user and their care plan. This will include actively participating in and contributing to the review of service users' care packages, as requested by the responsible care co-ordinator.

- To be responsible for building a rapport with service users, which may entail working with them in a setting other than that of the team (i.e. visiting service users in hospital).

- To support service users in engaging effectively with the agreed CPA care plan and in accessing appropriate services on a regular and consistent basis.

- To positively promote service users living independently within the community by maintaining extensive knowledge of and links with community resources. To actively support service users to use these resources, thereby countering discrimination and encouraging social inclusion.

- To provide regular and practical support to service users and their carers (as appropriate) in developing and managing independence and maintaining dignity and self-respect. To include support with tasks for daily living and home management. e.g .budgeting/cooking.

- To provide, or assist service users to access, information on health promotion and obtain information that will enable them to access resources, including benefits and welfare rights, education and employment.

- To help identify early signs of relapse by monitoring service users' progress, level of functioning and mental state, and inform the appropriate staff involved in the service users' care.

- To work closely with care co-ordinators involved in the service users' care.

- To maintain adequate records as required by existing policies and procedures, using appropriate paper and electronic systems. To enter appropriate details on the service users' case notes as necessary,

- To support the foundation STR worker in their role, providing advice and support where appropriate.

- To participate in the review of the overall service provided to service users by STR workers, and advise the senior STR worker/senior practitioner of any changes.

- To undertake such other duties as may be determined from time to time within the scope of the post, as identified by the line manager.

General

The above duties and responsibilities are to be carried out in accordance with the following:

- Under the provision of the Data Protection Act, it is the responsibility of each member of staff to ensure that all data, whether computerised or manual, is kept secure at all times. This includes data relating to patients and other members of staff. Data must not be disclosed to any unauthorised person and must be regarded as strictly confidential at all times.

- The post holder will be in possession of personal details of service users and other confidential information. This must not be discussed or divulged to any unauthorised person.

- While developing a rapport with service users based on respect and honesty, the post holder will at all times work within clear professional boundaries.

- The post holder must ensure compliance by self with the trust's standing orders, standing financial instructions, policies, procedures and guidelines, including taking all reasonable steps to manage and promote a healthy working and anti-discriminatory environment.

- The post holder should participate in appraisals, training and CPD. To take part in a structured supervision programme.

- The post holder should be an active member of a network of STR workers across mental health services, and should attend and participate in STR worker training.

Review of job description

This job description seeks to provide an outline of the duties and responsibilities of the post. It is not a definitive document and does not form part of the main statement of terms and conditions. The job description will be reviewed during the annual appraisal process.

The post holder may be required to undertake other duties as required that fall within the grading of the post, to meet the needs of the service.

PERSON SPECIFICATION

Requirements	Essential	Desirable
Qualifications	NVQ Level 2 in Care/Level 2 Certificate in Community Mental Health Care, or agreed equivalent Commitment to undertake and to gain appropriate Level 3 qualifications within an agreed timescale	NVQ Level 3 in Care/ Certificate in Community Mental Health Care, or agreed equivalent
Experience		Experience of emotional distress Experience of mental health services (as a worker or service user/carer)
Skills/knowledge	Ability to listen effectively and communicate effectively at all levels Basic written communication skills to enable completion of records, etc Empathy, compassion and patience Ability to create innovative solutions to help empower service users Ability to work unsupervised in a range of settings Ability to form positive therapeutic relationships with service users and carers A keenness to make a positive contribution to improving the quality of life of people with mental health problems Ability to recognise and support the personal resourcefulness of people with mental illness Ability to acknowledge diversity and promote anti-discriminatory practice/equal opportunities and cultural awareness	

Requirements	Essential	Desirable
Skills/knowledge (continued)	Ability to provide practical support with daily living activities and to work in a way that will enable service users to obtain/ retain responsibility for their decision making	
	An ability to act calmly in emergencies and to respond in a professional manner to potentially challenging behaviour	
Circumstances	Able to travel within the geographical work area in an effective manner	
	Able to work weekends/evenings as appropriate	

South Tyneside Primary Care Trust

JOB DESCRIPTION

Job title: Support, Time and Recovery (STR) Worker (intermediate level)

Division: Finance and Commissioning

Department/ward: Mental Health and Disability Services

Location: Denis Johnson Centre

Main purpose of the job

The post holder will work as part of a team, with service users, focusing on the expressed needs of the service user and providing support to promote the individual's independence and recovery.

The post holder will work independently in the community to a clear and specific care plan to give time to service users to enable them to access mainstream community resources and maintain themselves within their community environment.

The post holder will support the service user in recovery by achieving their goals/needs through implementing and evaluating individual support plans that have been developed by the service user and care co-ordinator, advanced practitioner or personal adviser. The STR worker will be directed by the care co-ordinator, advanced practitioner or personal adviser and the focus of most work will be CBT interventions.

Organisational chart

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                    ┌─────────────────────────────────────────────┐
                    │  Strategy and Commissioning Manager          │
                    │  (Mental Health)                             │
                    │  (primary care trust)                        │
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                                         │
                    ┌─────────────────────────────────────────────┐
┌──────────────┐    │  Mental Health Commissioning Manager         │
│ Fine dotted  │    │  (local authority)                           │
│ line         │    └─────────────────────────────────────────────┘
│ indicates    │                      │
│ professional │    ┌─────────────────────────────────────────────┐
│ supervision  │    │  STR Lead Officer (Day Opportunities Officer)│
│ only         │    │  (local authority)                           │
└──────────────┘    └─────────────────────────────────────────────┘
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Fine dotted line indicates professional supervision only

STR Lead Officer (Day Opportunities Officer) (local authority)	

Senior STR Worker (primary care trust)

STR Worker (local authority)

Intermediate STR Worker

Foundation STR Worker

Job family

Knowledge, skills, training and experience
Essential prior to recruitment

- NVQ Level 2 in Care, or related field.

- At least two years' experience of working in, or receiving services from, mental health services.

Knowledge

- Awareness of mental health services and how to access them.

- An understanding of people with common mental health problems and awareness of severe and enduring mental health problems.

- Awareness of mental health service provision locally and nationally.

- Experience of working with a variety of stakeholders.

- Knowledge of the whole-systems approach to mental health and service delivery.

Skills

- Access to transport.

- An ability to identify risk and respond appropriately.

- An ability to liaise with other parts of the service and other agencies.

- IT skills.

- An ability to work to promote positive messages of recovery.

Experience

- At least two years either working in or receiving mental health services.

- Liaising with a range of staff, including senior clinicians and external agencies.

- Involving users and carers in a service and actively incorporating their experience.

- Promoting services that are sensitive to the variety of needs of their users.

- Working in a culturally diverse society.

- Providing education and training to a range of professionals.

Desirable at recruitment

- Experience of working in a mental health setting.

Essential during employment

- Maintain CPD by undertaking training to meet service requirements, professional requirements and personal requirements in negotiation with management as part of the appraisal system.

Analytical and judgemental skills

- Work with people to identify ways to meet identified needs and assist in judging what would help a person's recovery.

- Occasionally recognise identified indicators of risk and any newly occurring ones.

Strategic planning

- Provide information, as required, to management to assist in service development.

Key result areas
Patient/client care

- Positively promote social inclusion to assist service users to participate in activities that are meaningful to them, while recognising and supporting personal choice.

- Use time effectively to support individual service users by actively engaging with individuals to achieve their identified outcomes, and disengaging at the appropriate time.

- Identify signs of relapse by monitoring the person's progress, level of functioning and mental state, and alerting appropriate people involved in the service user's care.

- Facilitate taster sessions/activities with groups of service users.

- Liaise and work closely with the multidisciplinary teams and with other mental health professionals in all sectors.

- Maintain records of appropriate information relating to service users, within the department's policy guidelines.

- Attend relevant meetings and CPA reviews as appropriate.

- Work flexibly to include evenings, weekends and holidays, when required, to enable service users to access services at these times.

- Demonstrate professional practice at all times, being non-judgemental and promoting equal opportunities and anti-discriminatory practice.

- Accept and undertake supervision and guidance as set out within the directorate's policy and procedure.

- Undertake any training relevant to the role of an STR worker.

- Contribute and participate in appraisal and personal development planning as determined within appropriate policies and procedures.

- Liaise with other parts of the service and other agencies.

- Ensure that individuals are enabled to access appropriate advice, support and interventions outside the practitioner's role, area of knowledge and experience.

- Facilitate service user/carer input into the development of best practice.

- Ensure that the CPA processes and procedures are adhered to where appropriate.

- Provide an out-of-hours service as and when required.

- Participate with other agencies, as appropriate, in the care of those people with severe mental health problems, and enable appropriate access to all primary care services.

- Support people with mental health needs to improve their physical health and well-being.

- Establish, sustain and disengage from relationships with clients.

- Provide advice and information to those who enquire about mental health needs and related services.

- Work with families, carers and individuals during times of crisis.

- Support clients with difficult or potentially difficult relationships.

- Enable people with mental health needs to develop coping strategies.

- Contribute to the protection of individuals from abuse.

Policy and service development
- Work within existing PCT policies and procedures.

- Provide feedback and participate in service reviews and developments.

- Help develop systems to monitor the delivery of services in line with service objectives and specifications.

- Contribute to developing and maintaining cultures and strategies in which people are respected and valued as individuals.

Financial and physical resources
- Take personal responsibility for allocated equipment, e.g. mobile telephones.

Human resources
- Participate in the induction programme for new members of the team as and when required.

- Act as a mentor to new staff joining the service.

- Contribute to workshops or seminars applicable to the post holder's experience/ knowledge.

Information resources
- Ensure that individuals are enabled to access appropriate advice, support and interventions outside the STR worker's role, area of knowledge and experience.

- Ensure that the CPA processes and procedures are adhered to where appropriate.

- Maintain and manage records and reports.

Freedom to act

- Be able to work autonomously but be able to seek appropriate help and support when required.

- Be able to manage a caseload in conjunction with their line manager and be responsible for their own time management.

- Have an ability to work both on their own and as part of a team.

- Work is guided by occupational policies, procedures and codes of conduct. Work is supervised and advice is generally available.

- The post holder will be allocated clients at allocation meetings.

- The post holder will be expected to develop their own knowledge and practice.

- Reflect upon and develop their own practice using supervision and support.

- Duties are undertaken in accordance with the PCT and local authority, professional codes and guidelines.

Communications and relationships

- The post holder will be based in the Denis Johnson Centre and is accountable to the Day Opportunities Officer.

- Work within a team of other STR workers and administrative staff.

- Develop their own knowledge and practice.

- Promote effective communication and relationships.

- Provide and receive highly confidential and sensitive information.

- Communicate verbal and written information, recognising the recipient's needs and understanding the possible repercussions of misunderstanding that information.

- Promote effective communication and relationships with people who are troubled or distressed.

- Facilitate learning through presentations and activities.

- Develop and sustain arrangements for joint working between workers and agencies.

- Work with people with a mental health problem.

- Establish and maintain working relationships with people who have difficulty in communicating.

- Establish and maintain working relationships with people who lack trust and motivation.

- Set limits to relationships and communications.

- Work with existing service providers who are working in a changing environment.

- Receive sensitive information in relation to people with a mental health problem.

- Create an atmosphere where clients feel comfortable to talk about themselves and their emotions.

Effort and environment
Physical

- Drive or travel most days in order to provide a service to people with mental health problems in the community.

- Lift briefcase or similar, where the total weight lifted is up to 20lbs.

- Potentially assist clients with shopping and other items, lifting in and out of a car and some carrying.

Mental

- Work with clients who are experiencing mental health difficulties in the community, supporting and encouraging these people.

- Work to record contacts and communicate these to their manager.

- Work within a setting of care management and risk assessment.

Emotional

- Regularly work with people whose mental ill health, perspectives and life experiences can cause them to be distressed.

- Regularly work with people who are experiencing, or have experienced, often sad or upsetting social situations.

- Provide peer support in dealing with the emotional distress that results from client contact.

- Be involved directly with mental health service users, carers and staff on a daily basis.

- Occasionally deal with clients who may have a history of violence or aggression.

Working conditions

- The Denis Johnson Centre will be a busy 'hub', acting as a base for STR workers. It is a busy office environment within a building that is also in use as a day centre.

- STR workers will be working in the community and in people's homes on a daily basis.

Signature of post holder: ....   **Date:** ....

Signature of line manager: ....   **Date:** ....

Hampshire Partnership NHS Trust in partnership with Social Services

JOB DESCRIPTION

Post title:	Foundation Support, Time and Recovery (STR) Worker – Mental Health
Grade:	
Hours of work:	Flexible (37.5 hours per week), to include evening and weekend work, and bank holidays
Accountable to:	
Reports to:	Senior STR Worker/Senior Practitioner/identified member of the team
Required education and training qualifications:	The post holder will be expected to complete a comprehensive induction programme and other core learning activities, as well as undertaking ongoing training to achieve the Certificate in Community Mental Health Care/NVQ Level 2 in Care.

Service setting

When designing the role of the STR workers, it was envisaged that the posts would be placed in the voluntary and statutory sectors, and that they would be found in a range of settings such as acute care, community settings, primary care and housing employment schemes. The following is the generic component of the post. It is expected that this job description will be used for all those settings, but it is also recognised that additional elements may be added to ensure that the post remains relevant to all the different settings.

The Foundation role is envisaged as being placed in a single care setting, e.g. an inpatient ward or day-care centre.

Job summary

- To work as part of a team that provides mental health services and to focus on the direct needs of service users, under supervision.

- To assist with the provision of support and give time to an allocated number of service users in order to promote their recovery and to assist in involving social, recreational and personal skills within their agreed programmed plan of care.

- To support service users to identify their needs and to assist care co-ordinators to plan, implement and evaluate individual care plans.

- To have the individual service user's needs at the fore at all times, working to the recovery model to support the service user to work towards their identified goals.

- To use agreed values and skills to underpin day-to-day work.

Key duties and responsibilities

- To be responsible for providing links between the service user and their care plan. This will include actively participating in and contributing to the review of the service user's care packages, as requested by the responsible care co-ordinator.

- To be responsible for building a rapport with service users and to respond in a supportive way to service users who are distressed during sessions, seeking support from colleagues as necessary.

- To support service users in engaging effectively with the agreed CPA care plan and, where appropriate, to access services on a regular and consistent basis.

- To support service users as they move through statutory services, working closely with other STR workers to aid a smooth transfer of care from one part of the service to another.

- To provide regular and practical support to service users and their carers (as appropriate) in developing and managing independence and maintaining dignity and self-respect. To include support with tasks for daily living and home management, e.g. budgeting/cooking.

- To work with other STR workers/members of the team to provide, or to assist service users to access, information on health promotion and obtain information that will enable them to access resources, including benefits and welfare rights, education and employment.

- To help identify early signs of relapse by monitoring service users' progress, level of functioning and mental state, and to inform the appropriate staff involved in the service users' care.

- To work closely with care co-ordinators involved in the service users' care.

- To maintain adequate records as required by existing policies and procedures, using appropriate paper and electronic systems. To enter appropriate details on the service users' case notes as necessary.

- To participate in the review of the service provided to service users overall by STR workers, and to advise any changes to the Senior STR Worker/Senior Practitioner.

- To undertake such other duties as may be determined from time to time within the scope of the post, as identified by the line manager.

General

The above duties and responsibilities are to be carried out in accordance with the following:

- Under the provision of the Data Protection Act, it is the responsibility of each member of staff to ensure that all data, whether computerised or manual, is kept secure at all times. This includes data relating to patients and other members of staff. Data must not be disclosed to any unauthorised person and must be regarded as strictly confidential at all times.

- The post holder will be in possession of personal details of service users and other confidential information. This must not be discussed or divulged to any unauthorised person.

- While developing a rapport with service users, based on respect and honesty, the post holder will at all times work within clear professional boundaries.

- The post holder must ensure compliance by self with the trust's standing orders, standing financial instructions, policies, procedures and guidelines, including taking all reasonable steps to manage and promote a healthy working and anti-discriminatory environment.

- The post holder should participate in appraisals, training and CPD, and take part in a structured supervision programme.

- The post holder should be an active member of a network of STR workers across mental health services, and should attend and participate in STR worker training.

Review of job description

This job description seeks to provide an outline of the duties and responsibilities of the post. It is not a definitive document and does not form part of the main statement of terms and conditions. The job description will be reviewed during the annual appraisal process.

The post holder may be required to undertake other duties as required that fall within the grading of the post, to meet the needs of the service.

PERSON SPECIFICATION

Requirements	Essential	Desirable
Qualifications	Ability and desire to obtain both underpinning knowledge and NVQ qualifications, or agreed equivalent, combined with a commitment to undertake CPD	NVQ Level 2 in Care/ Certificate in Community Mental Health Care, or agreed equivalent
Experience	Experience of working with people Has gained the practical skills necessary to assist daily living	Experience of emotional distress Experience of mental health services (as a worker or service user/carer)
Skills/knowledge	Ability to listen effectively and communicate effectively at all levels Basic written communication skills to enable completion of records, etc Empathy, compassion and patience Ability to create innovative solutions to help empower service users Ability to work unsupervised in a range of settings Ability to form positive therapeutic relationships with service users and carers A keenness to make a positive contribution to improving the quality of life of people with mental health problems Ability to recognise and support the personal resourcefulness of people with mental illness Ability to acknowledge diversity and promote anti-discriminatory practice/equal opportunities and cultural awareness	

Requirements	Essential	Desirable
Skills/knowledge (continued)	Ability to provide practical support with daily living activities and to work in a way that will enable service users to obtain/ retain responsibility for their decision making Ability to act calmly in emergencies and to respond in a professional manner to potentially challenging behaviour	
Circumstances	Able to travel within the geographical work area in an effective manner Able to work weekends/evenings as appropriate	

South Tyneside Primary Care Trust

JOB DESCRIPTION

Job title: Support, Time and Recovery (STR) Worker Foundation level

Division: Finance and Commissioning

Department/ward: Mental Health and Disability Services
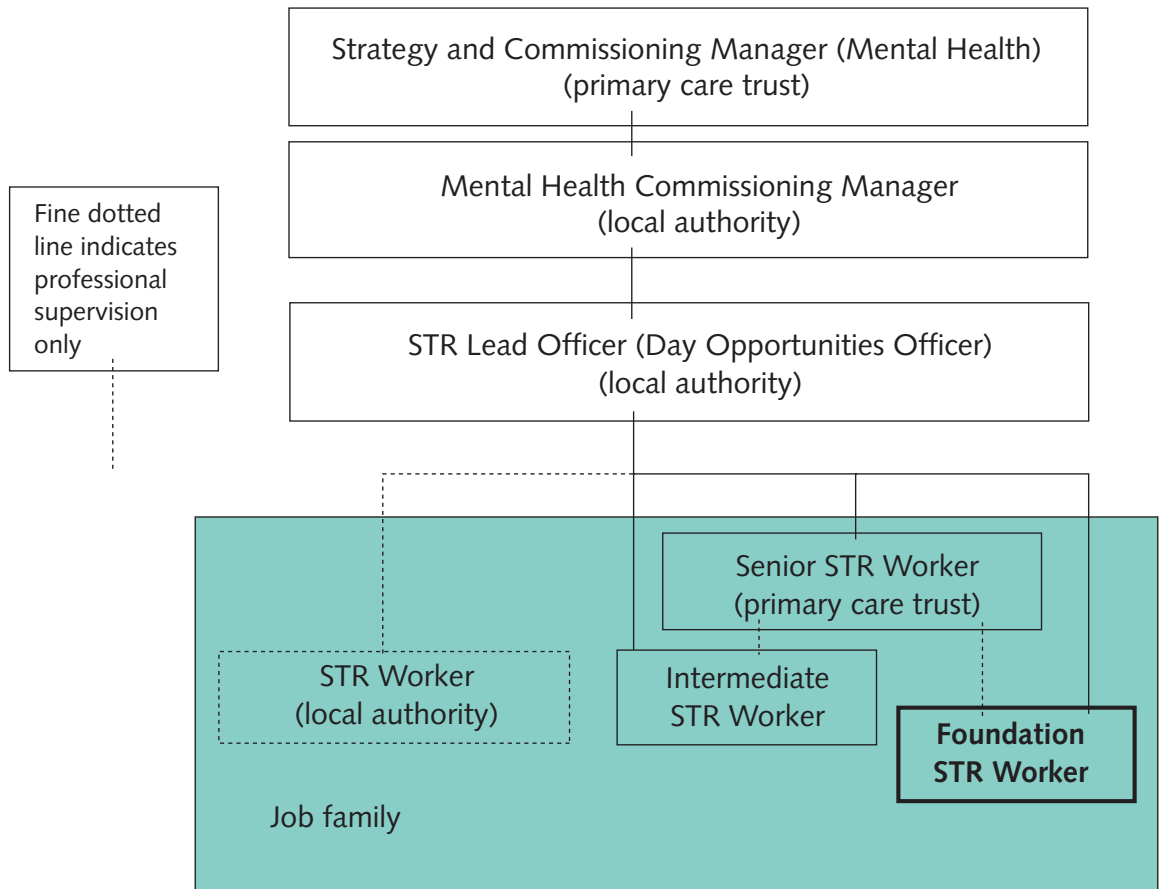
Location: Denis Johnson Centre

Main purpose of the job

The post holder will work as part of a team, with service users, focusing on the expressed needs of the service user and providing support to promote the individual's independence and recovery.

The post holder will work under close supervision to give time to service users to enable them to develop the ability to access mainstream community resources and maintain themselves within their community environment.

The post holder will support the service user in recovery by achieving their goals/needs through implementing and evaluating individual support plans that have been developed by the service user and care co-ordinator, advanced practitioner or personal adviser. The STR worker will be directed by the care co-ordinator, advanced practitioner or personal adviser and the focus of most work will be CBT interventions.

Organisational chart

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                    ┌─────────────────────────────────────────────────┐
                    │  Strategy and Commissioning Manager (Mental Health) │
                    │              (primary care trust)               │
                    └─────────────────────────────────────────────────┘
                                          │
                    ┌─────────────────────────────────────────────────┐
┌──────────────┐    │       Mental Health Commissioning Manager        │
│ Fine dotted  │    │              (local authority)                  │
│ line indicates│   └─────────────────────────────────────────────────┘
│ professional │                       │
│ supervision  │    ┌─────────────────────────────────────────────────┐
│ only         │    │    STR Lead Officer (Day Opportunities Officer)  │
└──────────────┘    │              (local authority)                  │
                    └─────────────────────────────────────────────────┘
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Job family contains: STR Worker (local authority); Intermediate STR Worker; Senior STR Worker (primary care trust); Foundation STR Worker

Knowledge, skills, training and experience

Essential prior to recruitment

- One year's experience of either working in, or receiving, mental health services.

Knowledge

- Awareness of the needs of people with mental health problems. An understanding of people with common mental health problems and awareness of severe and enduring mental health problems.

- Awareness of mental health service provision locally.

- Knowledge of leisure and training opportunities locally.

Skills

- Access to transport.

- An ability to identify risk and respond appropriately.

- An ability to work with other parts of the service and other agencies.

- An ability to work to promote positive messages of recovery.

Experience

- At least one year either working in, or receiving, mental health services.

- Working with a range of staff, including external agencies.

- Involving users and carers in a service and actively incorporating their experience.

- Alerting services to be sensitive to the variety of needs of its users.

- Working in a culturally diverse society.

- Providing education and training to a range of professionals.

Desirable at recruitment

- A qualification in care.

Essential during employment

- Maintain CPD by undertaking training to meet service requirements, professional requirements and personal requirements in negotiation with management as part of the appraisal system.

Analytical and judgemental skills

- Work with service users and intermediate STR workers to identify ways to meet needs and assist in judging what would help a person's recovery.

- Occasionally recognise identified indicators of risk.

Strategic planning

- Provide information, as required, to management.

Key result areas

Patient/client care

- Positively promote social inclusion to assist service users to participate in activities that are meaningful to them, while recognising and supporting personal choice.

- Work with intermediate-level STR workers, by engaging with individuals to achieve their identified outcomes, and disengaging at the appropriate time.

- Assist in monitoring the person's progress, level of functioning and mental state, and alerting appropriate people involved in the service user's care.

- Liaise and work closely with the multidisciplinary teams and with other mental health professionals in all sectors.

- Maintain records of appropriate information relating to service users, within the department's policy guidelines.

- Work flexibly to include evenings, weekends and holidays, when required, to enable service users to access services at these times.

- Demonstrate professional practice at all times, being non-judgemental and promoting equal opportunities and anti-discriminatory practice.

- Accept supervision and guidance as set out within the directorate's policy and procedure.

- Undertake any training relevant to the role of an STR worker.

- Liaise with other parts of the service and other agencies.

- Ensure that individuals are enabled to access appropriate advice, support and interventions outside the practitioner's role, area of knowledge and experience.

- Facilitate service user/carer input into the development of best practice.

- Provide an out-of-hours service as and when required.

- Assist in participating with other agencies, as appropriate, in the care of those people with severe mental health problems, and enable appropriate access to all primary care services.

- Support people with mental health needs to improve their physical health and well-being.

- Establish, sustain and disengage from relationships with clients.

- Provide advice and information to those who enquire about mental health needs and related services.

- Support clients with difficult or potentially difficult relationships.

- Enable people with mental health needs to develop coping strategies.

- Contribute to the protection of individuals from abuse.

Policy and service development

- Work within existing PCT policies and procedures.

- Provide feedback and participate in service reviews and developments.

- Help develop systems to monitor the delivery of services in line with service objectives and specifications.

- Contribute to developing and maintaining cultures and strategies in which people are respected and valued as individuals.

Financial and physical resources

- Take personal responsibility for allocated equipment, e.g. mobile telephones.

Human resources

- Participate in the induction programme for new members of the team as and when required.

- Work with intermediate- and senior-level STR workers, using them as mentors.

Information resources

- Ensure that individuals are enabled to access appropriate advice, support and interventions outside the STR worker's role, area of knowledge and experience.

- Ensure that CPA processes and procedures are adhered to where appropriate.

- Assist in maintaining records and reports.

Freedom to act

- Be able to work autonomously but be able to seek appropriate help and support when required.

- Be responsible for their own time management.

- Be able to work both on their own and as part of a team.

- Work is guided by occupational policies, procedures and codes of conduct. Work is supervised and advice is generally available.

- The post holder will be expected to develop their own knowledge and practice.

- Reflect upon and develop their own practice using supervision and support.

- Duties are undertaken in accordance with the PCT and local authority, professional codes and guidelines.

Communications and relationships

- The post holder will be based in the Denis Johnson Centre and is accountable to the Lead Officer for STR workers.

- Work within a team of other STR workers and administrative staff.

- Develop their own knowledge and practice.

- Promote effective communication and relationships.

- Provide and receive highly confidential and sensitive information.

- Communicate verbal and written information, recognising the recipient's needs and understanding the possible repercussions of misunderstanding that information.

- Promote effective communication and relationships with people who are troubled or distressed.

- Facilitate learning through presentations and activities.

- Develop and sustain arrangements for joint working between workers and agencies.

- Work with people with a mental health problem.

- Establish and maintain working relationships with people who have difficulty in communicating.

- Establish and maintain working relationships with people who lack trust and motivation.

- Set limits to relationships and communications.

- Work with existing service providers who are working in a changing environment.

- Receive sensitive information in relation to people with a mental health problem.

- Create an atmosphere where clients feel comfortable to talk about themselves and their emotions.

Effort and environment

Physical

- Drive or travel most days in order to provide a service to people with mental health problems in the community.

- Lift briefcase or similar, where the total weight lifted is up to 20lbs.

- Potentially assist clients with shopping and other items, lifting in and out of a car and some carrying.

Mental

- Work with clients who are experiencing mental health difficulties in the community, supporting and encouraging them.

- Work to record contacts and communicate these to their manager.

- Work within a setting of care management and risk assessment.

Emotional

- Regularly work with people whose mental ill health, perspectives and life experiences can cause them to be distressed.

- Regularly work with people who are experiencing, or have experienced, often sad or upsetting social situations.

- Provide peer support in dealing with the emotional distress that results from client contact.

- Be involved directly with mental health service users, carers and staff on a daily basis.

- Occasionally deal with clients who may have a history of violence or aggression.

Working conditions

- The Denis Johnson Centre will be a busy 'hub' acting as a base for STR workers. It is a busy office environment within a building that is also in use as a day centre.

- STR workers will be working in the community and in people's homes on a daily basis.

Signature of post holder: .... **Date:** ....

Signature of line manager: .... **Date:** ....

Appendix D
NVQ Health and Social Care
Level 3 – units for the STR worker

Four core units and four optional units must be taken.

NVQ Health and Social Care Level 3 core units

HSC31   Promote effective communication for and about individuals

HSC32   Promote, monitor and maintain health, safety and security in the working environment

HSC33   Reflect on and develop your practice

HSC35   Promote choice, well-being and the protection of all individuals

NVQ Health and Social Care Level 3 optional units[17]

HSC329   Contribute to planning, monitoring and reviewing the delivery of service for individuals

HSC330   Support individuals to access and use services and facilities

HSC331   Support individuals to develop and maintain social networks and relationships

HSC332   Support the social, emotional and identity needs of individuals

HSC335   Contribute to the protection of individuals from harm and abuse

HSC343   Support individuals to live at home

HSC344   Support individuals to retain, regain and develop the skills to manage their lives and environment

HSC345   Support individuals to manage their financial affairs

HSC346   Support individuals to manage direct payments

HSC347   Help individuals to access employment

HSC348   Help individuals to access learning, training and development opportunities

HSC349   Enable individuals to access housing and accommodation

17 These are the optional units that are relevant to the STR worker's role, based on the matching exercise described in paragraph 6.12 of this handbook.

HSC352	Support individuals to continue therapies
HSC356	Support individuals to deal with relationship problems
HSC369	Support individuals with specific communication needs
HSC382	Support individuals to prepare for, adapt to and manage change
HSC383	Prepare and support individuals to move and settle into new living environments
HSC387	Work in collaboration with carers in the caring role
HSC395	Contribute to assessing and act upon risk of danger, harm and abuse
HSC397	Reinforce positive behavioural goals during relationships with individuals
HSC398	Contribute to assessing the needs of individuals for therapeutic programmes to enable them to manage their behaviour
HSC399	Develop and sustain effective working relationships with staff in other agencies
HSC3100	Participate in inter-disciplinary team working to support individuals
HSC3103	Contribute to raising awareness of health issues

NVQ Health and Social Care Level 3 additional units

HSC3111	Promote the equality, diversity, rights and responsibilities of individuals
HSC3112	Support individuals to identify and promote their own health and social well-being
HSC3119	Promote the values and principles underpinning best practice

Appendix E
Guidelines for the employment of staff with mental health problems: occupational health checklist

E1. Here are some suggestions for factors that need to be considered by various parties at the pre-employment stage and once in employment.

E2. The information below is intended as a guide only and should not be used as a definitive list. The factors included should be considered for any person applying for a job or placement; they amount to good management practice. All current or potential staff should have equal access to health facilities, training, support, and organisational policies and procedures, regardless of mental health problems.

E3. Any member of staff who chooses not to tell their manager about their mental health problems or the support networks/services they use, should inform the occupational health department. This will ensure that any adjustments or recommendations can be communicated to the manager in terms agreed by both parties.

The organisation

E4. The organisation should:

- actively value diversity via policies, procedures, training and recruitment;

- have accessible policies regarding equal opportunities in compliance with the Disability Discrimination Act 1995;

- be compliant with the Employment Service Disability Symbol (two ticks);

- have access to a confidential occupational health service;

- have access to staff support systems, e.g. counselling or an employee assistance programme;

- ensure that stigmatisation and discrimination against any member of staff is dealt with via disciplinary and grievance procedures; and

- encourage a culture of openness about mental health.

The occupational health department

E5.   The occupational health department should:

- provide a confidential service;

- provide an individual, impartial health assessment for a specific job/placement/ training post;

- liaise with specialists, the GP, support workers, managers, as appropriate;

- consider the employee's current health – their medication, support, stability, compliance with and effects of treatment, how illness is currently affecting them, degree of insight, whether the health problem is relevant to this post;

- know about the employee's medical history, including diagnosis, patterns of illness, relapses, prognosis;

- make recommendations/adjustments in accordance with the DDA – to the workplace, work patterns/practices, hours, travel, likely sickness absence;

- provide continuing support for the employee and manager;

- provide a rehabilitation programme to help staff back to work after periods of sickness or changes in health; and

- provide information to help ensure that all staff know how to access the service and understand its role.

The manager

E6.   The manager needs to:

- be informed of any recommendations or adjustments to the workplace/work practices, hours, etc. The manager needs to decide if these are 'reasonably practicable';

- know how to access support, e.g. occupational health, employee assistance programmes, human resources, specialist advice; and

- know when to refer on or ask for additional support, e.g. changes in behaviour, concerns expressed by the employee, concerns that health is affecting performance, safety issues, sickness absence, change in performance, complaints/ concerns from others.

SUPPORT FOR THE EMPLOYEE

E7. The following factors should be addressed by the manager with the applicant/member of staff when assessing levels of support required in the workplace:

- existing support networks – community, family, formal, informal, specialist;

- job history – sickness absence, references, coping mechanisms used in previous jobs, problems encountered in previous jobs, triggers for stress/relapse/sickness, whether they have needed any adjustments to workplace or work patterns in previous jobs;

- job description/person specification – whether the applicant has the skills and experience required;

- perceptions of job/capabilities – whether they are realistic;

- social situation – will any social/family commitments impact on work or vice versa, childcare, carer's leave, etc;

- area of work – hazards (psychological, physical, biological, chemical, etc);

- environment – stressed, busy, unsupportive, lone working, travelling, etc;

- type of work – routine, supervised, complex, unsupervised, dealing with difficult people/situations;

- level of support – co-workers, clients/customers, mentors, supervisors, manager; and

- conditions – hours, travel, pay (will they need any benefits to supplement low pay?), work visas/permits, annual leave entitlements, contract conditions.

E8. Depending on the applicant or employee, only some of the above factors will need to be considered. These factors should be discussed in conjunction with others who may be better placed to provide the information, i.e. human resources, manager, previous employer, occupational health, etc.

COLLEAGUES

E9. Colleagues need to:

- have awareness of the needs of colleagues with mental health problems, e.g. via training at induction, during other forms of mandatory training or as part of professional development planning; and

- be aware of how their behaviour/attitudes may affect colleagues and increase stigmatisation.

EMPLOYEES

E10. The employee needs:

- to be aware of support facilities available and how to access them;

- to be assured of confidentiality of services, to encourage disclosure of problems;

- to health and safety training in line with all other staff, e.g. manual handling, display screen equipment, etc; and

- to know how to recognise changes in their own behaviour or health and when to seek advice.

Guidance and references

DH (2002) Mental Health and Employment in the NHS. London: DH.

HMSO (1995) *Disability Discrimination Act 1995*. HMSO.

NHS Executive (1998) *Working Together: Securing a Quality Workforce for the NHS*. HSC 1998/162. London: DH.

NHS Executive (2000) *Looking Beyond Labels: Widening the Employment Opportunities for Disabled People in the New NHS*. London: DH.

NHS Executive (2000) *The Vital Connection: an Equalities Framework for the NHS – Working Together for Quality and Equality*. HSC 2000/014. London: DH.

Appendix F Abbreviations

ADP	Accelerated Development Programme
BME	black and minority ethnic
CBT	cognitive behavioural therapy
CCAWI	Centre for Clinical and Academic Workforce Innovation
CCMHC	Certificate in Community Mental Health Care
CCTA	Creating Capable Teams Approach
CIS	Common Induction Standards
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CPD	continuous personal development
CSIP	Care Services Improvement Partnership
CWP	Changing Workforce Programme
DDA	Disability Discrimination Act
DH	Department of Health
E&T	education and training
ESC	Essential Shared Capability
GP	General Practitioner
GSCC	General Social Care Council
KSF	Knowledge and Skills Framework
L&D	learning and development
LSC	Learning and Skills Council
MDT	multidisciplinary team
NHS	National Health Service
NIMHE	National Institute for Mental Health in England

NMC	Nursing and Midwifery Council
NOS	National Occupational Standards
NPQW	non-professionally qualified worker
NVQ	National Vocational Qualification
NWP	National Workforce Programme
NWW	New Ways of Working
OT	occupational therapist
OU	Open University
PCT	primary care trust
PDP	Personal Development Plan
RECC	race equality and cultural capability
SHA	strategic health authority
STR	support, time and recovery
TROCN	Teesside Regional Open College Network
WRAP	Wellness Recovery Action Plan

DH *Department of Health*