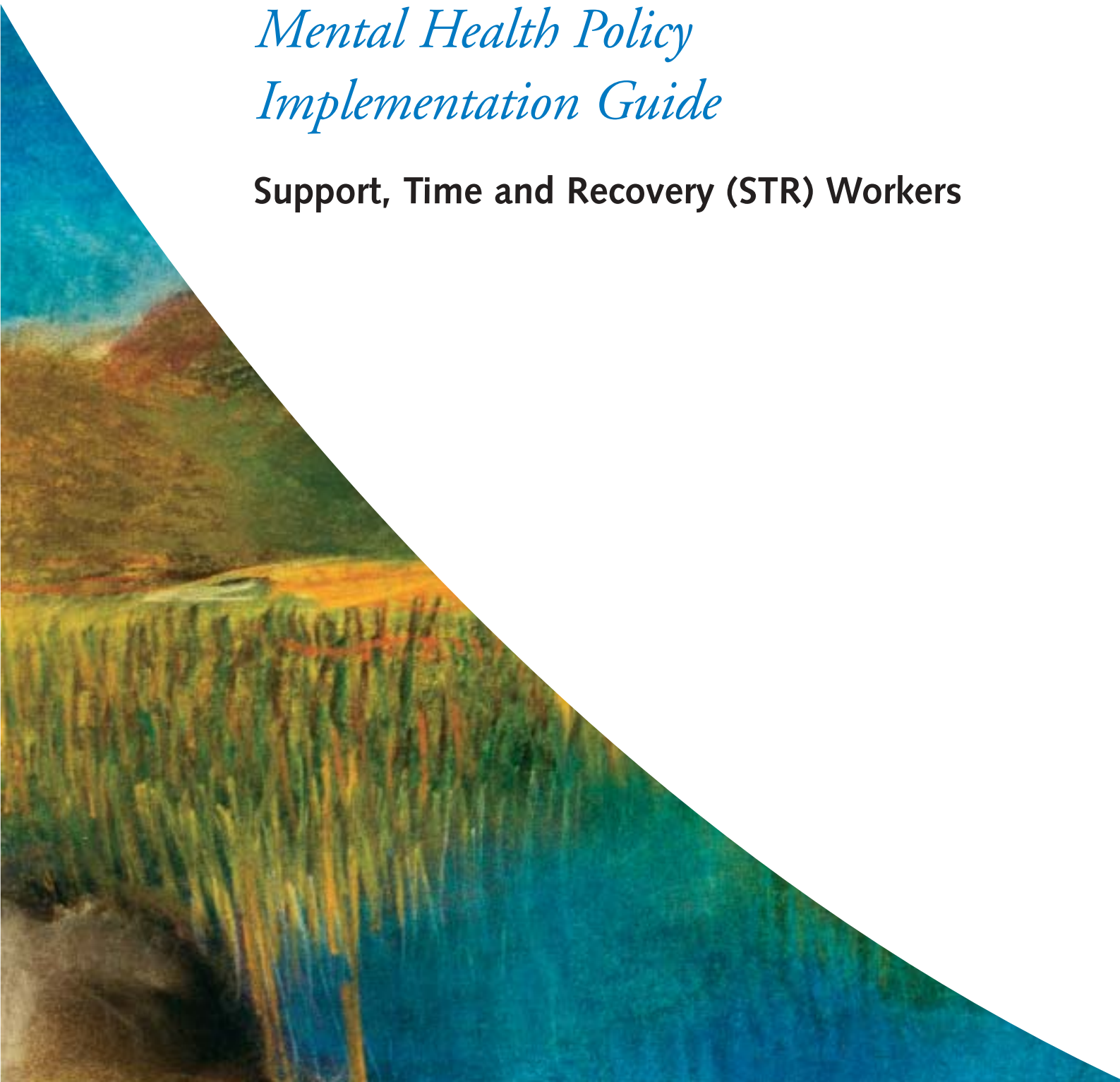


*Mental Health Policy
Implementation Guide*

Support, Time and Recovery (STR) Workers





Painting by Maria Goulding. Maria painted the landscape at the art group at Clarence House Day Centre run by Nuneaton & Bedworth MIND. Paul Darby, the art co-ordinator, aims to provide an enabling space for individuals to use their unique experiences to give value to what they create. Hopefully through the medium of painting a member can create something tangible to express how they are feeling in a sometimes nightmare world.

More information relating to the Day Centre and its Art Group is available at www.nuneatonmind.ukcharity.com.

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Introduction

1. The purpose of this guidance is to provide a framework for local health and social care systems to introduce Support, Time and Recovery (STR) workers into the mental health workforce. The guidance should be read in conjunction with paragraphs A.5.1 to A.5.36 on pages 85 to 96 of the Final Report of the Workforce Action Team (WAT) published in August 2001. This is available on www.doh.gov.uk/nsf/mentalhealth.htm
2. The guidance is structured around a series of questions and answers responding to the points that have come up most frequently during consultations, workshops and discussions.
3. It should be stressed that the guidance should be seen as a single point along a continuum – the development of mental health services and staffing of those services are and will continue to be subject to a dynamic process. The effect of this is that the guidance cannot be regarded as being cast in tablets of stone and will be subject to revision in the light of experience which includes the lessons learnt from the STR Pilot programme. An example of this is where this guidance does not quite match the recommendations or points contained in the WAT Final Report: this simply reflects the further thinking and development of the STR role since August 2001. Where there is an apparent “conflict”, this guidance should be taken as the authoritative resource.
4. Although the guidance is prescriptive about some things such as what an STR worker should not do, at other times it merely points the way that STR workers should operate. It recognises that there will always be some element of local application and decision making, but it attempts to place these in a broad framework of support, advice and guidance.

Background

5. As part of its' work, the WAT, set up by Ministers to look at the workforce, education and training implications of the National Service Framework, set up a Key Area Group to look at what is known within the NHS as the non-professional affiliated workforce. In their Final Report, the WAT suggested a new type of worker should be introduced into the mental health workforce – the Support, Time and Recovery or STR worker.
6. In the time available to them, the WAT could only take things so far making a number of recommendations. Following publication of their Final Report, a new STR Steering Group was formed – see Appendix J – to take the work forward and to work through the operational details. This has been done by means of the Steering Group; consultations; visits to or meetings with health and social care colleagues working in the field; holding a national workshop; and by introducing a pilot programme.
7. This work fits into the remit of the Mental Health Care Group Workforce Team (MHCGWT) which has now taken responsibility for the WAT projects. It also links into the work of the Changing Workforce Programme (also working with the MHCGWT) which is looking at the roles and functions of a variety of mental health services including the STR worker.

Guidance

Background

Who are STR workers?

1. STR workers are people who come from different walks of life with different backgrounds including volunteers and existing and former service users who have the ability to listen to people without judging them. Appendix I sets out a number of points that organisations may wish to consider in employing existing or former service users. STR workers are able to help service users to have an ordinary life assisting them with their everyday, practical needs in whatever setting they find themselves to facilitate recovery.
2. A definition of an STR worker is attached at Appendix A. This sets out the essential skills, knowledge and attitude required to be an STR worker as well as showing what they are expected to do and what they should not do.

How did the name or title STR worker come about?

3. When the WAT were looking at those not currently working in a role affiliated to an existing professional group, it became clear that there was little or no consistency in expectations of these workers; they were not always fully integrated into the team to deliver care by way of a holistic team approach; and their training and supervision, if any, was patchy; their status was low; and they were often not highly valued.
4. In an attempt to both raise their profile and to define the valuable role such workers can play in delivering services which is welcomed by service users, the WAT felt it would be appropriate to give the role a title – the Support, Time and Recovery or STR worker for short.
5. This does not mean that all this workforce should now be called by this title because they will not necessarily be undertaking and fulfilling all the functions of an STR worker nor will they necessarily have the appropriate levels of skills, knowledge and attitude as defined in this guidance.
6. The intention in introducing the title STR worker is that over time, it will become familiar to both other members of the team and more importantly to service users, families and carers. Service users and carers would then be much clearer about how such workers fitted into the health and social care team delivering services and therefore, how they can help and empower them.

Role

What services should STR workers provide?

7. 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.

8. One of the many concerns that service users have is that very few staff working in mental health services have the time to spend with them to talk about their needs, what they want from services and how to put their life back on track. Service users say professional and other staff always seem too busy to support them in the way they want. Service users value the whole-person, whole-life support which they can receive from workers with a specific remit to take a flexible approach based on their individual needs.
9. An example Core Job Description and Person Specification for a Foundation STR worker is attached at Appendix B 1 to this guidance together with example core job descriptions for Intermediate and Senior STR workers.

To whom should they provide these services?

10. Subject to appropriate induction and training in line with this guidance, the expectation is that STR workers will help people with a wide variety of mental health problems to include those with complex health and social needs such as personality disorders and a history of self-harm and substance misuse.

Does this mean that STR workers become the friend of service users because that's what they want?

11. In the section WHAT SHOULD THEY DO in Appendix A, it says STR workers will “provide companionship and friendship but within appropriate, transparent boundaries”. The intention here is to draw attention to the fact that there must be some clear distinction or boundary between someone *working as an employee* who is engaging with a person and providing a service on behalf of their employer as opposed to being a friend in the normal sense of the word. An example of the difference is that an STR worker cannot simply overlook a situation where the service user is undertaking an illegal act whereas a friend may choose not to do anything about it. Providing companionship and friendship is not the same as being a friend.
12. The true test is the nature of the relationship. Such boundaries should be established locally, based on existing protocols between staff and service users about an acceptable set of behaviours informed by some negotiation about what is and is not OK.

Is this role about creating dependency in the service user?

13. Definitely not. STR workers are there to help service users to move along a pathway away from dependency upon others and organisations towards independence. This should include goals delivered by that individual as part of their recovery programme. For STR workers, working with service users to develop jointly negotiated care plans which plot a route towards independence and integration into the mainstream of community life, forms a key part of their role.
14. As reported in the Social Services Inspectorate report “Modernising Mental Health Services – Inspection of Mental Health Services¹, Promoting Autonomy and Positive Lifestyles, “the services most highly valued by service users were those which attended to:
 - The practicalities and realities of everyday life – including accommodation, finance and budgeting;
 - Daily life being meaningful;
 - Rehabilitation and social reintegration – including personal and interpersonal skills”.

¹ *Modernising Mental Health Services* – Inspection of Mental Health Services: June 2002: CI(2002) 7: www.doh.gov.uk/scg/socialc.htm

How much support and time should STR workers provide?

15. The definition in Appendix A shows the range of support that an STR worker provides. As to the amount of time – this will depend on the circumstances of each individual service user. **The primary function of an STR worker is to look at the individual need and to spend whatever time is necessary with the service user to help them with their problems balanced against the need to spend time with other service users with whom they will work.**
16. There will, of course, need to be an exit strategy in place to avoid “burn out” of the STR worker or where they feel the boundary between providing support and becoming too closely involved is being reached. These matters are for local determination in accordance with existing protocols and agreements and may include working with families, friends and neighbours to enable disengagement at the appropriate time. Similarly, the team or services should be clear about when and in what circumstances STR workers should call for help or assistance when they observe concerns in the service user. eg when a person stops taking their medication; threatens suicide or violence to the STR worker etc. This should be provided through supervision and reflective practice and normal working procedures.

Does an STR worker have their own specific caseload?

17. Because STR workers will work as part of a team, services users will normally be referred from other colleague’s caseloads as the need arises. A degree of flexibility is required but the expectation is that there should not be any direct referrals and the number of people they will see and maintain contact with will vary. eg in rural areas, time taken to travel will need to be taken into account. The expectation is that as new referrals come to the team, it will become the norm for the whole team including the STR worker(s) to decide how best to use the STR worker in support of the service user.

Can an STR worker write notes on a person's case file?

18. Subject to completion of the relevant education and training, an STR worker must be able to write appropriate notes on a person’s case file. Completion of such notes should be under supervision usually by the service user’s key worker or care manager.

Which service users have first call on an STR worker?

19. Local protocols should help determine which service users will have an STR worker based on a set of agreed criteria linked to the care co-ordination process. This might include, for example, service users who are isolated with little or no support; those in a crisis; those who lead a chaotic lifestyle etc.

Will STR workers themselves decide what is best for the service user?

20. The role is about having a clear focus on the service users needs within a well designed care plan to which all parties have contributed.

What would an STR worker be expected to do for a service user who found themselves in hospital for example?

21. Many service users and their carers have described the care received whilst in hospital as being drug focussed and the need to be compliant with the regime of the ward environment. They feel that staff are unable to provide the kind of support and time required to create the therapeutic environment necessary to enable recovery to take place. Often it does not reflect the wishes of the staff either who would like to

do more but are simply not able to deliver a more broad based approach to care because of other priorities and the pressure of work.

22. In the first instance, an STR worker would have the time to devote to a particular patient – STR workers should not be taken away from service user engagement because of some emergency elsewhere. They should have time to simply talk to service users about whatever they want. It might be about their care and treatment, it might be about their personal and family circumstances or their leisure interests.
23. Having established a rapport and hopefully the trust of the service user, the STR worker will be able to move on to discuss their wants and needs and to contribute to plans about how best they can be supported both in hospital and upon discharge. This work will not be in isolation to the rest of the team but in partnership with them – is it not intended to devalue the contribution of others. It will enable the STR worker to bring in to the care plan the practical needs and wishes of the service user both whilst they are in hospital and when they are back into the community. See the Vignette at Appendix C.
24. Although the STR worker will not be a care co-ordinator under the Care Programme Approach, one model of care might be to allow the STR worker to “follow” the service user into the community to provide an on-going link and continuity between services and the user. This might be described as having an in-reach model following the service user into hospital combined with an out-reach model following the service user into the community.
25. By working with a group of service users across sectors, it would provide STR workers with not only variety and experience but also unique insight about how the sectors work *from the service user perspective*. Where necessary, this may help service managers and professional staff re-engineer service configuration and responses to service user needs particularly if the primary care dimension was also included in this model.

If that is what an STR worker would be expected to do for a service user who found themselves in hospital what would they be expected to do for someone living in the community on their own or in some form of communal setting which the current community support worker does not do?

26. In many ways, the role of the STR worker would mirror both what they would do in hospital and what current community support workers might do in the community. Perhaps the key difference is that there would be more of a practical partnership in that unlike a hospital setting, an STR worker would be able to accompany a service user when they needed help – going to and helping them to use a launderette for example or going with them to them claim or sort out their social security benefits. See the two Vignettes at Appendix C.

What STR workers should not do and why?

27. This is set out in the Appendix A but is NOT about:
 - providing clinical or medical treatment;
 - monitoring or administering medication;
 - the sectioning or compulsory medication process under the Mental Health Act;
 - service management;
 - therapeutic counselling; and
 - care co-ordination under the Care Programme Approach/Care Management.

28. The reasons why are twofold. These tasks require training and skills which the STR worker may not have but more importantly, involvement in these tasks could impede the relationship which the STR worker should have with the service user.
29. Although an STR worker should not *provide* medical treatment, this does not mean that if they believe a service user is in danger as a result of failing to comply with medication for example, that they should not do anything about it. Clearly they have a responsibility to the service user and the steps they are expected to take should form part of an agreed set of protocols and referral pathways agreed with the team, taken in conjunction with the expressed wishes of the service user where practicable.
30. Although this guidance advises that STR workers will not be involved in treatment, it is important to acknowledge that activities undertaken by STR workers are likely to have an effect on clinical outcomes for service users. This is because part of the STR role may involve taking on tasks within the context of a clinical package of care. For example, an exposure programme for someone with long term agoraphobia is likely to need regular and consistent input for getting used to going out. Other professionals may not have the time to accompany the service user whereas the STR worker would.

What is the role of an STR in relation to the Mental Health Act?

31. As set out above, an STR worker should not get involved in sectioning or compulsory medication under the Act. However, as part of working within an agreed Care Plan, they should facilitate service users involvement in care planning and treatment and provide support through the process of the Mental Health Act.

Can STR workers be called upon in a crisis at any time of the day or night?

32. Yes – if that is the role of the team of which they are a part.
33. However, there will need to be clear protocols set up about the circumstances in which they might be called out at night to include issues around personal safety in the same way that this might be an issue for other staff. It will be for local determination how this is to be initiated given that service users should never be given the home details and personal telephone numbers of STR workers.

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

34. No. They are not independent advocates. Advocacy can take many forms and in the minds of some service users, there will always be a suspicion that anyone employed by a Primary Care Trust (PCT) or a specialist Mental Health Trust (MHT) for example cannot effectively advocate on their behalf given the potential clash of interests. However, an underpinning role of an STR worker is to empower service users to speak up for themselves and this must be approach taken by STR workers.

Might their advocacy role conflict with their terms and conditions of employment?

35. For the reason explained above, there might be conflict in the eyes of the service user so it is not thought appropriate for an STR worker to act as an advocate as set out above.

So where does the new Patient Advice and Liaison Service fit in?

36. The expectation is that an STR worker will be aware of this service in the local PCT or MHT and be able to put the service user in touch, helping them as necessary.

Where should STR workers fit in?

37. The list is almost endless but essentially any setting or locality where a person with a mental illness may be found. Paragraph A.5.11 on page 88 of the WAT Final Report gives some examples.

Terms and Conditions

What registration or regulation should apply to STR workers?

38. For those working as part of the social care workforce, the intention is that the General Social Care Council (GSCC) will, over time, register all those who wish to work in the social care field. Registration will depend upon some form of accredited qualification being attained or by a person having undertaken some other form of education and training to provide a certain level of underpinning knowledge. This will include induction training, regular reflective supervision and on-going capacity building with an expectation of being assessed as competent at NVQ Level 3 or NVQ level 2 in a group care setting.
39. The important thing to note is that the ability to be able to work in the social care sector as an individual as part of a particular type of workforce will be dependent upon being accepted and registered by the GSCC. The GSCC has issued Codes of Practice for social care workers and employers (www.gsc.org.uk) which describe the standards of conduct and practice within which social care workers and employers should work.
40. With regard to those working in the NHS, the NHS Plan included a commitment to publish proposals for the effective regulation of “support workers” and a consultation paper is expected to be published shortly.

Who should employ STR workers?

41. It could be any employer in the NHS or social care field to include the private and voluntary sector.

What levels of pay should STR workers receive?

42. Primarily this will be for local determination based on the STR worker’s knowledge, experience and skills. The aim must also be to harmonise rates of pay across sectors if “poaching” is to be avoided as well as providing for transfers to other health and social care settings. In setting up a pay structure, the aim must to retain as much flexibility as possible by linking it into the hours of work – see Appendix B1 for example.
43. Levels of pay and having some form of pay progression or incremental scale will need to reflect the career path of STR workers. Movement up a pay scale should not be automatic but should reflect progress in gaining knowledge, experience and skills including qualifications as well as taking on more responsibility. An incremental scale should also help with staff retention. One locality considering introducing a three band structure has set the level of pay for a Senior STR worker at £19,000, an Intermediate STR worker will receive £14,000 and the level for a Foundation STR worker has not yet been fully determined but may of the order of £11,000 pa. **These amounts are indicative only and are not intended to be prescriptive.** [Senior, Intermediate and Foundation STR workers are described more fully under Career Progression below].

How does this fit into the proposals under the Agenda for Change initiative?

44. This guidance has taken into account the proposals set out under the Agenda for Change initiative.

45. Pay is, of course, but one means of remunerating staff and will need to be considered in the light of other rewards or incentives such as annual leave, travel costs, housing, child care and pensions for example.

What are the health and safety issues for STR workers?

46. First and foremost, STR workers will be required to take responsibility for their own personal safety in accordance with existing lone working policies, protocols and procedures.
47. STR workers will need appropriate training around assessment of risk; personal safety; first aid skills; confidentiality; and promotion of safe working practices. This will include moving and handling service users; leaving details of visiting plans and ringing in after visits via a mobile phone; and understanding and applying agreed protocols about working out of hours. These should be covered in staff induction and foundation training.
48. As an STR worker will be helping service users gain or improve the daily living skills, it is envisaged that formal food hygiene skills and knowledge will be required. In addition, because STR workers may need to show and enable service users how to change a light bulb or an electrical plug for themselves, they will need to be aware of the health and safety aspects of undertaking such tasks.
49. However, the intention is **not** to over-professionalise the STR workers role which then prevents them from undertaking a variety of tasks in direct support of service users . (See the report from the Mental After-Care Association “*Changing Light Bulbs?*” published in April 2002) – mary-richardson@maca.org.uk

Education, Training and Continuing Personal Development

What education and training should STR workers receive?

50. Essentially, STR workers should apply both practical skills and common sense in their everyday work based on a clear understanding of the value of interpersonal relationships for people in mental distress. This should be supported by having underpinning knowledge of mental health provided by a learning based programme backed up by regular supervision and support. The form such education and training might take may be different so long as it covers the expectations of what an STR worker is required to know and demonstrate as set out in Appendix D. Initially, at an induction level, this might be based on the proposed Level 2 Certificate in Mental Health Work being introduced by City and Guilds Affinity with on-going capacity building leading to the assessment of competence at NVQ Level 2 in Care, for STR workers in a group care setting. Those working independently in the community will need to be assessed as competent at NVQ Level 3 – Promoting Independence. The underpinning knowledge at this level may be obtained formally through the Certificate in Community Mental Health provided by a college or through other relevant training.
51. This would meet the recommendations of the WAT Final report that all STR workers should undergo a “single, nationally agreed induction programme” and have clear on-going training and supervision arrangements to build capacity to achieve an NVQ Level 3. Such arrangements will also help provide assurance for service users and their carers/families that “public safety” issues are being addressed effectively.

How should this be provided?

52. The expectation is that employers and managers will be supported by a variety of training bodies who are able to provide the accredited education and training required. Attention will need to be paid to links with an Assessment Centre to develop NVQ assessment capacity in the organisation as well as to the

delivery of the Induction training and the ongoing workshops. STR workers will learn that the key ingredient of a helping relationship are themselves. Skills training will succeed best if trainers develop a trusting environment where people can learn experientially, often in partnership with service users.

Does this mean that STR workers have to have a formal qualification?

53. The answer to this is “Not at the start” but STR workers will be expected to work towards an NVQ at either Level 2 in a care group setting or Level 3 if working alone but as part of a team approach in the community.

But what about other (higher) qualifications that some (potential) workers may already have? By setting the requirements for education and training at NVQ level, aren't they being put off the job?

54. No. Service users, the public, service managers and other staff need to be reassured that all staff have a minimum set of qualifications when working with people with a mental illness some of whom might have highly complex needs. This forms part of the wider clinical governance agenda and NVQs provide such a benchmark. If a person can satisfy their (prospective) employer that their other qualifications or life and work experience is such that be equivalent to the appropriate NVQ, then the absence of having an NVQ should not, in itself, be a bar to employment. However, the employee's previous knowledge, experience and skills will need to be assessed by their manager against the occupational standard benchmark. For instance, an STR worker who may be a graduate, provides direct care to a vulnerable user. They will need to be assessed in that skill as their body of knowledge for which they have a qualification (eg a psychology degree) did not assess their competence in the task of helping someone with bathing and self care.

What on-going support and supervision should an STR worker receive?

55. As the people providing the most contact to people with either acute or severe and enduring mental health issues, STR workers need regular, expert supervision. This should comprise of one hour a week pro-rata 1) to provide space to reflect on the issues involved in such work 2) for their work to be monitored and 3) for the services performance outcomes to be realised. Supervision is the key to risk management in mental health and to personal learning and development. It should be taking place at all levels and for all professionals in the mental health services. It may be that employers need to invest in developing a supervision structure with appropriate training for a wide range of staff.

Do all these new arrangements mean that other similar members of the workforce get nothing comparable?

56. Not at all. All members of the mental health workforce should receive education and training appropriate to their role. This guidance is simply concerned with setting out the education and training pathway for STR workers.

Management of STR workers

57. It is essential that STR workers have good and effective management. This is especially important in order to help define their role and support them in working with other professional groups. Further guidance is given in Appendix E.

Career Progression

What sort of career or progression structure might STR workers expect to be in place to help them develop?

58. This might take several forms. As in other walks of life, some STR workers will be content to remain at one level as Foundation STR workers. Others will wish to progress but the key thing is that whatever career path or progression an STR worker might choose, they need to be committed to and take personal responsibility for their own Continuing Personal Development that should include supervision and appraisal. There is a constant dynamic to the world of health and social care and STR workers must fully embrace such change and diversity based on continuing up-dating their knowledge and skills.
59. In the same way that a greater emphasis is now being placed on Continuing *Professional* Development for professional staff, the same *principles* should apply to STR workers. After completion of the Level 2 Certificate in Mental Health Work on induction, this might be followed by further capacity building and assessment for an NVQ 2 in Care and on to the Certificate in Community Mental Health at Level 3 and assessment for NVQ 3 Promoting Independence. See Appendix D.
60. Continuing Personal Development is not just about education and training but developing skills in the actual delivery of care as well. As part of a “skills escalator” approach, initially an STR worker at Foundation level may wish to work in a uni-model of care whereby their work takes place in a single setting.
61. Once experience and confidence has been gained and their skill level established, a move might be to work across sectors or localities whereby the STR worker “follows” the service user between the community and hospital to provide an on-going link and continuity between services and the user. And a further step might be to include this follow up by working in primary care settings as well. Such a person might be called an Intermediate STR worker. A change to becoming an Intermediate STR worker may also reflect progress along the education and training pathway by completion of NVQ Level 3.
62. By working with a group of service users across sectors, but as part of a team approach, it would provide the Intermediate STR workers with not only variety and experience but also unique insight about how the sectors work and interact.
63. These possibilities are at the individual level but for those with appropriate experience and qualifications who wish to take this a stage further at a higher level, there should be further opportunities – the Senior STR worker. They might act as a Team Leader, manager or mentor for a number or all STR workers working for a particular employer such as a PCT, specialist MHT or a voluntary organisation. A Senior STR worker may also act as a Team Leader or manager for all STR workers in a particular geographical locality regardless of employer. This role might include acting as a mentor; providing peer support; giving advice about further training and updating of skills; helping to arranging for an education and training programme as set out in Appendix D as part of a career development; and implementing work based assessment for NVQs for the STR workforce.
64. A further development at the team level for a Senior STR worker might be as part of the management Team of a PCT, MHT or a voluntary organisation. They would provide advice about the STR workforce; provide “professional” leadership; and to help provide feedback about how service users view the delivery of services.
65. It is expected however, that there will be very few of the Senior STR posts in place, at least in the short term and then perhaps only one per organisation. It is not “mandatory” to have one, rather it is a question of having the flexibility to introduce a senior STR worker where appropriate to meet the perceived needs of the organisation and the workforce. Where they are in place, a senior STR worker will

clearly have a management and support role, but the expectation remains that they will maintain their face to face contact with service users in the same way as the other STR workers.

66. In summary, the STR career path based on a skills escalator may include:
- A Foundation STR worker working at the uni-level of care;
 - An Intermediate STR worker following service users across sectors to include primary care; and
 - A Senior STR worker becoming a Team Leader or manager for a number or all STR workers in a locality as part of the Mental Health Management Team of a PCT, a MHT or a voluntary sector organisation.
67. Example Core Job Descriptions for the three levels of STR worker are included in Appendix B together with a person specification to aid selection at the Foundation stage.

Other Staff

By placing so much emphasis on the STR workers role to support service users, doesn't this undermine what professional and other staff do on behalf of those same service users?

68. No. It is not the intention to undermine the effective engagement of service users by any one member or type of staff as the same emphasis on a user focus must apply to the whole of the workforce. Clearly, the reason why staff are there in the first place is because they want to make a difference and to provide an appropriate level of service or intervention. But because of pressures at work, it is not always possible for them to positively engage with service users or to fully focus on their *individual* needs in detail. This is why a specific worker in the team, dedicated to provide that type of service, will prove invaluable and will be highly prized by the service users themselves. Where STR type workers have been introduced, team members claim that they have provided added value to the work and approach of that team, in the provision of continuous support to the service user.

That sounds all very well, but isn't the reality that existing staff are going to feel threatened by the introduction of a new worker who they might see as taking their jobs or encroaching on what they see as part of their role?

69. This might well be a possibility if STR workers are simply placed into a team without any preparation or induction. It is not only the STR workers who will need this as they will need to understand the ethos and working methods of the team including its' hierarchy. In addition, the team they are going to work with will also need some induction about what to expect. Experience has shown that where there is no prior discussion problems have occurred. Anxieties (on both sides) can be overcome successfully where there is effective prior engagement and discussion. These need to cover the establishment of a clear set of protocols to include when and how STR workers engage with service users. There needs to be clarity of roles for everyone based on a clear job description. Clarity about the management, reporting, accountability and supervision arrangements are also vital. The intention is to ensure STR workers are not isolated, they feel they have the active support of the team and, in turn, are able to support the team in their engagement with service users.
70. STR workers are not there to merely act as assistants for example. Being part of the non-professional affiliated workforce does not mean they do not have a professional attitude or have skills which should be valued less than professionally qualified staff.

So what needs to be done to prepare the existing workforce and organisation for the introduction of STR workers?

71. The issues that need to be considered are set out in Appendix F.

How are STR workers different from the existing community support workers and other unqualified staff?

72. In reality, the roles may be very similar but for STR workers the clear focus is the service user and their individual needs, helping to support them wherever they may be, whether it is in their own homes, the wider community or in hospital. The STR worker is also expected to have all the skills, knowledge and attitudes set out in this guidance and to have undergone a specific induction programme coupled with a commitment to undertake Continuing Personal Development.
73. The introduction of the STR role is not intended to devalue or disenfranchise existing community support workers who already do a good job. However, as explained in the Background, the intention is raise the profile of support staff, to bring greater clarity and recognition of what they do, tied to a clear expectation of an agreed education and training programme and Continuing Personal Development.
74. Over time, the expectation is that existing community support workers may be assimilated into the STR role.

How are STR workers different from the Gateway workers introduced in the NHS Plan?

75. Essentially, the role of the Gateway workers is to help patients navigate their way around the care system but they will also undertake an assessment and triage function. They will provide a 'round the clock' co-ordinating service for access to specialised care; they will liaise with mental health teams and they will need to be skilled in assessment and interviewing techniques. Gateway workers will need to be deployed at points in the local service that best meet local service and population need and placement with Accident and Emergency psychiatric liaison teams is one option. STR workers on the other hand, are there to "be with" service users, to provide Support and Time and so aid Recovery.
76. Guidance on Gateway workers' roles and responsibilities is now available on the web-site at www.doh.gov.uk/mentalhealth. Hard copies of this guidance may be obtained from: Department of Health Publications, P.O. Box 777, London SE1 6XH. Tel: 08701 555455, [reference 29088] or e-mail doh@prolog.uk.com.

How are STR workers different from the graduate primary care workers introduced in the NHS Plan?

77. The NHS Plan contained proposals to strengthen primary care mental health by appointing 1000 new graduate primary care mental health workers by 2004. They are workers who will be employed in primary care, and trained in brief therapy techniques of proven effectiveness to support delivery of effective mental health care for people of all ages.
78. Although there is likely to be some variation in their roles and responsibilities, consistent with differences in local population needs, the expectation is that the new graduate workers will be involved in the delivery of treatment; in routine audit and outcome measurement and in work within the wider network.
79. Information about their roles and responsibilities, including question and answer briefing, can be found on the Department of Health web-site at <http://www.doh.gov/mentalhealth/fastforward.htm> Information about the training they will receive can also be found there. Best Practice Guidance on the

new graduate primary care mental health workers is now available at Department of Health Publications, P.O. Box 777, London SE1 6XH. Tel: 08701 555455 [reference 30366] or e-mail doh@prolog.uk.com.

So, are STR workers new, additional workers or merely re-badging some of the existing workforce?

80. The intention is that the STR workers would represent an addition to the mental health workforce. However, some of the existing workforce may wish to convert to the STR role by ensuring they have all the necessary skills, knowledge and attitudes set out in Appendix A based on agreed induction programme, coupled with a commitment to undertake Continuing Personal Development.
81. Service users are now asking for a different type of service and the impact of this new request will require service providers to look at the skills base of their organisation. This may result in the movement of tasks up and down the multi-disciplinary ladder, and the need to recruit more STR workers in the future.

Special features in introducing and supporting STR workers in rural areas

Are there any issues around the STR worker which may be special to rural localities?

82. Although not necessarily exclusive to rural areas, there are some special features that need to be taken into account in introducing and supporting STR workers in rural areas. These are set out in Appendix F.

Key Features

83. The Key Features of the STR worker are set out in diagrammatic form in Appendix H.

Social inclusion and the service user perspective – the broad direction of travel

84. There is a danger that the STR role could be seen as the repository of all lay perspectives within the mental health service system and its teams. This would run completely against the run of play elsewhere, in that the broad direction of travel needs to be towards shaping the culture and values of *all* staff and their organisations in order to support their ability to learn from lay people including service users, and to practice inclusively. It is doubtful whether this paradigm shift will be successful if all these responsibilities are subsumed within one key job – to whom it will be tempting to displace everyone's responsibility to advance inclusion by working closely alongside the service user and their social network, thereby helping to reduce stigma and discrimination.
85. Helping people to live ordinary lives, build community links and providing access to resources are important but these activities should be seen as one part of supporting people building a life in the community rather than merely survive. This might additionally include helping people to take up roles such as an employee or student and obtain access to the whole gamut of community opportunities rather than just access health resources for example. While STR workers need to provide a sounding board for service user's aspirations and take their agenda from those expectations, they also have a key potential role in actively promoting these positive roles in the community and supporting external agencies to offer fair access.

STR pilot programme

86. In parallel with the issue of this guidance, an STR pilot programme has started to further “test out” the STR role in a number of sites. The aim is to work through this guidance, to see what lessons can be learnt and to provide support via a network to localities that may wish to introduce STR workers into their workforce. The programme will also include an evaluation exercise. Further details can be obtained from Barry Foley of the Changing Workforce Programme – Mental Health Project. Tel: 01228 402392. E-Mail: barry.foley@doh.gsi.gov.uk and Sally Jenkins 01228 602015. E-Mail: sally.jenkins@ncumbria.nhs.uk

Further information

Who can I contact if I want to know more about STR workers?

87. John Allcock, Deputy Director, National Workforce Programme, National Institute for Mental Health, Wellington House, Room 316, 133 – 155 Waterloo Road, London SE1 8UG. Tel: 020 7972 4224. Fax: 020 7972 4147. E-Mail: john.allcock@doh.gsi.gov.uk

Appendices

APPENDIX A SUPPORT, TIME, RECOVERY (STR) WORKER

DEFINITION

- An STR worker is someone who works as part of a team which provides mental health services and focusses directly on the needs of service users, working across boundaries of care, organisation and role.
- They will provide **S**upport, give **T**ime to the service user and thus promote their **R**ecovery.

VALUE BASE

- Put simply, their Value Base is around meeting the needs of service users which pay attention to and respect the wishes and aspirations of service users to lead as ordinary lives as possible.

WHAT THEY SHOULD DO

- 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;
 - help to identify early signs of relapse; and
 - support service users with involvement/participation with their treatment.

WHAT THEY MUST NOT DO

- STR workers will **not** be involved in
 - providing clinical or medical treatment;
 - monitoring or administering medication;
 - the sectioning or compulsory medication process under the Mental Health Act;
 - service management;
 - therapeutic counselling; and
 - care co-ordination under the Care Programme Approach/Care Management.

VALUES AND SKILLS

- The values and skills which underpin an STR worker include someone who can
 - listen and communicate;
 - talk;
 - demonstrate good communication skills including effective report and case note writing, documenting reviews and letter writing;
 - spend time;
 - be empathic, compassionate and patient;
 - deal sensitively with distress, disturbance and unpredictability;
 - be non-judgemental;
 - be versatile;
 - be accessible and flexible in availability;
 - think and act calmly;
 - demonstrate a good understanding of mental health issues;
 - show a creative and imaginative approach to problem solving;
 - have the practical skills to assist daily living;
 - be prepared to assist with basic practical tasks;
 - promote the rights, responsibilities and recovery of services users;
 - engender empowerment and well-being;
 - acknowledge diversity;
 - promote anti-discriminatory practice;
 - maintain confidentiality;
 - promote safe working practices;
 - promote equal opportunities; and
 - ensure service users are treated with dignity and respect as part of ethical practice.

EDUCATION AND TRAINING

- STR workers must undergo a single nationally agreed induction programme and have clear on-going training and supervision arrangements to build capacity to achieve an NVQ Level 2 or 3 as appropriate.

BACKGROUND

- STR workers can be distinguished from “support workers” or “assistants” by means of
 - having a single nationally agreed induction programme;
 - having a direct focus on the needs of service users;
 - having a specific set of values and skills;
 - having clear on-going training and supervision arrangements to build capacity to achieve an NVQ level 3;
 - a commitment to undertake Continuing Personal Development and
 - being flexible in terms of roles, hours and availability which transcends traditional organisational or service boundaries.

LOCALITIES

- STR workers may be found in a variety of service settings to include
 - Acute/secure care;
 - community settings such as
 - community mental health teams
 - assertive outreach teams
 - crisis resolution/home treatment teams;
 - early intervention teams; and
 - day care centres
 - primary care teams;
 - tertiary services such as A&E;
 - services provided by the private and voluntary sectors; and
 - Housing, employment and befriending schemes.

APPENDIX B 1

EXAMPLE CORE JOB DESCRIPTION – FOUNDATION STR WORKER

Post Title:	Support, Time, And Recovery (STR) Worker – Mental Health
Grade:	Grade:
Hours of work:	Flexible (37.5 hour week) to include evening, weekend work and Bank holidays
Accountable To:	Care Programme Co-Ordinator/Key Worker
Reports To:	
Required education and training/ qualifications:	The post holder will be expected to attend and fully complete a nationally agreed induction programme and undertake on going training to achieve NVQ level 2.
Service setting:	Acute in-patient ward [<i>Note: a uni-model of care</i>]
Job purpose:	The purpose of this post is to work as part of a team which provides mental health services and to focus on the direct needs of service users, working across boundaries of care, organisation and role co-ordinated through the Care Programme Approach/ Care Management process.
Role:	To provide S upport, give T ime to an allocated group of service users and thus promote their R ecovery and maintain them in their community environment. To assist care co-ordinator or keyworker to assess, plan, implement and evaluate individual care plans.
Essential values and skills:	<p>To achieve the objectives of this role, the post-holder must have the individual service users needs at the fore at all times and use the agreed set of values and skills to underpin their day to day work.</p> <p>These will include being able to demonstrate knowledge of</p> <ul style="list-style-type: none"> • How to listen and communicate effectively; • How to build community links; • How to spend time effectively; • How to be empathic, compassionate and patient; • How to deal sensitively with distress, disturbance and unpredictability; • How to be non-judgemental; • First Aid skills; • Food hygiene; • Health and safety; and • Moving and handling. <p>STR workers will need to</p> <ul style="list-style-type: none"> • Be versatile; • Be accessible and flexible in availability; • Think and act calmly; • Demonstrate a good understanding of mental health issues;

- Have the practical skills to assist daily living;
- Be prepared to assist with basic practical tasks;
- Promote the rights, responsibilities and recovery of services users;
- Engender empowerment and well-being;
- Acknowledge diversity;
- Promote anti-discriminatory practice;
- Maintain confidentiality;
- Promote equal opportunities; and
- Ensure service users are treated with dignity and respect as part of ethical practice.

Key Objectives:

1. Responsible for providing the link into the care co-ordination process for an allocated number of individual service users. This will include attending and actively participating in training sessions, team/care plan review meetings and supervision as appropriate.
2. To ensure that service users engage effectively with the agreed Care Plan and access appropriate services provided on a regular and consistent basis.
3. Positively promote independent living of service users within community.
4. Developing a rapport based upon companionship and friendship but within appropriate and transparent boundaries.
5. Provide regular and practical support to service users and their carers in developing and managing dignity and independence.
6. Provide support with daily living; “living ordinary lives”.
7. Help service users gain access to resources to include benefits and welfare rights.
8. Provide information on health promotion.
9. Help to identify early signs of relapse by monitoring the client’s progress, level of functioning and mental state and alert the appropriate staff involved in the client’s care.
10. Report regularly to care co-ordinators and appropriate key worker(s).
11. To maintain adequate records as required by existing procedures, entering appropriate details on the service users case notes as necessary.
12. To undertake such other duties as may be determined from time to time within the general scope of the post.

EXAMPLE PERSON SPECIFICATION

REQUIREMENTS	ESSENTIAL	DESIRABLE
QUALIFICATIONS	Ability and desire to obtain both underpinning knowledge and NVQ qualifications combined with a commitment to undertake Continuing Personal Development	NVQ Level 2 or 3
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 for people with mental health problems Ability to acknowledge diversity and promote anti-discriminatory practice/equal opportunities Ability to provide practical support with daily living activities An ability to act calmly in emergencies and to respond in a professional manner to stressful and challenging behaviour	Basic food hygiene Basic first aid skills Basic health and safety awareness Moving and handling awareness Awareness of local services Knowledge of benefits/employment systems An understanding of the mental health system
CIRCUMSTANCES	Able to travel within the geographical work area in an effective manner Able to work weekend/evenings as appropriate	

APPENDIX B 2 EXAMPLE CORE JOB DESCRIPTION – INTERMEDIATE STR WORKER

Post Title:	Intermediate Support, Time and Recovery (STR) Worker – Mental Health
Grade:	Grade:
Hours of work:	Flexible (37.5 hour week) to include evening, weekend work and Bank holidays
Accountable to:	
Reports to:	
Required education and training/ qualifications:	The post holder will be expected to attend and fully complete a nationally agreed induction programme and undertake on going training to achieve NVQ level 3.
Service setting:	Various [Note: to follow the service user]
Job purpose:	The purpose of this post is to work as part of a team which provides mental health services and to focus on the direct needs of service users, working across boundaries of care, organisation and role co-ordinated through the Care Programme Approach/Care Management process.
Role:	To provide S upport, give T ime to an allocated group of service users with more complex needs and thus promote their R ecovery and maintain them in their community environment. To assist care co-ordinator or keyworker to assess, plan, implement and evaluate individual care plans.
Essential Values and skills:	<p>To achieve the objectives of this role, the post-holder must have the individual service users needs at the fore at all times and use the agreed set of values and skills to underpin their day to day work.</p> <p>These will include being able to demonstrate knowledge of</p> <ul style="list-style-type: none">• How to listen and communicate effectively;• How to build community links;• How to spend time effectively;• How to be empathic, compassionate and patient;• How to deal sensitively with distress, disturbance and unpredictability;• How to be non-judgemental;• First Aid skills;• Food hygiene;• Health and safety; and• Moving and handling. <p>STR workers will need to</p> <ul style="list-style-type: none">• Be versatile;• Be accessible and flexible in availability;• Think and act calmly;• Demonstrate a good understanding of mental health issues;

- Have the practical skills to assist daily living;
- Be prepared to assist with basic practical tasks;
- Promote the rights, responsibilities and recovery of services users;
- Engender empowerment and well-being;
- Acknowledge diversity;
- Promote anti-discriminatory practice;
- Maintain confidentiality;
- Promote equal opportunities; and
- Ensure service users are treated with dignity and respect as part of ethical practice.

Key Objectives:

1. Responsible for providing the link into the care co-ordination process for an allocated number of individual service users. This will include attending and actively participating in training sessions, team/care plan review meetings and supervision as appropriate.
2. To ensure that service users engage effectively with the agreed Care Plan and access appropriate services provided on a regular and consistent basis.
3. Positively promote independent living of service users within community.
4. Developing a rapport based upon companionship and friendship but within appropriate and transparent boundaries.
5. Provide regular and practical support to service users and their carers in developing and managing dignity and independence.
6. Provide support with daily living; “living ordinary lives”.
7. Help service users gain access to resources to include benefits and welfare rights.
8. Provide information on health promotion.
9. Help to identify early signs of relapse by monitoring the client’s progress, level of functioning and mental state and alert the appropriate staff involved in the client’s care.
10. Report regularly to care co-ordinators and appropriate key worker(s).
11. To maintain adequate records as required by existing procedures, entering appropriate details on the service users case notes as necessary.
12. To undertake such other duties as may be determined from time to time within the general scope of the post.

13. To ensure the service user understands and has a clear pathway of care across sector/agency boundaries with key contact points/named individuals
14. Support the Foundation worker in their role providing advice/supervision/training where appropriate.
15. Participate in the planning of protocols to develop the service to the clients
16. Participate in the review of the service provided to clients overall by STR workers and advise any changes to the Senior STR worker.

APPENDIX B 3 EXAMPLE CORE JOB DESCRIPTION – SENIOR STR WORKER

Post Title:	Senior Support, Time and Recovery (STR) Worker – Mental Health
Grade:	Grade:
Hours of work:	Flexible (37.5 hour week) to include evening, weekend work and Bank holidays
Accountable to:	
Reports to:	
Required education and training/ qualifications:	The post holder will be expected to attend and fully complete a nationally agreed induction programme and undertake on going training to achieve NVQ Level 4 in Care (or Management) and Training and Development Lead Body D32 and D33.
Service setting:	Trust (or Voluntary Sector Organisation) Headquarters
Job purpose:	<p>The purpose of this post is to work as part of a team which provides mental health services and to focus on the direct needs of service users, working across boundaries of care, organisation and role co-ordinated through the Care Programme Approach/Care Management process.</p> <p>In addition, the purpose will be to</p> <ul style="list-style-type: none">• work closely in association with the Mental Health Management Team, other Senior staff and other agencies, to help maximise the quality and quantity of STR services within available resources.• manage and monitor the provision of STR support by way of care packages to clients working to Care Programme Approach/Care Management/process.
Role:	<p>To provide Support, give Time to an allocated group of service users with more complex needs and thus promote their Recovery and maintain them in their community environment. To assist care co-ordinator or keyworker to assess, plan, implement and evaluate individual care plans.</p> <p>In addition, the role will include:</p> <ul style="list-style-type: none">• The management of a team of STR workers.
Essential Values and skills:	<p>To achieve the objectives of this role, the post-holder must have the individual service users needs at the fore at all times and use the agreed set of values and skills to underpin their day to day work.</p> <p>These will include being able to demonstrate knowledge of</p> <ul style="list-style-type: none">• How to listen and communicate effectively;• How to build community links;• How to spend time effectively;• How to be empathic, compassionate and patient;

- How to deal sensitively with distress, disturbance and unpredictability;
- How to be non-judgemental;
- First Aid skills;
- Food hygiene;
- Health and safety; and
- Moving and handling.

STR workers will need to

- Be versatile;
- Be accessible and flexible in availability;
- Think and act calmly;
- Demonstrate a good understanding of mental health issues;
- Have the practical skills to assist daily living;
- Be prepared to assist with basic practical tasks;
- Promote the rights, responsibilities and recovery of services users;
- Engender empowerment and well-being;
- Acknowledge diversity;
- Promote anti-discriminatory practice;
- Maintain confidentiality;
- Promote equal opportunities; and
- Ensure service users are treated with dignity and respect as part of ethical practice.

In addition, the skills required will include:

- The ability to supervise staff
- Organisational skills
- The ability to prioritise
- Presentational and good communication skills
- Good interpersonal skills.

Key Objectives:

1. Responsible for providing the link into the care co-ordination process for an allocated number of individual service users. This will include attending and actively participating in training sessions, team/care plan review meetings and supervision as appropriate.
2. To ensure that appropriate strategies are in place for staff to engage service users effectively with the agreed care plan and access to appropriate services is provided on a regular and consistent basis.
3. Through review processes, positively promote the independent living of service users within the community.
4. Ensure appropriate transparent boundaries are understood by staff that will enable the development of rapport with clients based upon companionship and friendship.
5. Develop plans that will support the provision of practical support to service users and their carers in developing and managing dignity and independence.

6. Enable staff to provide support with daily living 'living ordinary lives'
7. Ensure the right information is available to enable service users to gain access to resources , including benefits and welfare rights.
8. Responsible for reviewing information available to clients for quality and effectiveness.
9. Help to identify early signs of relapse by monitoring the client's progress, level of functioning and mental state and alert the appropriate staff involved in the client's care.
10. Report regularly to care co-ordinators and appropriate key worker(s).
11. To maintain adequate records as required by existing procedures, entering appropriate details on the service users case notes as necessary.
12. To undertake such other duties as may be determined from time to time within the general scope of the post.
13. To ensure the service user understands and has a clear pathway of care across sector/agency boundaries with key contact points/named individuals
14. To recruit and induct STR workers; to offer personal and observational supervision to them regularly; peer support and mentoring, and to undertake line management responsibilities for a team of STR workers.
15. To provide leadership for STR workers employed in an area regardless of who their employer is.
16. To ensure STR workers undertake an appropriate package of education and training in line with guidance contained in the Department of Health Policy Implementation Guide, providing this personally where necessary.
17. To participate in and be responsible for staff development as part of STR Team meetings as and when required.
18. To liaise and work in close co-operation with members of the Mental Health Management Team, other mental health professionals, and voluntary and private sector agencies as required, to help ensure that best value services are delivered to the users of STR services.
19. To undertake direct client work where this is deemed appropriate, and to actively engage service clients in working to achieve the outcomes sought through their care plans, including the maintenance of contact with mental health services.

APPENDIX C VIGNETTES

STR worker in a hospital setting

Background

1. Miss X who has a long standing history of severe and enduring mental illness is admitted to hospital because of her failure to take her medication and is considered at risk to herself. She was found unkempt and dirty which may also reflect the fact that she is socially and geographically isolated living in a rural area with no immediate family or friends. She has little formal education, lacks confidence and has low self-esteem. Her admission on to a very busy acute ward has helped to stabilize her illness but because the ward is short of staff, there is little or no personal interaction with her. She is frightened and appears to be very worried but in the brief time available to staff, they cannot find out if there is any particular reason for this.

STR worker engagement

2. The Trust has recently appointed a number of STR workers and one is employed as part of the acute ward team. The STR worker is also single woman who is 38 years old and is a former service user herself. The team leader on the ward recognises that medication alone may not be what Miss X needs and asks the STR worker to spend some time with her.
3. It takes a little while for the STR worker to gain the attention and confidence of Miss X but slowly it emerges that her main concern is that she keeps a number of pets in an outhouse at the bottom of her rather wild and overgrown garden and she is really worried about what will happen to them if no-one provides food and water. Because of the state she was found in and the rather hurried way she was admitted, she did not have the opportunity to explain about her pets even if she was capable of telling people about them at the time. She is not only frightened about what is happening around her in a busy and very noisy ward but is becoming increasingly worried about her pets who are central to her life at home.

Outcome

4. Although the medical notes show she lives alone and has no immediate family or friends, they do not show that she has pets and her world revolves around them. The ward staff do not know this – why should they – and despite their best intentions, they do not have the time to spend sitting and chatting with Miss X. The STR worker, whose main function is *to engage and spend time with Miss X and so meet her needs* without distraction, does manage to find out what her real concerns are and makes arrangements for the pets to be fed and watered whilst Miss X is in hospital. At the news of this, Miss X perks up and the STR worker, having spend **time** with her, provided her with the necessary **support**, helps with the **recovery** process.

STR worker in a community setting

Background

5. A recently separated mother of four with a history of anxiety, clinical depression and self-harm (cutting) who has two children living at home aged 15 and 17. They have been identified as the main carers and are involved in all aspects of domesticity. The mother is often incapacitated by her low mood and stays in bed.

STR worker engagement

6. The CPN in the Community Mental Health Team has asked her STR colleague to see if she can help the mother with her lack of self confidence, explore alternative ways of managing the anxiety, to see whether there are any ways of enhancing social opportunities and identify support for the young carers, to be agreed as part of the Care Plan. The STR worker also recognised the importance of engaging with the family and carers (one and the same in this case) and to gain their confidence and endorsement in putting together a package of support.
7. The STR worker identified voluntary work as an area of interest for the mother and by helping to empower her, together, they spent some time approaching suitable agencies. This proved successful and the mother began working in the community. The two carers were offered support from the Young Carers Support service which they accepted.
8. The mother also admitted previously undisclosed debt to her STR worker who encouraged and supported the mother to ring Citizens Advice Bureau (CAB) to arrange a meeting with the Debt Counsellor. In the meantime, the STR worker helped the mother in contacting all the companies she owes money to. The STR worker worked alongside the mother and the CAB in collating a financial assessment and in applying for assistance from charities. In addition, the STR worker encouraged the mother to contact the Child Support Agency in an attempt to reclaim substantial arrears she is owed by her former partner.

Outcome

9. The STR worker spent a considerable amount of **time** with the mother helping and providing **support** to re-enter work, sort out her finances as well as getting help for the two young carers. As the mother's confidence has grown, her anxiety has reduced and her social opportunities are improved helped further since she applied for and secured a placement to undertake vocational training. Her **recovery** is such that further self harming and hospital admissions have so far been avoided.

STR worker in primary care

Background

10. In carrying out an audit of practice appointments which have not been kept, the practice team, which included a graduate primary care worker and an STR worker, noted that a young man has made several calls to see his GP but has not actually kept a single appointment. He has always sounded anxious on the telephone. At a practice meeting to discuss the audit, it was agreed that if and when he called again, the new graduate primary care worker would be asked to take the call as part of their role to provide assessment and screening.

STR worker engagement

11. When the young man called again, the graduate primary care worker persuaded him to make and keep an appointment in the practice. Recognising in his voice that there might be something which lay behind the man's anxiousness, a longer than usual appointment was set aside on a day when the practice STR worker was scheduled to be on hand.
12. Having dealt with the medical condition, the graduate primary care worker introduced the STR worker who then took him to a designated room located in the surgery specifically designed to produce a less intimidating atmosphere than a consulting room. Over a cup of coffee, the STR worker managed to get the young man to feel slightly more relaxed and engaged him in general rather than intrusive

conversation. It took quite some time and it covered a variety of topics to include sport, pop music and cars where it soon became clear that the young man had a low standard of education. Wondering if this is what lay behind the symptoms, the STR worker asked what magazines the young man read. At this, he froze but after a while, he admitted he did not read anything as he was dyslexic. It was his fear of ridicule and the stigma of having dyslexia that made him anxious less he might have to read something in front of people or in public.

13. The STR worker having previously worked in education, then made contact with a tutor in a local college who specialised in dealing with dyslexia. The STR recognised the lack of self belief and self worth and arranged to accompany the young man staying with him all the time at the first visit to the College. This commitment gradually reduced over the succeeding weeks until they just kept in touch now and again.

Outcome

14. As he learnt to deal with and gradually overcome his dyslexia, the young man was able to get on with his life and to widen his interests. Regular employment had been difficult before, relying as he had to largely on the “cash” economy but in the event he was able to consider taking jobs where he was able to and needed to be able to read and understand words and figures. This was largely down to the **time** the STR worker was able to spend with him on a one to one basis, the **support** provided in accompanying him to college which all helped in his **recovery**.

APPENDIX D EDUCATION and TRAINING PATHWAY

GENERAL

1. STR workers will have a wide range of educational backgrounds, personal experiences and qualifications. The expectation is that each STR worker should receive an education and training programme that will comprise induction training; foundation and capacity building; work based assessment of competence and on-going supervision.
 - 1.1 Each employer will need to ensure that new STR workers can access a work-based learning programme, supervision and assessment of competence. Employers can either employ specialist qualified staff to deliver training, supervision and assessment, train their managers in supervision and assessment skills (Training and Development Lead Body D32 and 33) which they can then utilise for all the workforce eg implementing appraisal systems, or buy in training and assessment skills from a training provider. If using colleges, employers need to think of the advantages of having the sessions based in the work place, such as involving clinical staff in particular sessions. With this, the organisation will still need to ensure that competent supervision is available for the STR worker.
 - 1.2 The intention is not to ‘institutionalise’ the worker but provide them with the knowledge, skills and opportunities to reflect on their work that will help them engage with service users successfully.
 - 1.3 In support of the explanation set out below in text form, a diagram or flow chart is attached at the end of this Appendix to help illustrate the education pathway of STR workers

DEVELOPMENT OF STR WORKERS

2. This can be seen in four stages:
 - 2.1 *Entrance:* each candidate, whether they are new recruits or applying from a parallel post, will need to demonstrate that they have the attitudes and qualities to do the job of helping individuals manage their lives more independently with hope and are interested in the concept of life-long learning and Continuing Personal Development. The employer can then more easily help them develop the knowledge and skills they might need.
 - 2.2 *Induction:* some training will need to take place before they take up post and in their first 6 weeks to include the following:
 - Understand the principles of care (values, worker relationships, communication, confidentiality)
 - Maintain safety at work – including violence against staff, working out of hours, safe moving and handling, and basic food hygiene where appropriate
 - Understand the organisation, the team and the individual worker role
 - Understand the experiences and the particular needs of the service user and their carer and allies
 - Understand the effects of the service setting such as group care or visiting in the community
 - Key issues in mental health work such as the nature of mental illness, rights or care, and joint working.

2.3 *Foundation and Capacity building:* (first 6 months of employment):

- Individual supervision (1 hour weekly pro rata) from a trained and qualified supervisor
- Training sessions with other STR workers in the locality, based on the City and Guilds Level 2 Certificate in Mental Health work. This Certificate covers the foundation standards needed in the first 6 months of employment from a mental health perspective
- The underpinning knowledge can be delivered on site or in a college but standards must be assessed in the work place. However, learning organisations will probably want to use a combination of methods for building up their staff capacity.

2.4 *Choosing a qualification level:*

- If STR workers are working in a group care setting like a day centre or an acute ward where there are other experienced staff around, NVQ Care Level 2 is considered appropriate
- These staff should be able to be assessed for NVQ Care Level 2 after completing the Level 2 Certificate in Mental Health Work or having an equivalent opportunity to obtain the ‘underpinning knowledge’ required
- However, it is expected that the majority of STR workers will be visiting people in their own homes, taking initiative in their work and some responsibility for the service users. These workers will need to demonstrate more advanced underpinning knowledge and skills, such as that provided by the Level 3 Certificate in Community Mental Health
- The Certificate provides excellent underpinning knowledge for more advanced NVQs (level 3 and 4) and the current Diploma in Social Work. Such knowledge can of course be gained through other means as well
- NVQ Level 3, currently ‘Promoting Independence’ reflects the level of competence expected of STR workers in the community
- In some organisations, such as voluntary sector providers of services, experienced STR workers might well become service managers and complete the NVQ Level 4 in Care as an appropriate qualification.

2.5 *Work-based assessment of competence:* The expectation is that employers will:

- extend their systems of career development and annual appraisals to this group of employees
- encourage their progression from their induction training to completing an NVQ at Level 3 “Promoting Independence”. This is the likely level of competence needed due to the independent working environment and high level of individual responsibility
- The supervisor needs to be able to gather evidence of competence and preferably be an NVQ assessor.

NEW STR WORKERS

Underpinning knowledge

3. For STR workers who are new to the role, the expectation is that they will take the following pathway:

- 3.1 Complete the City & Guilds Affinity Level 2 Certificate in Mental Health Work. The expectation is that will take some six months to complete. This Certificate fills a gap that exists for people who are new to mental health who require a broad introduction to the issues and good working practices. It is intended to support and complement employers’ induction and foundation or probation programmes.

- 3.2 Following the successful completion of the Level 2 Certificate in Mental Health Work, an STR worker may then progress on to completing the Certificate in Community Mental Health Care at Level 3. The Level 3 Certificate is aimed at people who are unqualified but experienced workers and completion, which can take up to a year to complete, requires a high level of knowledge and understanding and considerable experience of the sector.
- 3.3 The expectation is that all STR workers will move on from gaining underpinning knowledge to gaining an NVQ at the appropriate Level – see next section.

Underpinning knowledge and NVQs

- 4.1 The essential difference between Level 2 and Level 3 Certificates and Level 2 and 3 NVQs are that the former are learning based programmes providing underpinning knowledge and skills. The study is theory based and mainly provides for reflection outside of work although assessments are brought into the workplace. The Certificates are intended to support the delivery or implementation of competence based qualifications. NVQs however, are competency based programmes which take place at work. NVQ Level 2 is aimed at those workers who are more often working closely as part of a team in a particular setting such as an acute ward. Level 3, is aimed at those workers who work as part of a team but perhaps more often on their own, for example in the community.

Alternative pathways

- 5.1 This is what might be called a “simple” pathway but it is by no means intended to be prescriptive. For example, a new STR worker may start off with the new Level 2 Certificate in Mental Health Work followed by NVQ Level 2. He or she then might then progress on to the Level 3 Certificate followed by NVQ Level 3. Others may simply complete the induction programme and go direct to capacity building and assessment in NVQ 2 in Care or direct to NVQ 3 missing out the Levels 2 and 3 Certificates altogether. One route is not necessarily better than another, they are simply different but complement each other strongly in that the Certificates are mapped onto the appropriate NVQ Levels.

EXISTING (COMMUNITY) SUPPORT WORKERS

- 6.1 For the existing support workers, whether employed in the community or elsewhere, who wish to convert to the STR role, the expectations of their education and training are slightly different. As explained in the main body of this guidance, STR workers are expected to have all the knowledge, skills and attitudes set out in Appendix A and to have undergone a specific induction programme coupled with a commitment to undertake Continuing Personal Development.
- 6.2 Regardless of their previous training, experience or length of service, the expectation is that someone who wishes to convert to the STR role, as a minimum they will be matched against the required values, skills and knowledge as set out in this guidance before being accepted. They will also be required to demonstrate a level of competency in the workplace equivalent to an NVQ Level 3.

THE LEVEL 2 CERTIFICATE IN MENTAL HEALTH WORK

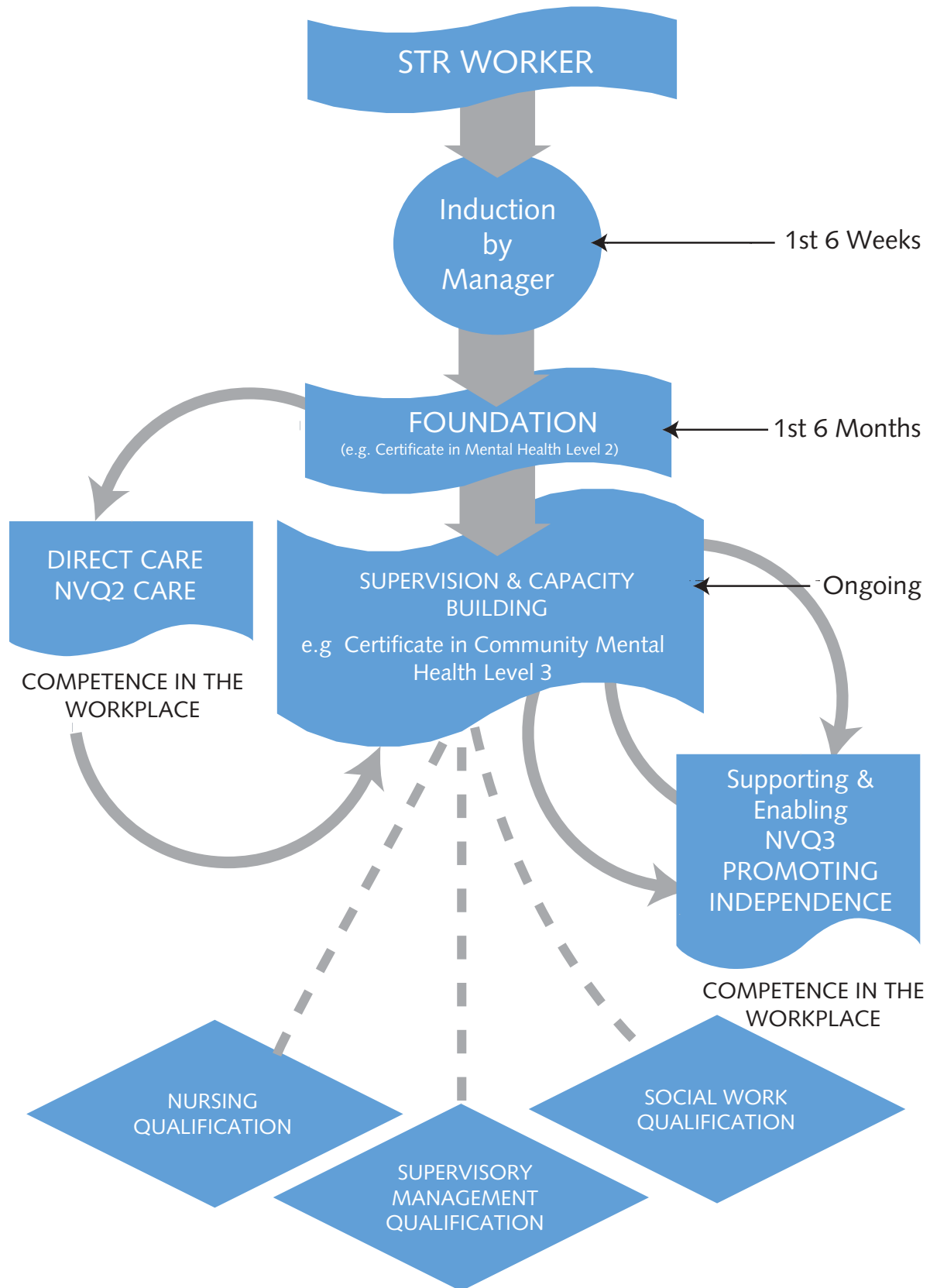
7. The Titles or Headings of the 5 Units contained in the Certificate are:
- Principles of mental health work
 - The experience of mental distress
 - Effective communication

- The working environment
- Developing as a mental health worker.

THE LEVEL 3 CERTIFICATE IN COMMUNITY MENTAL HEALTH CARE

8. This contains 11 Units and is assessed at 1st year undergraduate level. The Titles or Headings are:

- Mental health and mental health problems
- Management and treatment approaches
- Working with people with mental health problems
- Legislation, policies and services
- Care planning
- Communication and relationships with service users
- Promoting independence
- Supporting individuals with relationships
- Enabling people to manage change
- Team and joint working
- Working with carers and support groups.



APPENDIX E MANAGEMENT OF STR WORKERS

1. It is essential that STR workers have good and effective management. This is especially important in order to help define their role and support them in working with other professional groups. STR workers need dedicated management which has their needs as its primary focus. Evidence indicates that without dedicated management, the STR role will become blurred and weakened, and levels of job satisfaction will reduce and service delivery will fall.
2. A well-resourced management role is particularly significant where STR workers are part of a multi-disciplinary team. Management here consists of two elements, each of which should be present and clearly identified:
 - *Professional Management* There should be an STR Workers Manager who is responsible for the workers' overall role and duties. This will include terms and conditions of service, professional development, training, appraisal, and the development of STR work across the service. This manager would cover STR workers in a number of teams, and their role would be similar to that of professional social work, nursing or occupational therapy managers linked to multi-disciplinary teams. This could well be a role for a Senior STR Worker – see Appendix B3.
 - *Team Management* The team manager would be responsible for the management of the workload of the STR workers and for all other aspects of the workers' role as team members, including duty rotas, case recording, leave, and health and safety issues. Selection and recruitment of the workers should be a shared management responsibility with the professional manager.
3. Where STR workers are members of a STR team rather than a multi-disciplinary team, these two kinds of management can be combined.
4. In the case of multi-disciplinary teams, it may be tempting for services, especially where resources are limited, to provide only team management for STR workers, and fail to provide professional management. Experience indicates that this would almost certainly result in role confusion and low morals for the STR workers, and in difficulties within the team. as a whole- Both kinds of management are essential for a well-functioning STR service.

APPENDIX F

WHAT NEEDS TO BE DONE TO PREPARE THE EXISTING WORKFORCE AND ORGANISATION FOR THE INTRODUCTION OF STR WORKERS

1. It is not only the STR workers who will need some form of induction. The team and organisation they are going to work with will also need some induction about what to expect. Experience has shown that where there is no prior discussion problems have occurred. Anxieties (on both sides) can be overcome successfully where there is effective prior engagement and discussion. These need to cover the establishment of a clear set of protocols to include when and how STR workers engage with service users. There needs to be clarity of roles for everyone based on a clear set of job descriptions. Clarity about the management, reporting, accountability and supervision arrangements are also vital. The intention is to ensure STR workers are not isolated, they feel they have the active support of the team; their view is listened to with equal weight and, in turn, they are able to support the team in their engagement with service users.

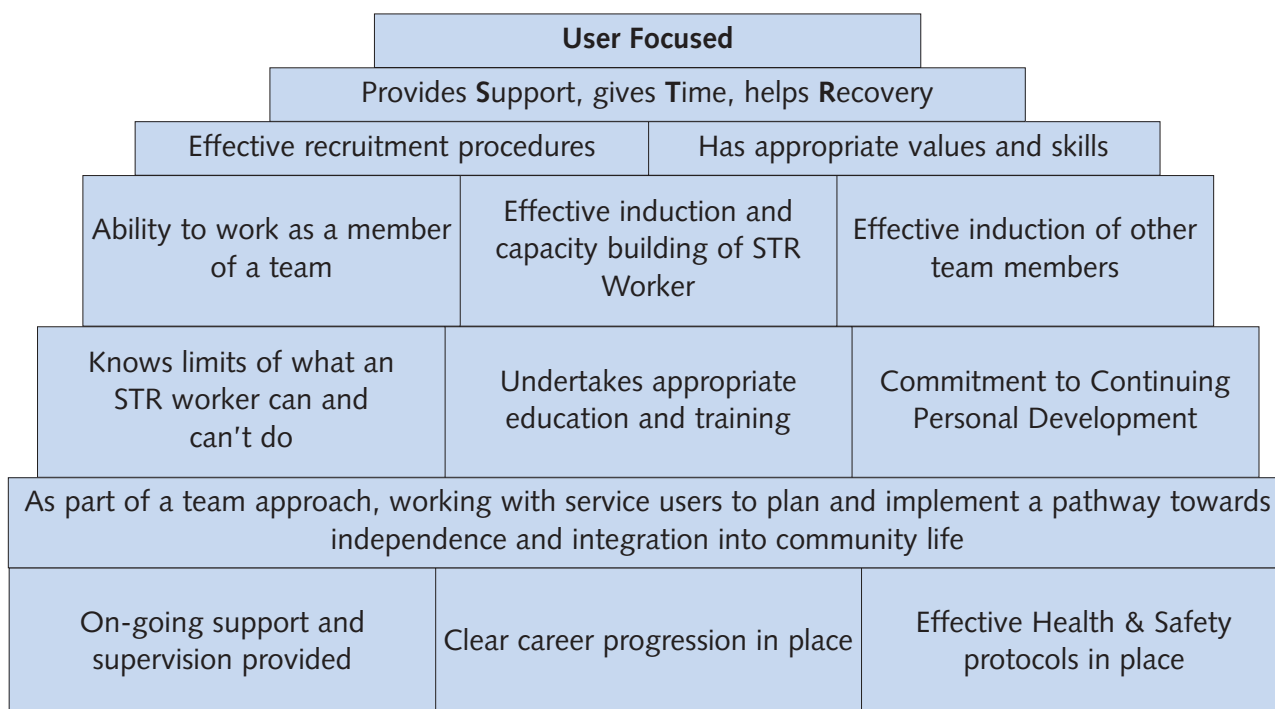
2. Some of the issues for the Team to consider include:
 - Commitment to the process of introducing STR workers by senior managers
 - Clarity of role and responsibilities
 - Identification of boundaries
 - Clarity that the STR role will not erode or trespass onto existing skills and competencies
 - Clarity of expectations within the team
 - Clarity of accountabilities and reporting lines/mechanisms
 - Identification of how best to achieve effective joined up working
 - How best to achieve common goals and ownership
 - Clarity about the delivery of an effective education and training pathway
 - Clarity about effective and on-going supervision arrangements
 - Clarity about joint training opportunities across disciplines and organisations
 - Giving time for the process to work including making sure STR workers are not set up to fail
 - Effective engagement with service users, families and carers
 - Commitment to supervision and support of STR workers.

APPENDIX G

SPECIAL FEATURES FOR INTRODUCING AND SUPPORTING STR WORKERS IN RURAL AREAS

1. Although the points set out below are not necessarily exclusive to rural areas, there are some special features that need to be taken into account in introducing and supporting STR workers in rural areas. In no particular order of importance or magnitude, the features for service users and their carers include:
 - The sometimes long distances to be traveled and time taken
 - The difficulty of travelling by public transport – poor access; time taken; cost
 - The often isolated communities and feeling of neglect
 - Lack of support networks – families often live away
 - Culture of low expectations
 - Lack of choice
 - Lack of information
 - Existing low institutional capacity
 - Loss of traditional employment such as farming
 - Lower incomes
 - Poor employment and leisure opportunities
 - Loss of village networks such as closure of shops/post offices and churches
 - Seasonal issues to include the weather; increased isolation and reduced support during the off season
 - Stigma – visits noticed by neighbours
 - Particularly vulnerable groups such as young mothers and ethnic minorities.
2. These represent particular challenges to the delivery of effective mental health services which may not (all) be found in urban areas. In addition, regular and frequent engagement of service users and their carers can be difficult to sustain. However, this is where the STR worker, dedicated to meet the individual needs of service users, can play a vital role here in maintaining contact, providing support and time, thus helping recovery.
3. The recruitment of potential STR workers with the right skills and values is perhaps the key to providing an effective service in what is a rather unique environment, different to that of living in cities or a large urban conurbation. It may well be the case that ex-farmers, other former agricultural workers or other former local workers have the necessary background, insight and community experience to be successful STR workers some of whom may have a history of mental ill-health themselves.
4. Like other staff who work in the community in rural areas, support and capacity building are vital if they themselves are not to feel isolated and the effects of “burn out”. This will need careful organisation and management to include both support and supervision from the appropriate individual member of the team and the whole team itself.

APPENDIX H Key Features of the STR Worker



APPENDIX I EMPLOYMENT OF SERVICE USERS AS STR WORKERS

1. When considering the person specification for a Foundation STR worker in Appendix B, it can be seen that a current or ex-user of mental health services could make an excellent candidate. This might take two forms. The first is developing the STR role specifically for service users who could use this as a way of stepping into employment (the “Pathfinder” model). This will require additional preparation and support including how that person will continue to receive care. The second the employment of people as STR workers who also happen to have first hand experience of mental distress.
2. Organisations should therefore consider setting up appropriate support mechanisms in order to take advantage of this currently under-utilised pool of skills and knowledge and realise the potential success from the employment of service users as STR workers.
3. These guidelines might be considered to be reasonable adjustments under the Disability Discrimination Act. They are not exclusive or exhaustive, merely a suggestion as to how organisations might start to look at their employment policies in this respect. Some organisations are already actively looking at how they might increase the recruitment of service users, whereas some are generally reviewing recruitment procedures to ensure that workers are recruited with the right values, attitudes and beliefs.

1 *Selection Stage*

Some of the ways in which organisations might support service users and indeed other suitable candidates could include:

- Encouraging service users to apply by making appropriate statements in job adverts
- Offering support and assistance in the completion of job application forms and related paperwork
- Providing positive messages about the employment of service users in order that candidates might, upon application, or at interview, acknowledge that they may need specific support in employment. (Some organisations ask all candidates at interview about support that they might need in employment, in order to ensure positive mental health and maximise performance)
- Sign-posting service users to advice on benefits as appropriate
- Designing an appropriate mechanism for assessing a candidate’s values, attitudes and beliefs – questions that ask a candidate to give examples of how they have tackled tasks in work or in life can be appropriate and less threatening than hypothetical ones, which sometimes provide no evidence of the candidate’s abilities
- Organisations may need to consider their Occupational Health Policy and procedures (where appropriate), as this may be a direct barrier to employing people who have suffered emotional distress and have had time off work as a result.

2 *In Employment*

- Service users need support to enable them to build up their confidence in new situations. They may take more time to adjust to the work environment. They may therefore need different or extra support to achieve the required standard of competence in the role
- Some organisations are now tailoring their support mechanisms, induction and training for **all** individuals based on discussions at the selection stage – this has resulted in improved job performance

- Organisations will need to be aware of the stigma associated with having suffered emotional distress and/or being a service user, and devise pro-active ways of dealing with these issues as appropriate
- Organisations will need to consider how up to date their attendance policies are – it is a general requirement under the Disability Discrimination Act to take into consideration a person's disability when looking at their absences through sickness.

APPENDIX J MEMBERSHIP OF THE STR STEERING GROUP

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Barry Foley	Department of Health, Changing Workforce Programme
Judy Foster	Training Organisation for Personal Social Services
Roslyn Hope	National Institute for Mental Health England
Prue Kiddie	Department of Health, Human Resources Directorate
Gillian Lacey	Service Manager, Mental Health, Haringey Council
Kevin Mantle	National Institute for Mental Health England
Bill Penson	Home Support Services Manager, Leeds
Claire Perry	UKCC
Susan Richards	Head of Human Resources Development, NE London Mental Health Trust
Tony Russell	Chief Executive, Breakthrough
Simon Veasey	Rethink (formerly the National Schizophrenia Fellowship)



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