

# Support, Time and Recovery Worker

## National Programme Implementation Manual and Toolkit



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## PREFACE

*“As an STR worker we have a direct focus on the needs of the service user, being flexible in providing the support services users need by giving them Time and thus promoting Recovery.*

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

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

*During my time as an STR worker I have found that it can potentially be very stressful, lonely and even scary at times- but it need not be, remember STR workers are part of a team. Communication and Team work promotes effective STR working.”*

**STR WORKER NORFOLK**

## FOREWORD

The introduction of STR workers into the mental health workforce has been a great success, not only in terms of reaching the Department of Health (DH) target of 3000 STR workers by December 2006, (there was no central funding for the posts), but also because of the processes that have been used to implement this new role.

The new workers are making a real difference to the lives of the service users they work alongside

Service users have been actively involved in the planning, design and implementation of the STR worker role in every local steering group as well as regionally and nationally.

Local teams have built strong and effective partnerships between NHS, Local Government and Voluntary Sector organisations, which have continued to be sustained.

The retention rate for STR workers is 0.8% which is excellent, but added to this the great majority of people who have left have gone in order to pursue professional training.

The majority of organisations involved have exceeded the target of 20% of STR workers being recruited from people who have lived experience of mental health distress, by adopting excellent equal opportunities techniques. All local steering groups have constantly worked to improve procedures within their organisations to enable good practice in role redesign.

Impressive work has taken place in education and training, particularly the collaborative development of the Recovery Training module.

The STR worker programme has raised the profile of non-professionally affiliated staff nationally, which has been long overdue.

The programme has been a triumph for collaborative and partnership working and a great example of how important the development of effective processes and systems is to achieving tangible, measurable success which is also sustainable.

We are very proud to have been involved with the programme and tribute is due to all the local steering groups and their programme leads.

**Siobhan Chadwick and Alison James**  
**National STR Worker Programme Leads**  
**(2002 - March 2007)**

This manual and toolkit has been produced by the STR Worker National Implementation Team, which was initially funded by the NHS Modernisation Agency (MA). The MA provided funding for the programme to continue after its closure and during this time the team were "hosted" by CSIP. This document is a product of that team. It is understood by the authors that the DH intend to produce a further document on implementation of STR workers, which contains some of the work described here. This document can be read in addition to the existing Department of Health Support, Time and Recovery (STR) Worker Policy Implementation Guide<sup>1</sup> It replaces the resource pack that was produced to support the STR Worker National Implementation Programme.

It is structured around the key areas of learning from the implementation of the STR worker in England, but also includes other material to assist implementation of new ways of working and is particularly applicable to role re-design for non-professionally affiliated staff.

Therefore the manual and toolkit has three aims:

- To provide guidance for organisations in health and social care (including the voluntary sector) that wish to employ STR workers within a good practice model.
- To provide practical advice for the implementation of new and changed roles
- To provide a resource for New Ways of Working<sup>2</sup> by demonstrating practical applications, case studies and tools

## BACKGROUND

In 2001 the Workforce Action Team (WAT) produced its Final Report and, as a result of looking at the non-professionally affiliated workforce, suggested that a new type of worker should be introduced into the mental health workforce – the Support Time and Recovery worker (STR) worker.

STR workers were a new type of worker in mental health services, whose specific remit is to **S**upport service users, spend **T**ime with them and thus work with them towards **R**ecovery.

A national steering group was convened and many focus groups, consultation events and workshops met across the country comprised of staff, service users and other interested groups. At these events there were open debates and discussions about the features and practicalities of the STR role.

The Department of Health (DH) set a target of 3000 STR workers in post across England by December 2006 and published a Policy Implementation Guide

The Changing Workforce Programme (CWP) supported the implementation of STR workers, funding programme management for a national implementation programme.

The team developed an implementation plan that they discussed with their partners for implementation, and specifically with (what were then) NIMHE<sup>3</sup> Regional Development Centre staff.

The main aim of the programme was to assist organisations in health, social care and the voluntary sector to implement the Support, Time and Recovery Worker- a new role for non-professionally affiliated mental health staff working across health and social care.

Components of the programme included:

- The initial 6 pilot sites (2002-2003)<sup>4</sup>
- The Accelerated Development Programme with 71 partnership teams<sup>5</sup> (November 2003 to December 2006)
- Pump-priming sites to intensively focus on STR workers in new settings (April 2006-March 2007)
- Role development support particularly education and training initiatives e.g. a Recovery Training module.
- Development of good practice models around organisational development and working across health and social care
- Support and guidance to organisations who chose not to join the ADP
- Development of guidance and good practice around attracting people who would not normally have considered careers in health and social care or felt able to successfully apply for posts e.g. people who were

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<sup>1</sup> DH 2003 Mental health Policy Implementation Guide- Support, Time and Recovery (STR) Workers

<sup>2</sup> New Ways of Working is a term used in health and social care to describe the process of critical evaluation of the workforce around the needs of the service user to provide a more efficient service that retains existing staff and attracts new ones.

<sup>3</sup> National Institute for Mental Health England (Later Care Services Improvement Partnership CSIP)

<sup>4</sup> Huxley, P et al "No Recovery without Time and Support" Evaluation of the Support, Time and Recovery workers in Three Pilot Sites. Kings College 2006 [www.scwru.kcl.ac.uk](http://www.scwru.kcl.ac.uk)

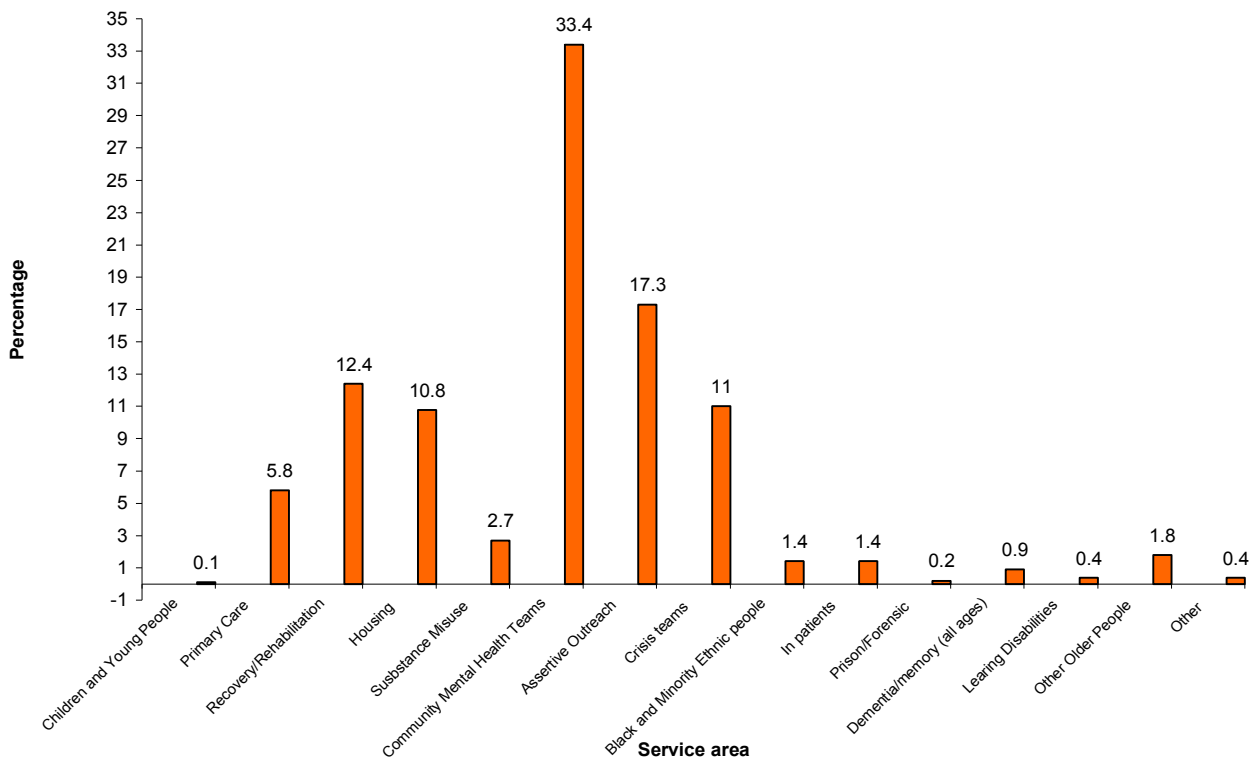
<sup>5</sup> Successful applications to be part of the ADP were comprised of teams with partners from the NHS, social care and the voluntary sector working with Staff, managers, professional groups, service users, carers and Trade Unions.

long-term unemployed, service users, carers, single parents, people from black and minority ethnic communities etc.

The following figures were collated from December 2006 reports, January pump-priming site reports, organisations outside the ADP who were supported by the programme (Associate sites) and organisations who were not part of the national programme.

STR workers in post through the ADP	1998
STR workers in post through ADP associate sites	188
STR workers in organisations outside the national programme	97
STR workers currently in recruitment (e.g awaiting CRB clearance etc.)	170
Funded STR worker posts due to start shortly (e.g. awaiting a service re-configuration)	635
STR workers in pump-priming sites	15
<b>Total</b>	<b>3103</b>

Figure 1 Service areas where STR workers are employed (by percentage)



These figures are:

- Head-counts<sup>6</sup>
- For STR workers working with people across all ages
- For all STR workers including those in specialist teams

### Who is the manual and toolkit for?

This manual and toolkit is for people in health, social care and the voluntary sector, who have responsibility for developing new and enhanced roles to support people with mental health difficulties, or supporting those who do. For instance:

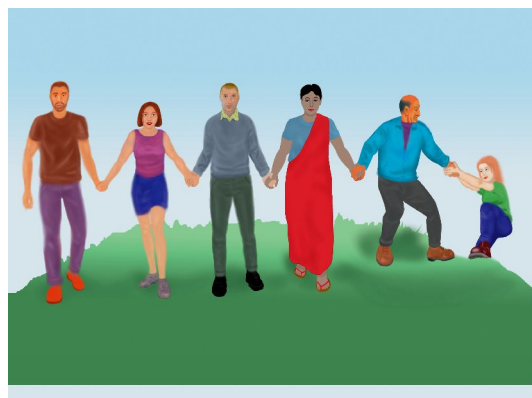
- Local Implementation Teams (LIT)
- Human Resources and Personnel

<sup>6</sup> It was decided early in the programme to count in this way to encourage organisations to look at more flexible patterns of recruitment which would, in turn, encourage people who would not usually consider careers in health and social care, such as carers or people with lived experience of mental health difficulties to apply.

- Strategic Health Authority Workforce teams
- Improvement Organisation Workforce teams
- Managers

Other people may also find all, or a selection of the tools useful. For instance:

- People who are developing roles outside mental health services e.g. Health Trainers
- People involved in service improvement such as staff, service users and carers
- Trade Unions and staff side organisations



# PART 1-LEARNING FROM THE NATIONAL IMPLEMENTATION PROGRAMME

## INTRODUCTION

The following section revisits the 2003 DH Mental Health Policy Implementation Guide - STR Workers and addresses issues that may still be current or which have been developed as a response to role implementation issues and policy drivers. It was developed at the request of STR worker implementation sites.

## ROLE

### What is an STR worker?

An STR worker works with people who are experiencing mental health distress to support them, spend negotiated time with them and work with them in a practical way towards recovery.

STR workers come from a wide variety of backgrounds and many of them would never previously have considered a career working in health and social care.

A considerable number of STR workers have life experience of mental health distress as service users or carers.

Organisations that have appointed STR workers have worked towards ensuring their recruitment processes maximise equal opportunities and there are many examples of exemplary practice

### What services do STR workers provide?

This depends upon the service in which they work and the goals that the service user wishes to work towards. STR workers work with service users and other staff towards recovery as part of a Wellness Recovery Action Plan (WRAP) and / or Care Plan.

### Where do STR workers work?

STR workers work in teams and currently work in the service areas shown in Figure 1

New STR worker roles are being developed all the time. Some of the new roles include:

- Working with young people from 11-18
- Working as part of a well-being project in a woodland centre
- MIND STR dual diagnosis workers

### Does this mean that STR workers become the friend of service users?

The Policy Implementation Guide says "STR workers provide companionship and friendship but within appropriate transparent boundaries".

When early consultations on the STR worker role were taking place, many people were concerned about the implications of boundary setting for STR workers. In reality, and in the context of changing mental health services in tandem with the recovery movement, this has not been problematic, perhaps because implementing teams have openly addressed the potential difficulties with education and training.

STR workers have worked in a "professional" manner with service users, building rapport, whilst retaining the informal relationships that service users say are helpful to recovery.

### How much support and time should STR workers provide and does an STR worker have their own specific caseload? Which service users have first call on an STR worker?

The Policy Implementation Guide advise that "the primary function of an STR worker is to look at individual need and to spend whatever time is necessary... balanced against the need to spend time with other service users with whom they will work. It also advises that there needs to be an exit strategy to avoid "burn out" of the STR worker."

The term "Caseload" is traditionally used for staff that have key responsibility for a group of service users' care planning and outcomes, for instance Care Coordinators, Named Nurse etc. These people may refer people to a service employing STR workers or have STR workers within their team.

The STR worker works with people who are likely to be part of another person's caseload. However STR workers often refer to the group of people they work with as their "caseload". It is in this sense that the term is used below.

Caseload management has been an issue for STR workers and their managers. When the first posts were being converted, some were Community Support workers with a caseload of 30. If STR workers were to work with this many people it would make it almost impossible to form meaningful relationships.

The National team advised that, in most cases, the person managing the STR workers should be the gatekeeper for referrals, as they were familiar with the STR worker role and in a position to offer a rationale to referrers as to acceptance, waiting list or otherwise. There could also be an assessment component of referral, depending on the service setting, which would more appropriately be carried out by a more experienced member of staff.

In reality each site has developed different processes, some STR workers taking their own referrals, some going to a caseload review meeting, some to a manager. The process for handling referrals and caseloads and potential difficulties needs to be addressed before implementation by the planning group.

As the Policy Implementation Guide states there should be a planned exit strategy, which would normally be part of joint care planning. A transparent referral system, agreed by all stakeholders, could develop criteria for determine a priority system for STR worker allocation.

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

Local policy should be followed but general guidance would be that after appropriate training (e.g. legal implications of record keeping), STR workers should record their work with each service user in their notes, dating and timing appropriately.

The main issues that have arisen have been concerns from professional staff (such as nurses) about the implications for counter-signing notes made by non-professionally affiliated staff. These have been discussed by the national team with the Nursing and Midwifery Council. The NMC "Guidance for Records and Record keeping 2005"<sup>7</sup> states

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

- *High standards of clinical care*
- *Continuity of care*
- *Better communication and dissemination of information between members of the inter-professional health care team*
- *An accurate account of treatment and care planning and delivery*
- *The ability to detect problems, such as changes in the patient or client's condition, at an early stage.*

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

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

### **What could an STR worker be expected to do if a service user is admitted to hospital for example?**

Admission wards can be very busy places, with demands on staff causing service users to feel isolated.

The need to provide a safe and well-functioning environment for many unwell people sometimes makes it difficult to provide the individualised support that staff would like to provide.<sup>8,9</sup>

Some organisations have developed STR roles within an in-patient unit. These staff are usually not included in the minimum staffing numbers, therefore they are free from the responsibilities of the day-to-day running of the unit and can, perhaps, go on activities off the unit or go with a service user to a home visit.

A community STR worker would be able to visit a service user who was admitted to hospital, ensuring that he or she had things they needed, such as personal belongings and money, that the house was secure, pets fed etc., and that community care plans or WRAP plans were taken into the unit and discussed with the staff team.

<sup>7</sup> NMC Guidance for Records and Record Keeping 2005 [www.nmc.org.uk](http://www.nmc.org.uk)

<sup>8</sup> "Acute Problems" A Survey of the Quality of Care in Acute Psychiatric Wards Sainsbury Centre for Mental Health 1998

<sup>9</sup> "The Search for Acute Solutions" Improving the quality of care in acute psychiatric wards Sainsbury Centre for Mental Health 2006

The service user has someone to visit them with whom they have developed a relationship and who can help them with any questions or difficulties they may have, when they do not yet know the in-patient team. The STR worker may go with them to unit-based activities, for example.

STR workers could be involved in early discharge planning meetings, accompanying the service user.

### What should STR workers not do and why?

The Policy Implementation Guide says STR workers should **NOT DO** the following; however as the role has developed STR workers now work with people of all ages and in varied service settings. Occasionally, some STR worker roles have been developed to include parts of these responsibilities. Examples are given below.

- **Providing clinical or medical treatment-** STR workers would never provide clinical or medical treatment as a major part of their role but examples where they may contribute may be:
  - Supporting a service user to access resources e.g. using the internet to find information about a diagnosis or find self help information
  - Accompanying service users to appointments with medical staff
  - STR workers in Older People's services may take on tasks such as blood pressure monitoring so that each service user sees as few people as possible on each visit
  - STR workers who visit people at home may remind a service user to take their medication, if this is agreed in a care plan
  - First Aid and Psychiatric First Aid (when trained to an appropriate level)
- **Monitoring or administering medication-** STR workers should not normally be directly involved in this, but could be involved in local pharmacy training aimed at non-professionally affiliated staff to gain an appreciation of medication issues. Examples of involvement may be:
  - A service user may want the STR worker to remind them to take medication.
  - An STR worker who has concerns that a person is becoming unwell as a result of problems with medication should always report this, but explain to the person what they intend to do and why.
  - Some community houses, are staffed by non-professionally affiliated staff, who are trained in-house to administer medication. Some of these workers have continued to administer medication after they became STR workers. The residents preferred having staff they knew giving them their medication, rather than other healthcare professionals who they did not know. To bring other staff in would have brought a clinical element to community living.
  - STR workers who visit people at home may remind a service user to take their medication, if this is agreed in a care plan
- **The sectioning or compulsory medication process under the Mental Health Act-** Whilst STR workers do not directly participate they have an important role to play in supporting service users during this process. Examples may be:
  - Visiting the service user in hospital and liaising with in-patient staff
  - "Being there" for the service user to share concerns with
- **Service management-** A small percentage of STR workers have become senior STR workers and some of the very developed senior STR worker roles have elements of management and supervision of other STR workers. Appropriate training and education should be available to support staff in this role. This model of implementation is more common in the voluntary sector.
- **Therapeutic counselling-** STR workers would not normally offer formal therapeutic counselling. At the time of writing one or two specialist STR roles (for instance within a substance misuse team) are being developed which may, in future, have a counselling or therapeutic component. However, for the vast majority of STR workers it will be useful to learn (and put into practice) basic counselling skills, such as active listening, demonstrating empathy, summarizing etc.

- **Care Co-ordination under the Care Programme Approach/Care Management-** STR workers would take part along with other staff in contributing to the Care Programme Approach but would not be Care Co-ordinators.

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

Any activity should be developed as part of a plan (e.g. Care Plan, Recovery Plan), which the service user (or carer when appropriate) develops with relevant staff.

- **Assessment-** Since the guidance was written, there have been many debates within the national programme as to whether STR workers can carry out assessments. Part of the difficulty is that the term “assessment” is used in different ways in different service settings.

**Comprehensive assessment of a how a person is functioning within social, spiritual, physical and/or mental dimensions is a high level skill and it is therefore not appropriate for STR workers to lead these type of assessments.**

STR workers should however, with appropriate training and experience, contribute to assessments, planning and evaluation of plans. For example they may:

- Describe how a service user is more confident in certain situations
- Talk to someone who is admitted to an in-patient unit about how they feel
- Discuss with the service user their progress towards goals
- Attend service user case reviews and support the service user’s contribution
- Use their close rapport with the service user to identify preferences that can be shared with the team.

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

It is unlikely that STR workers will be called upon in this way (if they are not on duty / at work at that time) in most services however, if that is the role of the team of which they are a part then this would apply.

However, as the Policy Implementation Guide states “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?**

STR workers are not independent advocates in the formal sense. The King’s Fund define advocacy as,

**“Taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.”**

This definition reflects part of an STR workers role. “**Advocacy skills**” are important for STR workers and this could form part of local training packages.

## **TERMS AND CONDITIONS**

#### **What levels of pay should STR workers receive?**

The Policy Implementation Guide gave some guidance was given on STR worker pay scales. This has now been superseded by other developments, in particular the pay modernisation (Agenda for Change) that has taken place in the NHS and is current in Local Authorities.

Lack of standardisation of pay across Health and Social care can be problematic for a number of roles where people may work in the same team but have different employers, for example Community Mental Health Teams. However the implementation of the STR worker has highlighted the issue again.

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

- Are there already STR workers in the service? Will the new worker have similar responsibilities?
- What will be the implications for other groups of staff?
- In the NHS is there a Trust role profile available? (Many STR workers have been matched against a Community Support Worker role)
- Has the whole package of terms and conditions been considered? (Annual leave, pension, working hours, local benefits such as London weightings, enhanced pay for unsocial hours etc.)

Recent analysis of the terms and conditions of advertised STR posts in health and social care (taking local variations into account) by the national programme has indicated that there is little difference in basic salary between advertised Local Government posts and NHS posts, but the NHS unsocial hours payments are more generous.

There still remains a wide variation in voluntary sector terms and conditions.

## MANAGEMENT AND SUPERVISION

### Are there different grades of STR worker?

There are three grades at present:

- **Foundation STR workers** work in health, social care and the voluntary sector, in residential and hospital settings and in community services but with much closer supervision than an Intermediate Worker. This may be an entry level post in an organisation
- **Intermediate STR workers** work in the same areas but supervision will usually be less immediate. The majority of STR workers are at this level.
- **Senior STR workers** work in the same areas but usually have some management responsibilities, for instance, managing a team of Local Authority STR workers.

### How are STR workers supervised?

It is particularly important that STR workers have a clear framework for management and supervision as they work across organisations and may receive supervision from different people at the same time.

Examples of supervision and management they may receive are:

- Developmental supervision from an allocated, suitably experienced person, scheduled at regular intervals
- Quarterly Individual performance reviews from a manager
- Supervision about working with particular service users from their care co-ordinator
- "Ad hoc supervision", for instance from a nurse in charge of a ward
- Peer supervision as part of an STR cohort

These different types of supervision and management could be co-ordinated as part of a Personal Development Plan. This would make clear what the purpose of each type of supervision is and what to expect from each.

It would be perhaps be useful to develop supervision and management organisational charts that explain how each aspect of supervision connects to the other. For instance,

- Peer supervision could be facilitated by a senior manager who has specific responsibility for the development of new roles
- Issues from development supervision could be anonymised and themes fed back
- Any organisational issues from supervision (such as time management, referral process) by care co-ordinators should again be fed back.

### Case Study

In Oxleas monthly breakfast meetings were popular with STR workers, a psychologist facilitated monthly group supervision meetings, STR workers had individual supervision sessions with line managers every 6-8 weeks and bi-monthly sector group meetings were held.

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## EDUCATION, TRAINING AND DEVELOPMENT

### Background

The Policy Implementation Guide sets out recommendations for an education and training pathway for STR Workers. As previously stated, the Policy Guide is guidance only, and is not prescriptive. However, the experience of the national implementation programme has reinforced the need to establish and maintain a consistency and quality of education and training for STR Workers.

The key components of the recommended pathway were the National Vocational Qualification [NVQ] Level 3 award "Promoting Independence"; the Level 2 Certificate in Mental Health Work; and the Level 3 Certificate in Community Mental Health Care (both Certificate awards are produced by the Mental Health Foundation and City & Guilds).

Since the Policy Implementation Guide was published, there have been a number of developments in relation to education and training in the health and social care sector:

- The new joint Health and Social Care NVQs 2,3 and 4 were launched, replacing the NVQs in Care, and the Level 3 NVQ "Promoting Independence".
- The Level 3 Certificate in Community Mental Health Care was revised for September 2005, to reflect recent changes in UK legislation, policy and mental health practice.
- The 10 Essential Shared Capabilities (ESC) for Mental Health Practice framework and learning materials were developed, followed more recently by training materials in Recovery, and in Race Equality and Cultural Capabilities (RECC).
- There has been an emergence of related Foundation degrees; and a Diploma in Community Mental Health and BSc degree in Mental Health pathway is offered by Middlesex University.

Reference to these and other developments that apply to the whole of the mental health workforce, are set out in the generic Learning and Development Toolkit published by the NIMHE National Workforce Programme in April 2007<sup>10</sup>

This section explores the various education and training components; refers to the experiences of individuals and organisations that have been involved in STR Worker implementation, and considers the many factors relating to commissioning and providing education and training for STR Workers.

### What sort of induction should STR workers receive?

The Policy Implementation Guide recommends that local induction programmes are informed by the induction standards developed by the former Training Organisation for the Personal Social Services – TOPSS – now Skills for Care.

The National STR Worker implementation Team has recommended that the induction of individual STR Workers should be completed within 30 working days of them commencing post; this includes attendance at corporate induction sessions. Other mandatory components – such as child and adult protection, risk management - need to be planned at this stage.

It is well understood that each STR Worker must be oriented to mental health work, and the particular service setting (its ethos and values, aims and objectives, peers, members of the multi-disciplinary team, service users, policy and procedural information, and so on) and that this should begin within 2 days of the worker commencing post.

The manner in which this is delivered requires some sensitivity, given that many STR Workers are new to employment, and / or in receipt of mental health services.

In instances where STR Workers are being recruited at the same as other workers to new teams or services, such as Early Intervention in Psychosis, Crisis Resolution / Home Treatment, Assertive Outreach, there are additional opportunities for team induction and for planning for more specialised "whole team" training.

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<sup>10</sup> DH (2007) *A Learning and Development Toolkit for the whole of the mental health workforce across both health and social care*. DH publication Ref 280397

## What role does a Personal Development Plan (PDP) have in STR worker development?

During the induction period, the STR Worker is expected to participate in an initial training assessment with his/her supervisor, as part of compiling his/her PDP.

Many of the organisations that participated in the national STR Worker implementation programme have widely promoted the use of PDPs. Such plans enable workers to reflect on their practice, training and development needs on a continuous basis. Based on the STR Worker competencies<sup>11</sup>, and supported by regular supervision, the PDP requires the worker to reflect on his or her practice.

She or he is able to acknowledge any fulfilled development needs, identify future development needs and consider how these are to be achieved. Ultimately, the individual worker's PDP should determine the education and training to be undertaken.

### Case study

East Suffolk MIND has established a comprehensive induction programme for its STR Workers – details are posted on [www.londondevelopmentcentre.org](http://www.londondevelopmentcentre.org) (CSIP London region's website), and [www.esmind.org.uk](http://www.esmind.org.uk)

Hampshire Partnership NHS Trust have developed a joint competency framework for their STR Workers, which makes explicit links to the NOS, KSF, NOS and the recommended training components<sup>12</sup>.

## What are the Level 2 Certificate in Mental Health Work and the Level 3 Certificate in Community Mental Health Care?

### Level 2 Certificate in Mental Health Work

This is a work-based, or "vocationally related" qualification for all new staff in mental health settings, and is particularly appropriate for new STR Workers. It has been widely acclaimed for providing the core underpinning knowledge required, and contains the following 5 units for study:

- Principles of mental health work
- The experience of mental distress
- Effective communication
- The working environment
- Developing as a mental health worker

The Certificate is designed to complement, or provide a framework for, an employer's induction programme. Moreover, it has the benefit of providing an externally validated certificate for the candidate, and provides evidence that managers are providing appropriate induction training for their staff. It supports the individual's career development, enabling access to NVQs and the Level 3 Certificate in Community Mental Health Care.

### Case study

"Travelling distances to colleges and training venues is a particular difficulty for us, so we felt it was important to develop training for our STR Workers within the area. Fortunately, we already had a long established Mental Health Foundation course running, which runs biannually and is organised and taught by statutory organisations, voluntary agencies, service users and carers. This course is available free of charge to all local organisations' staff, volunteers and service user and carer delegates in Hambleton and Richmondshire. This provided an excellent basis for networking with other agencies and individuals".

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<sup>11</sup> Originally specified in the Policy Implementation Guide for STR Workers, and subsequently linked to the Mental Health National Occupational Standards (NOS); the Knowledge & Skills Framework for NHS staff (KSF); and the 10 Essential Shared Capabilities (ESC). For more information, visit Skills for Health's interactive *competence application tools* at [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

<sup>12</sup> "*Support, Time & Recovery (STR) Worker Implementation Tool for Managers*" produced by CSIP South East Region: e-mail [info@sedc.org.uk](mailto:info@sedc.org.uk)

### Level 3 Certificate in Community Mental Health Care

Like the Level 2 Certificate in Mental Health Work, this was developed by the Mental Health Foundation, and is a UK-wide vocationally related qualification, accredited by the QCA (the Qualifications and Curriculum Authority). Training and Learning materials are provided by Pavilion Publishing.

The Certificate is a generally highly regarded qualification, recommended as providing the underpinning knowledge for community-based STR Workers. It is mapped to the Health and Social Care NVQs, and most employers use the Certificate alongside training for these NVQs.

Some concerns about duplication of the content and the assessment strategy\*, were addressed when the award was revised and re-accredited in 2005. The revised Certificate comprises fewer units, 8 in all:

1. Mental well being and mental health problems
2. Intervention and approaches
3. The legal, policy and service framework
4. Care planning and managing risk
5. Communication and relationships with service users
6. Supporting service users in their relationships
7. Enabling people to manage change
8. Team and joint working

The revised assessment strategy consists of an assignment for 6 of the 8 units (marked by the centre) and a written test for units 4 and 5 only (marked by City & Guilds).

#### Case Study

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

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

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

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#### Case study

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

"I have always believed that learning is a life long process and 'you're never too old to learn'. This was how I approached the Certificate course in January 2005.

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

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

**Marjorie Brabazon, STR Worker**

### How can the 10 Essential Shared Capabilities (ESC) be used in STR worker training?

These are both values and evidence based, and provide the foundation for all mental health practice. Everyone who works in mental health services is expected to develop each of these capabilities: the ESC vocational learning materials (in the **Learning pack for mental health practice**) were developed to support this process.

These materials are aimed at all practitioners, and can be used either as a means of filling in the gaps in the education and training of the existing workforce; or as a means of foundation level training for newly recruited members of the workforce. They do not currently have any form of accreditation attached to them.

The ESC learning materials were piloted and evaluated in 2006. Based on the outcome of the evaluation, the materials have been revised, and are due to be re-launched in March 2007. It is envisaged that the original Module 2 - comprising a systematic introduction to the 10 ESC – will be promoted as an induction-level module.<sup>13</sup>

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

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

A person gains an NVQ by achieving a set number of units through demonstrating competence at work. Candidates are individually assessed by qualified assessors, who will observe their work, and discuss with them their knowledge and understanding of why they work in particular ways.

Candidates are required to collect evidence of their competence to work to a set standard. Such evidence can include direct observation, oral and written questioning, observing a product or outcome of their work, written testimony, expert witness statements, and keeping a record of their work.

**It is important to note that NVQs are an assessment system and do not constitute a training course**

They require a certain level of background knowledge about the area of work, so candidates will need to learn to be competent prior to assessment. Vocationally related qualifications [VRQs], such as the Mental Health Foundation/City & Guilds Level 2 and 3 Certificates, can be offered as evidence that the knowledge requirements for the NVQ have been met.

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

- To develop smaller and more accessible qualifications
- To allow transfers across sectors and specialisms
- To support lateral and vertical career development
- To reduce overlap and duplication of content

The structures for these NVQs are as follows:

- NVQ Level 2 Health and Social Care (4 mandatory units + 2 optional levels)
- NVQ Level 3 Health and Social Care (4 mandatory units + 4 optional units) with either an adult or children and young persons pathway
- NVQ Level 4 Health and Social Care (4 mandatory units + 4 optional units) with either an adult or children and young persons pathway

Full lists of the units are available on the websites in the appendix.

<sup>13</sup> The revised materials will be available in a “download” format from the CCAWI (Centre for Clinical and Academic Workforce Innovation), University of Lincoln website: [www.lincoln.ac.uk/ccawi](http://www.lincoln.ac.uk/ccawi)

On behalf of the STR Worker national implementation programme, Skills for Health commissioned a piece of work to double-check the new awards against the competences required for STR Workers, the Mental Health NOS, and NVQ 3 "Promoting Independence" (as the award originally recommended for STR Workers). The outcome was very positive; although generic, the new awards can be easily related to mental health work, and contain units that promote social inclusion and recovery approaches. **For a list of Level 3 optional units that are deemed to be the most appropriate for STR Workers, please refer to APPENDIX**

This list gives STR Workers and their managers some guidance as to which units to select in relation to specific service settings.

To gain an NVQ, a candidate registers with an NVQ Assessment Centre. Some employers run their own NVQ assessment centres; others have a contractual arrangement with an external Assessment Centre in their locality.

The candidate's manager or training adviser will be able to discuss and probably help to arrange for registration. Edexcel (website listed below) have a "Frequently Asked Questions" section on everything related to registration.<sup>14</sup>

### **Must STR Workers undertake both the Certificate and NVQ?**

These are two different components: both the Certificate courses complement and support the NVQ, and provide a valuable measure of a worker's progress. However, they are not a substitute for the NVQ: the NVQ is a competence-based qualification that requires the worker to demonstrate that s/he is competent in providing high quality care for service users.

The recent introduction of other training programmes, such as the 10 Essential Shared Capabilities, and Recovery, provides alternative or additional ways to complement the NVQ award.

To date, many organisations participating in the national STR Worker implementation programme are finding it increasingly difficult to resource both the Certificate and NVQ for their STR Workers. A number of sites have consistently promoted the completion of both awards by their STR Workers, while others have insisted on the completion of one.

The National Reference Panel for the implementation programme has recognised the difficulties facing organisations, and has recently agreed the following recommendation that:

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

The ideal solution – and best practice - is for organisations to make both awards available, and determine which is most appropriate through an initial training assessment with the individual STR Worker. However, employing organisations might wish to decide which of these 2 awards to generally promote, in line with the overall needs of their service and historic good practice.

Moreover, statutory and non-statutory social care organisations will be expected to promote NVQs, in line with the impending General Social Care Council's (GSCC) requirements for registration.<sup>15</sup>

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

#### **Case Study**

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

The nearest available course - Mental Health Care, provided by Teesside Regional Open College Network (TROCN) - did not cover all the aspects covered in Community Mental Health Care Certificate. It was necessary to map the TROCN course against the C&G certificate to ensure that any areas it did not cover could be covered in the NVQ3 training. This was done and agreed to be an appropriate course for STR Workers as long as it was aligned to specific units in the NVQ. The course was originally very cheap, being subsidised by the Learning Skills Council, and with the added bonus that this course could be accessed at a local college. (Mental Health Care has since been confirmed as a Level 3 course, but unfortunately LSC funding is no longer available).

<sup>14</sup> More information is available from the Sector Skills Councils: [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk); [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk); and the awarding bodies for NVQs in health and social care: [www.cityandguilds.com](http://www.cityandguilds.com); and [www.edexcel.org.uk](http://www.edexcel.org.uk)

<sup>15</sup> The GSCC, as the social care workforce regulator in England, is to start registering domiciliary, outreach and residential care workers in 2007, thereby ensuring that registrants have already achieved common induction standards, and that they continue their training and achieve NVQ qualifications as a requirement of remaining registered. It has stipulated that all the non-professionally qualified members of its workforce must have achieved a minimum qualification of NVQ Level 2 by 2010.

For more information visit [www.gsc.org.uk](http://www.gsc.org.uk)

This has proved a particular issue for mental health services in rural areas, where the nearest available course is geographically distant from the work base. The course is traditionally provided by Further Education Colleges, and in some cases by Higher Education Institutions.

With your local partners you could consider:

- seeking accreditation and funding to deliver the course “in-house”
- exploring the availability locally of alternative courses – and assess accordingly

### **What about Foundation degrees for STR workers?**

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

- Enables workers to continue to work while they study
- Develops and motivates workers in their existing roles
- Opens up routes to further professional training
- Takes an inter-disciplinary approach with opportunities for specialisation
- Develops flexible practitioners in the workforce
- Widens participation by providing opportunities to workers who are unable to access higher education in other ways
- Involves employers in the management of learning
- Provides opportunities for qualified workers to develop their mentoring and practice assessor skills

The Foundation degree is a modern higher education qualification, providing 240 Credits at level 2, equivalent to a diploma. Once this is achieved, a student is able to progress to an honours degree.

Previous relevant work, informal or personal experience is recommended for a Health and Social care Foundation Degree. Possession of an NVQ level 2-3 is also advantageous for such degrees.

Learning takes place in a variety of ways, (through supervised work, shadowing, e-learning etc); and in a variety of settings (in the work place, at home, during placements etc.)

The learning process may include portfolios, reflective notes, case studies, written assignments, taught sessions, and action learning sets. Foundation degrees take two years full-time or three years part-time to complete.<sup>16</sup>

While Foundation degrees were not featured in the Policy Implementation Guidance, some localities that have since been involved in the STR Worker national implementation programme have considered these as an option.

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<sup>16</sup> For further information visit [www.foundationdegree.org.uk](http://www.foundationdegree.org.uk)

## Case Study

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

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

The Foundation Degree consists of "knowledge based" courses [Level 1] covering the theoretical framework for practice and "work based" courses [Level 2] that link theory with practice in the context of the student's own workplace.

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

- Understanding health and social care (K100) (60 points); and
- Introducing professional practice (K1140) (60 points).

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

- Mental health and distress: perspectives and practice (K257) (30 points); and
- Challenging ideas in mental health (K272) (30 points)

Completion of the courses is expected to take 2 years of full time, or up to 4 years of part time, study. Because of its modular structure, students can step off and on at any time but it is only at the end of all the courses that students are awarded the Foundation Degree. Each course is studied over a period of 32 weeks running from February to October or October to June, taking an average student about 12-16 hours per week to study a 60 point course, and half that time for a 30 point course.

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## A Knowledge and Skills Set for STR Workers

As this manual is being finalised, work is starting to develop a Knowledge and Skills set specifically for STR Workers. This work is being led by the NIMHE National Workforce Programme. Details of the outcome will be published on the New Ways of Working website<sup>17</sup> in due course.

## CAREER PROGRESSION

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

This might take several forms. Many STR workers enjoy their role and have chosen to remain in post. Others will wish to progress but the key thing is that as the Policy Implementation Guide describes,

"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."

Some intermediate STR workers have progressed to work at senior STR worker level where their service has been configured in this way. Voluntary sector services have been particularly effective at developing this career pathway. STR workers who have left have successfully obtained training places as Mental Health Nurses, Social Workers and Occupational Therapists.

When the original Policy Implementation Guide was written it was envisaged that the NHS Career Framework and Agenda for Change would have allowed for much more opportunity to transfer skills across professional groups (in the NHS). For instance someone who had developed a series of competencies in one post would be able to move into a

<sup>17</sup> NIMHE National Workforce Programme's New Ways of Working website: [www.newwaysofworking.org.uk](http://www.newwaysofworking.org.uk)

development post with these competencies and add other core competencies to them. At the time of this toolkit, although considerable work is on going, this is still sometimes complex, challenging or not yet able to be applied.

There should be careful consideration of the impact of retention and recruitment on professionally qualified staff groups as part of any organisational decision to develop a pathway for non-professionally affiliated staff and involvement of staff and service users in the process.

## 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?**

The Policy Implementation Guide discussed this question and said clearly that the intention was not to undermine other staff, as "the emphasis on a user focus must apply to the whole of the workforce"

The growth of the Recovery movement during the period of STR worker implementation has added to the shift in organizational culture of which STR workers have been part.

Many teams have looked upon the implementation of the STR worker role as a catalyst for reviewing services and the roles within the team

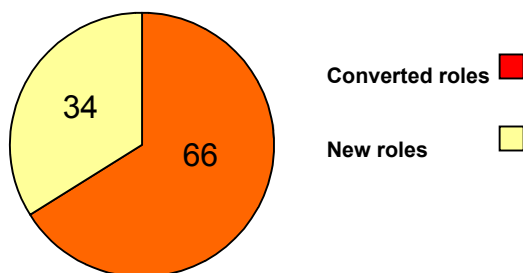
### **That sounds all very well, but isn't the reality that existing staff are going to feel threatened by the introduction of a new worker who they might see as taking their jobs or encroaching on what they see as part of their role?**

When introducing a new role it is vital for organisations to ensure that they are also seen to be valuing existing roles. Other non-professionally qualified staff, such as Nursing Assistants, Support Workers and Occupational Therapy Assistants may wonder how their role fits with the new workers.

Some organisations have opened STR worker training and peer supervision to all similar grades of staff. Preparation is vital when introducing new and redesigned roles. There are many tools available regarding this (see appendix)

### **So, are STR workers new, additional workers or have some of the existing Workforce merely been rebadged?**

The intention was that the STR workers would represent an addition to the mental health workforce. However as the STR worker was not a centrally funded role organisations had to develop the role from existing resources.



**Figure 2: Proportion of STR workers converted from existing roles (Percentage) against newly created posts**

The national team developed a process for "conversion" to STR workers (see appendix), which involved, as stated in the National Implementation guide an induction programme, coupled with a commitment to undertake Continuing Personal Development, planned on a Personal Development Plan

Figure 2 demonstrates the proportion of posts (implemented through the ADP) that were new and those that were converted.

# PART 2-THE ROLE REDESIGN PROCESS

## INTRODUCTION

### Preparation, Process, Planning and Partnership:

The above 4 “P”s have been the cornerstones of the STR worker national implementation and can be applied to any role redesign or improvement initiative.

The importance of creating a robust process cannot be stressed enough. This is the stage of the programme that cannot be decided “by committee” but requires clear and decisive leadership. It is particularly challenging when the stakeholders have different perspectives. Once the process, principles and plans are established consultation and revisions can take place at periodic times within the programme

At the outset of the STR worker National Programme the initial stakeholders were the Changing Workforce Programme Mental Health Team (of which the National leads were members), the DH and NIMHE Regional Development Centre (RDC) staff.

There were many debates about using modernisation methodology and designing measures.

The Programme Leads designed a series of process objectives that teams would work towards after establishing a baseline. An example of one of these is,

**All steering groups to have trade union or staff side input within two months of initial meeting:**

#### Rating Scale

**0 – No trade union/staff side involvement**

**1 – PDSA cycle initiated**

**2 – Intermittent trade union/staff side involvement**

**3 – Trade union/staff side involved actively in the group**

The system was maintained until the formal review point at the beginning of Phase 3, where all the site leads collaborated on revising the measures.

Other measures to reflect retention and recruitment were added at this stage.

The measures have demonstrated the programme success and programme leads have said that the monthly reporting process was a useful discipline.

### Collaborative Working

The teams that have introduced the STR worker as part of the national programme have worked collaboratively to do this. This has been an effective method of implementation, and though it involves more initial resources in terms of time, can avoid later difficulties due to misunderstanding, resistance to change, communication and perception problems. It therefore helps the sustainability of the role.

Key issues to consider when working collaboratively with staff, service users and other groups include:

- Democratic decision making
- Ensure that job titles are not used in the group and that organisation name badges are not prominent
- Facilitate rather than chair meetings
- Consider alternatives to a formal meeting
- Acknowledge others’ perspectives and skills
- Use creativity
- Establish ground rules for everyone, for instance a way of dealing with jargon
- Consider meeting places and times for accessibility
- Be open and honest

For the STR worker role, people involved in implementation groups included:

- Service Users
- Carers
- Representatives from the professional groups who would work with the STR worker
- Non-professionally affiliated staff
- STR workers
- Trade Unions
- Finance
- Human Resources
- Communications
- Education and Training staff
- Service Managers

For many of the people involved this was the first time they had worked in this way and they now intend to continue to work like this in future developments.

## Partnership working

### Case Study

In Maidstone the STR Worker project began in June 2004 with the introduction of the STR Worker Steering Group. Supported by the Regional Development Centre Lead group members were tasked as champions for the project to ensure that the STR worker role was introduced across the organisation and deployed in line with national guidance. The group members quickly came to represent a wide spectrum of stakeholders including staff from a range of clinical groups, human resources, trade union representatives and representatives from service user and carer forums.

From the outset many challenges were evident. The introduction of the STR Worker role would not be achieved in a uniform way across the different health and social care agencies represented as each currently employed a variety of similar roles, but all on different terms and conditions which made comparability and equity a huge challenge.

Through collaborative partnership the team was, however, very successful in acting as a catalyst for work. Undertaken by sub groups, this resulted in the production of job descriptions, training opportunities and recruitment processes, designed to be as inclusive as possible for service users and carers in line with the guidance available. By the December of 2004 Managers had begun to declare a commitment to the STR programme..

As work developed through 2005 the project leads took on much more of an outreach role working closely with those STR Workers in post, providing guidance and support to their supervisors and managers. An on going process of audit into how the STR Worker role had developed was implemented across the Trust. The STR workers reflected that the processes in place had been supportive to them and that they valued the outreach provided by the project leads.

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In recent years there has been more evidence of partnership working, examples being in the recent NHS pay modernisation.<sup>18</sup> The White Paper "Our Health, Our Care, Our Say"<sup>19</sup>. The move towards Partnership Trusts should result in this way of working becoming more common.

In the STR worker national programme, teams from the NHS, Local Authorities and the voluntary sector worked as partners in a geographical area (such as a town, a city or locality) together with staff, service user organisations and trade unions.

<sup>18</sup> [www.nhsemployers.nhs.uk/Agendaforchange](http://www.nhsemployers.nhs.uk/Agendaforchange)

<sup>19</sup> [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Modernisation/OurHealthOurCareOurSay](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Modernisation/OurHealthOurCareOurSay) DH 2006

The following guidance on effective partnership working, adapted from the work on partnership by NHS Employers may be useful.

- Establish memoranda of agreement
- Realistic time frame
- Language- each organisation will have its own jargon and language. Resourceful teams will agree on common language or agree to respect the differences in culture.
- Informal agreements- in one team in the South West, a voluntary sector organisation offered to provide meeting venues and catering in return for support in HR from the NHS Trust. In the North East where the management board of a local voluntary sector organisation were concerned about the resource implications of being involved in the programme, the local authority agreed to support supervision for voluntary sector staff in return.
- Clarify your own aims and objectives
- Identify key stakeholders
- Who do you need as partners, and who wants to be a partner.
- Get formal permission from your organisation before approaching others

### Leadership of an implementation team

In the STR national programme the local lead was responsible for convening the group, making contact with key stakeholders, liaising with the CSIP Regional STR lead and ensuring reports were sent to the National team in a timely and accurate manner. They also ensured that the management boards of the local organisations were kept fully informed of progress as well as keeping up to date with developments from the programme and shared information with other teams.

This does not necessarily mean that they carried out all these tasks themselves; the most effective leaders shared them out amongst the team.

One of the difficulties of the programme was that often project leads moved on and a gap remained before another lead could be trained up. Ensuring that the steering group was fully involved in the process and reporting could have avoided this. One team developed contingency plans early in the programme in case the project lead left. This would ensure continuity as individuals moved on which is becoming increasingly more common as services are re-configured.

The following learning from the STR worker national programme may be useful to other teams:

- A project lead or manager does not have to be filled by someone in a management role; it has been carried out very successfully in many cases as a development role for practitioner. There can however be an issue with authority, so it is important that when this role is issued or delegated that the person doing the role has clear guidelines about their remit.
- Plan, Do, Study, Act (PDSA) cycles are an effective way of implementing change involving a team fully<sup>20</sup>
- A senior person within the organisation who formally agrees to support the programme lead and the steering group, intervening at Trust Board or Management Group level as a project sponsor can be very effective
- An identified person with a good knowledge of workforce issues, especially role redesign and employment law, who can advise the steering group can be very helpful.

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<sup>20</sup> Langley G, Nolan K, Nolan T, Norman C, Provost, L (1996) The improvement guide, a practical approach to enhancing organisational performance, Jossey Bass publishers, San Francisco

### Case Study

In Sheffield an STR steering group was set up and developed sub groups, which eventually developed into small cohorts working relatively independently from the main group. Initially the STR worker role was developed in two new services within Sheffield Care Trust, the Early Intervention service and the Crisis Assessment and Home Treatment service. Posts were then identified for conversion. This process was undertaken by one of the sub groups. They identified posts in community teams which could easily be converted at an early stage and posts in other services where it was anticipated that additional resources or restructure of the role would be needed to justify conversion of these posts.

An STR worker forum was developed. This runs quarterly and has been particularly successful, becoming a focus for discussion, support and personal development initiatives such as reflective practice. In addition a new post, *Adult Mental Health Training and Development Officer (for non-professionally qualified staff)* has been developed.

Contact: [Liz.Johnson@sct.nhs.uk](mailto:Liz.Johnson@sct.nhs.uk)

### Measurement

It is important that any improvement or implementation project or programme can demonstrate its effectiveness. This may be simply by demonstrating a history of implemented changes, results and adaptations through PDSA cycles or more formally through setting baseline measures and measuring regularly to monitor change.

The initial stages of the work are very important here as it is not always simple to identify the most appropriate things to measure.

In Mental Health Services measuring can be a challenge as improvement can be hard to quantify.

*"The first step is to measure whatever can be measured easily. This is OK as far as it goes. The second step is to disregard that which can't easily be measured or to give it an arbitrary quantitative value. This is artificial and misleading. The third step is to presume that what can't be measured easily really isn't important. This is blindness. The fourth step is to say that what can't easily be measured really doesn't exist. This is suicide."*  
**Charles Handy**

There are various types of measures that can be considered at the beginning of a programme:

**Measurement for judgement:** measures are used to judge against performance targets, other Trusts, etc. Improvement is not about judgement, but these can be used to judge and manage progress.  
*In the STR worker National Programme numbers of STR workers in post, in recruitment and planned with funding were measured*

**Measurement for diagnosis:** where data is gathered to understand the process, to see if there is a problem and how big it is. This is a useful technique, early in the work.  
*In the STR worker National Programme this process took place during the consultations whilst the Policy Implementation Guide was being developed and in the early Pilot Sites.*

**Measurement for improvement:** where a few specific measures, linked to objectives and aims, demonstrate whether the changes are making improvements.  
*In the STR worker National Programme national measures were developed regarding for example, percentage of people recruited who declared they had lived experience of mental health distress*

**Measurement for sustainability:** to ensure the changes and the improved outcomes are maintained and are part of everyday practice. These are long term measures linked to organisational aims  
*In the National Programme national measures were developed which would aid sustainability, for example, ensuring Human resources and Trade Union representation was a part of each steering group*

**Measurement for spread:** specific measures to demonstrate the extent to which learning and change principles for improvement have been adopted  
*In the National Programme the number of organisations was measured, along with an analysis by region and an analysis by service area.*

For further details see STR worker National Implementation Programme Final Report

It is important to establish an accurate baseline at the start of the programme. In the STR programme teams rated themselves against a number of objectives.

Examples of measures in mental health may be:

- Staff time saved due to a change in practice (ideally twinned with information about what staff did with the saved time!)
- Resources saved, for instance re-using patients' own drugs (POD) on admission to hospital.
- Re-admission rates to in-patient units within 7 days
- Length of stay in admission units

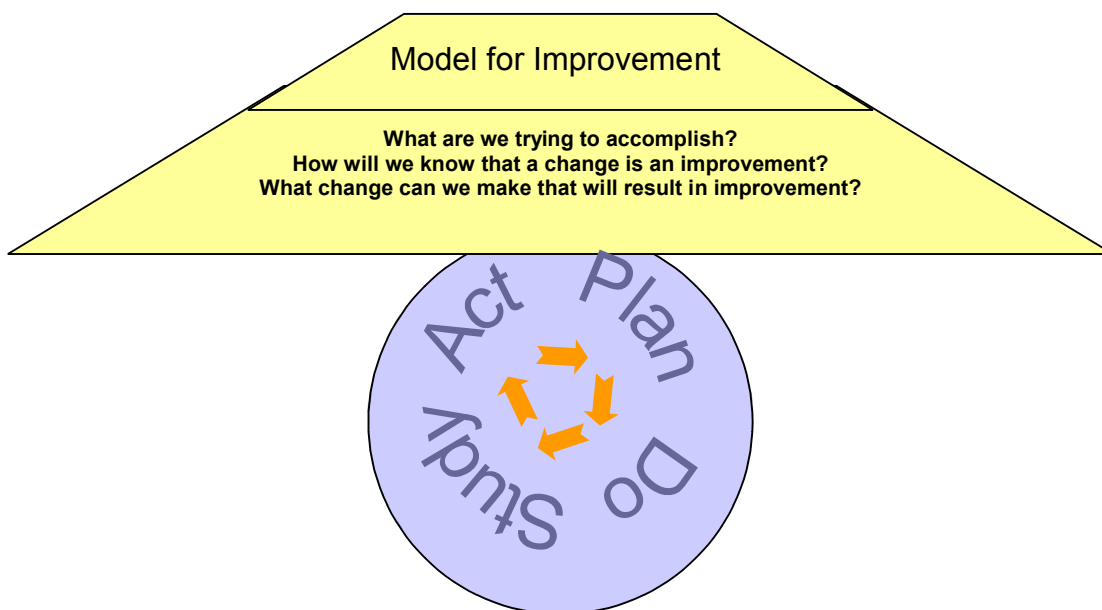
The STR worker national programme did not lend itself to such measures and it would have been impossible to negotiate the governance processes of all the 120 plus organisations involved, to use any standard measures such as Quality of Life indices. There also needed to be consideration of the implications for resources in each organisation when local leads were even finding it difficult to be released from their substantive posts to work on the programme.

The measures used therefore, were national process measures based upon a good practice process for role redesign. These were developed by the national leads, tested with the pilot sites, refined for phase 1 of the ADP and redeveloped with all the site leads in Phase 3.<sup>21</sup> An example of a monthly report can be found in Appendix

The Local Government I&DeA improvement website has a useful section on target setting including a checklist.<sup>22</sup> and a practical guide<sup>23</sup>

## Method

The teams used Plan, Do, Study, Act (PDSA) cycles<sup>24</sup> to measure improvement against each objective.



The PDSA method is well suited to collaborative improvement as all team members can contribute to the process.

Useful information on measurement can be found in NHS Institute for Innovation and Improvement- Improvement Leaders Guide "Measurement for Improvement"<sup>25</sup>

<sup>21</sup> [http://www.networks.nhs.uk/uploads/user/adp\\_implementation\\_plan-revised\\_jan\\_2006.doc](http://www.networks.nhs.uk/uploads/user/adp_implementation_plan-revised_jan_2006.doc)

<sup>22</sup> <http://www.idea-knowledge.gov.uk/idk/aio/985668>

<sup>23</sup> <http://www.idea-knowledge.gov.uk/idk/aio/985665>

<sup>24</sup> Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), The improvement guide: A practical approach to enhancing organisational performance, Jossey Bass Publishers, San Francisco

<sup>25</sup> (NHS Institute for Innovation and Improvement 2005) Measurement for Improvement [www.institute.nhs.uk](http://www.institute.nhs.uk)

## “We found the PDSA cycles really useful. They really helped us to move things on” (Stoke on Trent team)

### Sustainability and spread

A short working definition of sustainability can be described as ‘when new ways of working and improved outcomes become the norm’<sup>26</sup>

There are two important elements to sustain from the STR programme:

- **The continued implementation of the workers**, their support and education and training
- **The process of implementation**, working collaboratively and in partnership, improving equal opportunities and retention and recruitment. These experiences and skills are transferable to other improvements

The NHS Institute for innovation and improvement have produced a guide and model for sustainability (link below). It allows organisations to self-audit their sustainability for improvements under 3 sections

- **Process**
  - Benefits beyond helping patients
  - Credibility of the evidence
  - Adaptability of the improved process
  - Effectiveness of the system to monitor progress
- **Staff**
  - Staff involvement and training to sustain the process
- **Staff attitudes towards sustaining the change**
  - Senior leadership engagement
  - Clinical leadership engagement
- **Organisation**
  - Fit with the organisation strategic aims and culture
  - Infrastructure

After scoring, there is advice on how to increase your score for each section. Please note that this is an NHS document and the language in it is not always the same as would be used in mental health services.<sup>27</sup>

In the National Implementation Programme plan (2003) **spread** was planned across specific numbers of organisations in each phase. However as services reconfigured and Partnership Trusts were formed as well as many NHS Trusts merging to form larger organisations this was reviewed and plans for spread were then put in place across organisations, for example one North East NHS Trust now has 5 large implementation sites within its area.

### Business Cases

Many sites have developed business cases to support STR worker spread across an organisation. Advice given to teams was:

- Prepare a rough case in the early stages to test it out and discuss with colleagues
- Enlist other people in the organisation who may have more experience, for instance Finance or HR departments. Their involvement will also add credibility to the business case

<sup>26</sup> (NHS Institute for Innovation and Improvement 2005)

<sup>27</sup> NHS Institute for Innovation [www.institute.nhs.uk](http://www.institute.nhs.uk)

- Use your own organisation's business case template if one exists
- Find out the process for handling business cases; they may be handled by, for example a management group, or at Board level. Some proposals may require the agreement of commissioners.

Developing business cases for roles such as the STR worker is not as simple as others where there are clear cost or safety implications. It may require some lateral and contextual thinking to present a good case.

**Performance indicators and targets:** Do any exist locally or nationally which the STR worker may impact upon?

**Improved Access to services:** Will the new roles make a difference?

**Reducing handoffs:** Does the service user see less people during their journey through services?

**Reduction in waiting times:** In most cases this will be difficult for STR worker programmes to find evidence for

**Workload management:** Does the STR worker role impact upon better working lives for staff? Better services for service users?

**Job satisfaction / retention and staff turnover:** STR workers nationally have very high retention rates, and when they leave, it is usually to a career in a health or social care profession. Recruitment is an expensive process for organisations so try to demonstrate that the STR worker implementation will benefit retention Every member of staff who you can encourage to stay saves the organisation £4,600 in recruitment costs <sup>1</sup>

**Equal Opportunities** Demonstrating that STR worker recruitment is a good practice example working towards diversity in the workplace and attracting people who would not previously have considered careers in health and social care

**Policy Drivers** "Our Health Our Care Our Say", Social inclusion agenda etc.

The Integrated Service Improvement Partnership (ISIP)<sup>28</sup> has many templates and tools which may be of use at this stage.

## Evaluation

CSIP have produced a useful tool called "A Quick Guide to Evaluation"<sup>29</sup> which aims to give people an overview of what evaluation is, why it is important and how to plan and evaluate work well.

Evaluation can support:

- strategic and financial planning
- organisational learning
- customer needs analysis
- risk management
- discontinuing what we are doing if it has no impact, and
- performance management including planning, target setting and reporting.

The resource is structured in eight key steps to follow to put evaluation into practice.

1. Evaluation or research? Agreeing what you need to do and why.
2. Designing your evaluation to meet your aims.
3. Planning your evaluation in partnership with key stakeholders.
4. Deciding how to collect information.
5. Advice on analysing information.
6. Sharing findings to achieve maximum impact.
7. Evaluating the evaluation to learn for the future

<sup>28</sup> [www.isip.nhs.uk](http://www.isip.nhs.uk)

<sup>29</sup> [www.csip.org.uk/supporting-delivery/research-and-development/evaluation-resources/quick-guide-to-evaluation](http://www.csip.org.uk/supporting-delivery/research-and-development/evaluation-resources/quick-guide-to-evaluation)

## 8. References and further reading

The NHS Institute for Innovation and Improvement also have useful information in their Improvement Leaders Guide “Evaluating Improvement” including guidance on ethical approval

### Case Study

In Bromley Oxleas, Community Options commissioned a survey of clients and CSCI received 53 responses.

Overall the key findings were:

- Increased Interaction with (the now) STR Worker leading to a 50% decrease in abortive visits.
- Greater increase in independence – 10% people no longer needing the service.
- “STR worker is like a friend who I can talk to with trust and confidence” (Client).
- Happy and responsive staff teams that impact positively on peoples lives.
- Increasing numbers of compliments from people using services.
- Development of new services and training programmes.
- Supporting others developing STR role

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## PREPARATION

### Process Mapping

Some of the early teams struggled with visualising the STR worker role because they had not spent time in process mapping. Time was allocated at events and teams were encouraged to research their local area and map service users’ journeys. Teams who established working partnerships early in the process found process mapping useful, as each partner could contribute where their service fitted in. Service users and carers could contribute to the process, and comment if they thought the journeys were not a real reflection of practice.

A process map gives:

- A realistic starting point for role redesign
- The opportunity for different people to contribute, encouraging inclusivity and ownership
- An overview of the whole process. Sometimes staff (and service users) are only aware of what happens in areas they have contact with
- An increased understanding of other people’s roles and skills
- An increased understanding of duplications, waits and difficulties service users may experience
- An increased awareness of non-statutory resources e.g. Drop-in centres, health promotion activities etc.

### Planning and adapting the role to each service setting

The teams found it useful to use checklists to ensure they had thought through all aspects of:

- Education and Training
- Role Definition
- Implications for other staff
- Support needed for new post-holder
- Practical Details
- Service user involvement and satisfaction

Two examples of checklists can be found in appendix, the first is derived from the Changing Workforce Programme’s “In pursuit of our Workforce” tool; the second has been developed by the National Practitioner Programme

### Preparation of the existing workforce and organisation

As the Policy Implementation Guide says, “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. “

Advice was given by the National Team that all teams “hosting” STR workers would have a pre-placement brief by the lead, member of steering group or nominated person. The concern was that, although the STR worker may be familiar with their role, it was not appropriate for them to have to explain it within a team that were unsure or had incorrect views of what an STR worker should do.

Issues to consider (some of which are described in detail elsewhere in the document) could be:

- Very specific job descriptions.
- Organisational maps describing STR workers accountability, supervision and management
- Establishing peer support cohorts with an experienced facilitator
- Ensuring commitment to the process of introducing STR workers by senior managers, e.g. having an STR “sponsor” at a senior level in the organisation, organising management briefings, tabling STR workers as a standing item in management groups
- Ensuring team members are involved in the development of the new role
- Briefing teams and checking out their expectations within the team
- Expectations about the education and training pathway including 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
- Measuring impact
- Involvement of service users, families and carers

### Case Study

The project team in Berkshire commenced late in the third wave of the accelerated development programme. The team developed a brochure entitled ‘Manager’s Guidelines for the Implementation of the STR Worker Role in Multi-disciplinary Teams’. Different sections were developed by individual project group members who held the appropriate knowledge and expertise. For example, service users wrote a philosophical statement supporting the recovery focus of the role, the HR members developed job descriptions and person specifications for the three levels of STR Workers, and the workforce development members constructed a flowchart for the training pathway.

In addition to providing practical advice to managers and teams, the brochure was underpinned by national and local initiatives which support the modernised mental health care agenda. The brochure supports the implementation of new ways of working and role redesign. It localises the national guidance for the STR Worker role to provide useful guidance and flexibility for managers in the implementation of the role within their unique teams. It incorporates values from Trust initiatives such as ‘Grasping the Future’, a culture changing vision to further develop the Trust service user focus, and it provides the support to embed the recovery focus into all aspects of care.

The brochure was distributed to all managers and stakeholders and is used as a promotional tool, a constant point of referral, and guidance to the implementation of the role. The project group reflected that it had been one of the most important factors in the implementation of the STR role.

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### Case Study

The Devon team recognised the STR worker role as being a key element in the delivery of modernised and networked services and strategically built them into modernisation plans. The project allowed the team to value and develop a whole layer of workers towards providing a consistent and shared approach based on recovery values.

One voluntary organisation (Community Care Trust, South Devon) reorganised their whole structure to reflect a recovery-focussed way of working. As a result 2 other voluntary organisations (MIND and Rethink) quickly followed and radically adjusted their practice to recovery values having recognised the STR workers role as being central to that development.

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# SPECIFIC ISSUES

## Equal Opportunities

### Recruitment

The Policy Implementation Guide suggests that organisations should set up support mechanisms to take advantage of this currently under-utilised pool of skills and knowledge (from people with experience of mental health distress)

General principles outlined in the DH guidance, Mental health and Employment<sup>30</sup> include:

- Selection should be based on the best person for the job. Appropriate procedures should therefore be implemented so that persons with disabilities are not placed at a substantial disadvantage compared to non-disabled persons in the in the arrangements made for determining who should be offered employment in the NHS;
- Every assessment for a post is specific to that situation;
- NHS employers should ensure their policies and procedures comply with the Disability Discrimination Act 1995;
- No applicant should be refused employment on health grounds unless expert occupational medical advice has been sought;
- No person should be refused employment, or have their employment terminated on mental health grounds without the NHS employer first having made any adjustments that it would be reasonable to make in relation to that person in accordance with any duty placed upon them by the DDA;
- The “2 year rule” (suggested by the Clothier Report) which some occupational health professionals have used when carrying out pre employment health assessments is no longer to be used in the NHS;
- All NHS staff need help to develop an awareness of their own mental health, when to seek help and from whom;
- The NHS needs to develop a culture where staff can be open about their mental health status, are treated fairly and are encouraged to seek help when it is needed;
- NHS managers should be aware that the DDA makes it unlawful to refuse employment or to terminate the employment of a disabled person for a reason relating to that person’s disability without justification.

Although this document makes specific reference to the NHS the National Team considered that the principles reflected good practice guidance for all organisations and incorporated these principles in the advice and guidance to sites.

They also considered that the role of STR worker, would also be attractive to other people who may not have previously considered applying to work in Health and Social care but who would be able to bring life experience to the role, for instance people who were long-term unemployed, single parents, people from black and minority ethnic communities who are under-represented in the workforce etc.

It became clear that traditional recruitment processes would need to be reviewed if this approach was to be successful. One of the first teams to advertise for STR workers, in the South West, had been finding recruitment challenging for years. They had very few people apply for available posts and successful candidates often left after a short period, because of lack of understanding about the service users they would be working with.

This team tried some simple changes to their recruitment practice, supported by their Human Resources department:

- They threw out the standard wording for an advert and put themselves in the position of a potential applicant. Then they wrote the advert in “Plain English”, e.g. “Have you ever thought about a job working with...” rather than “We are seeking to recruit suitably experienced people.”
- They actively encouraged service users to apply
- They involved service users from the start of the recruitment process, planning the job description and person specification, through to interview
- They offered an informal open day in the service which would be employing the STR workers

They received 10 applications for every available post, many of whom had lived experience of mental health distress.

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<sup>30</sup> **Mental Health and Employment in the NHS DH 2002**

Other teams have successfully tried the following approaches:

- Offering support and assistance to all candidates 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.
- Sign-posting service users to advice on benefits as appropriate
- Designing an appropriate schedule for assessing a candidate's ability, for instance 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 can be difficult to answer, for a candidate who does not know the employing organisation
- Calculating the total hours that constitute the vacant post rather than asking for whole time equivalents. Part-time working or job-share may be an attractive option to people wishing to return to employment
- Developing a training scheme which people can enroll upon prior to applying for posts
- Developing volunteer or taster schemes

### Case study

A team In Humber identified that they needed a process in place to support the introduction of the STR worker role. They developed a conversion process that targeted existing and future vacancies by providing existing support workers, who were undertaking similar roles, with the opportunity to convert to the STR worker role.

The process required applicants to take part in a game of "STR Pursuit", a board game similar to Trivial Pursuit but with role specific questions. Played in a group it was a fun, non- threatening, informal way of observing skills, values and attitudes whilst providing the opportunity to determine what the applicants knew and what they need to know about the role.

All new and converted STR workers also received a full day STR induction that was role specific and included aspects of the 10 Essential Share Capabilities.

Contact: [Sarah.todd@humber.nhs.uk](mailto:Sarah.todd@humber.nhs.uk)

### In employment

People who have not been in paid employment for some time 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 potential 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. Many organisations have reviewed this for all staff as a result of the review for STR worker recruitment

MIND have produced a comprehensive and practical document entitled "*Stress and mental health in the workplace*" Mind week report, May 2005 which gives the legal context and many useful case studies.

NHS Employers have produced some useful guidance in this area also around the avoidance of age discrimination.

### Occupational Health

It soon became clear in the STR worker National Team that Occupational Health support for staff was not consistent across the country. Whilst forward thinking Occupational Health Departments supported some sites; others relied on Service Level Agreements with neighbouring organisations (for example Acute NHS Trusts) that included only basic screening at recruitment stage and some long-term sickness support.

Some of the programme leads encountered resistance from Occupational Health staff and Human Resources departments who were worried that they were targeting people with mental health problems for the role of STR workers which would (they argued) cause the organisation problems in terms of increased sickness and absence, Risk Management and Health and Safety.

We argued that these issues were not exclusive to people with mental health problems. We also reasoned that the organisations had a responsibility to provide a service to support the mental health of existing staff and presumably this would reap benefits in terms of decreased sickness and absence rates and also aid retention of staff.

At around this time, the DH produced the Mental Health and Employment guidance<sup>31</sup> that we issued to all site programme leads. We engaged in some discussion on mental health and employment web sites and eventually invited expertise onto the National Reference Panel. Through this we produced a good practice in Occupational Health guidance, which has since been formulated into a checklist (Appendix B)

## Role Profiles (Job Descriptions) and Person Specifications

It has already been stressed that it is important to have very clear Role Profiles and Person Specifications to ensure:

- Clarity of role
- Clarity of accountability
- Education and Training pre-requisites or expectations
- Equal Opportunities in recruitment

Role profiles could be made up of competencies. The Skills for health and Skills for care websites<sup>32</sup> have competency frameworks that can be selected to form the basis of a role profile

The Equal Opportunities Commission (EOC) offers the following advice on job descriptions:

*“Job descriptions written to an agreed format enable the jobs to be assessed according to a common standard. The EOC recommends that forms or guidance notes should be provided to those who are writing job descriptions containing a comprehensive list of elements, which are in the jobs to be assessed. This will help to avoid the possibility of unconscious bias coming into the evaluations at the job description stage. The EOC recommends that job descriptions contain at least the following information:*

- **Job title**
- **Relationships at work (eg. the kind and degree of supervision received; the kind and degree of supervision given; the nature and extent of co-operation with other workers)**
- **A short summary of the primary functions of the job**
- **A description of specific duties of the job showing approximate percentage of time spent on each and the extent of discretion or responsibility in relation to each**
- **The job requirements listed under the headings used for a job evaluation procedure (eg. skill, responsibility, mental effort, physical effort).**

*Where the format for preparing job descriptions differs significantly from the above, careful attention should be paid to whether the omissions or the additions are likely to result in aspects of jobs more commonly performed by women being underrated relative to other aspects of the spectrum of jobs.*

*The person or people given responsibility for the collation of the job descriptions should be trained both in the skills involved in preparing job descriptions generally and in the importance of ensuring comprehensive descriptions which do not omit aspects of women's jobs nor over-emphasise those job characteristics which*

A sample generic intermediate STR worker job description is given in Appendix this has been made generic, but follows the format of the Agenda for Change Job Evaluation scheme

<sup>31</sup> **Mental Health and Employment in the NHS DH 2002**

<sup>32</sup> [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk) [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

## Education and training

### Partnership working in Education and training

Effective partnerships are key to the development of a workforce that is fit for purpose, practice and award. Partners invariably include local service providers (health, social care and the non-statutory sector – to include in-service training departments); external education and training providers (Further Education colleges and Higher Education Institutions); service user and carer representatives and organisations; service commissioners, the respective Strategic Health Authority/Workforce Development Directorate, and so on. Such partnerships often exist on multiple levels, ranging from those that are strategic and broad-focused, to those that are very specific and operational.

#### Case Study

North Yorkshire has a relatively small group of STR workers, which would not sustain an NVQ3, A1 Assessor or Mental Health Certificate course, unless partnerships were set up with other organisations.

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

They discovered that these Housing Associations and several other local agencies wished to access the NVQ3 “Promoting Independence” and, subsequently, the NVQ3 in “Health and Social Care”; the A1 NVQ Assessor training, and the Mental Health Certificate. They succeeded in obtaining funding and provision for these, with the benefit of sustaining these courses locally on a regular basis. Other agencies that have participated in training with STR workers are: Housing Associations, Health, Voluntary Organisations, Education, Army Welfare, District Councils, Service Users and Carers.

Since 2003, 17 people have gained their NVQ3 qualification, 5 obtained their A1 Assessors award, and 43 people have passed their Mental Health Care course (as an alternative to the Level 3 Certificate)

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### Funding for education and training

The experiences of those organisations that participated in the national implementation programme, testify to the variations in the level of external support and funding available. A number of organisations have been particularly well supported by their respective Strategic Health Authorities/Workforce Development Directorates, and Learning and Skills Councils. Others have not fared so well.

Generally, local authority social care providers have access to funds from their Mental Health Training Grants, and NHS Trusts from their Multi-Professional Education and Training budgets (MPETs) via the Strategic Health Authority. Unfortunately, the Voluntary/Independent sector is not generally eligible for the traditional funding streams identified above. Despite this, many agencies within this sector have developed bespoke training programmes for their workers - including STR Workers. East Suffolk MIND (Ipswich) and Community Options (Bromley, Kent) are two such examples.

Another potential source of funding for NVQs and Adult Apprenticeships is the Learning and Skills Council (LSC). The LSC is responsible at both regional and local level for planning and funding high quality vocational training for everyone. For 2006/7 it introduced an entitlement to free tuition for an individual's first full Level 2 qualification: therefore a number of new Foundation STR Workers will be eligible for this. The LSC funds training provision at local level, so your local partnerships will be crucial to the funding negotiations. For more information visit [www.lsc.gov.uk](http://www.lsc.gov.uk)

### **The ESC (Essential Shared Capabilities) Recovery Training – *Creating and inspiring Hope: Integrating Recovery values and principles into everyday practice***

These training materials were completed in Autumn 2006, and have been produced in CD ROM format by CCAWI. This 2-day training programme was initially commissioned to support the learning and development of STR Workers,

but has since been developed for the whole of the mental health workforce. The 10 ESC and the National Workforce Competence in Recovery (MH 94)<sup>33</sup> underpin the programme.

- Ideally, the Recovery training should follow 10 ESC training, but can nonetheless be used as a “stand alone” programme. Those who developed the programme recommend that it is delivered by partnerships of “in service” trainers and people with lived experience of recovery. Much of the learning activity is based on self and group exploration of recovery and this approach benefits all members of the mental health workforce, regardless of the level of experience or length of service. Some examples of recovery training delivered so far include:
- “whole team” training, including service users and psychiatrists
- a series of training sessions, with different levels of focus, for frontline staff, service managers, and WRAP (Wellness Recovery Action Planning) for the wider public
- a weekly rolling programme that is open to anyone, and in a range of easily accessible venues
- a rolling London-wide training programme for STR Workers and their managers

The Recovery training materials include PowerPoint presentations, trainer’s notes, exercises, and a wealth of resources, references and supplementary materials concerning recovery.<sup>34</sup> WRAP features prominently in the training programme, and an additional resource is “**Wellness Recovery Action Plan: a system for monitoring, reducing and eliminating uncomfortable or dangerous physical symptoms and distressing emotional feelings or experiences**” [Mary Ellen Copeland 2005].<sup>35</sup>

### Case Study

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

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

- Talked about recovery with client and set actions based on recovery approach
- Looked beyond symptoms to the whole person
- Were more honest with clients and working more in partnership
- Were more self-aware e.g. able to recognize their own prejudices

Contact: **Tina Graves on 01473 231666.**

### Additional learning support

Many STR Workers undertaking education and training require additional support and mentorship: this is particularly so for workers recruited from non-traditional backgrounds, with little or no prior exposure to adult education.

A number of implementation sites have demonstrated exemplary practice in preparing workers to undertake the level 3 Certificate, and in providing intensive support for the duration of the course (**Case Study 7** provides just such an example).

Some localities have adopted Learning agreements, for example, STR Workers in Milton Keynes who embark on the OU Foundation degree, complete a formal learning agreement with a supervisor. Within this agreement, the supervisor is required to set out what support will be available, how the employer will help with time off and reduction of workload over the duration of the course.

<sup>33</sup> “To enable people to recover from distressing mental health experiences” – this is essentially a draft National Occupational Standard

<sup>34</sup> The ESC Recovery materials can be downloaded from the CCAWI website: [www.lincoln.ac.uk/ccawi](http://www.lincoln.ac.uk/ccawi). A further printing of the CD ROM is planned for 2007.

<sup>35</sup> Copies of this book cost around £7 and are available from Sefton Recovery Group, at [www.seftonrecoverygroup.org.uk](http://www.seftonrecoverygroup.org.uk)

## Additional learning and development opportunities

This is particularly an issue when STR Workers have achieved both the Level 3 NVQ and the Certificate in Community Mental Health Care. These awards can be supplemented with:

- Further competencies to enhance the worker's range of skills – these could be based on Additional NVQ Units (AUs). These units provide opportunities for professional development, and to meet employer needs for specific jobs. Visit [www.edexcel.org.uk](http://www.edexcel.org.uk) for information on Additional Units, and how to register for them.
- Further specialist knowledge relating to the particular service setting in which s/he works – eg housing advice
- ESC-related training programmes – Recovery, and the forthcoming Race Equality and Cultural Capability programme. (Further such programmes are being developed).
- Mentoring new STR Workers
- Achieving the NVQ Assessor award, thereby developing own skills and contributing to the learning and development of others
- Contributing to training sessions for STR Workers and members of the wider workforce
- Raising awareness of the STR Worker role amongst the wider workforce. For example, STR Workers and service users from East Suffolk MIND have produced a DVD as an information and training resource: it features STR Workers and service users, and skilfully and poignantly demonstrates how STR Workers incorporate recovery principles in every day practice.
- Applying for professional training or a foundation degree.

### Case Study

In Devon, four local ongoing STR training and development groups have been formed which meet monthly. All STR workers following on from the foundation course, were offered opportunities to develop their skill toolbox, to include Wellness Recovery Action Plans (WRAP), Life Coaching, Unrecognised Grieving, Human Givens, Mindfulness, Intentional Peer Support, Wellness Tools and solution focussed approaches, as social inclusion competencies and the 10 Essential Shared Capabilities. Currently the Community Care Trust is looking at building in a stage for volunteers with lived experience of mental health problems to work towards becoming STR workers by offering volunteers and people who wish to become STR workers places on the foundation course, in preparation, should posts be advertised in the future.

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# Appendix

**NVQ Level 3 Health and Social Care Units most appropriate for the STR worker**

**Abbreviations**

**Occupational health Checklist**

**Implementation Site Monthly Report**

**Sample Person Specification**

**Sample job description**

**NHS Employers checklists**

**KSF Profile**

**Useful addresses and contacts**

## NVQ Level 3 Health and Social Care Units most appropriate for the STR worker

### [4 CORE UNITS AND 4 OPTIONAL UNITS TO BE TAKEN]

#### Health and Social Care Level 3 Core Units

HSC31	Promote effective communication for and about individuals
HSC32	Promote, monitor and maintain health, safety and security in the working environment
HSC33	Reflect on and develop your practice
HSC35	Promote choice, well-being and the protection of all individuals

#### Health and Social Care Level 3 Optional Units<sup>36</sup>

HSC329	Contribute to planning, monitoring and reviewing the delivery of service for individuals
HSC330	Support individuals to access and use services and facilities
HSC331	Support individuals to develop and maintain social networks and relationships
HSC332	Support the social, emotional and identity needs of individuals
HSC335	Contribute to the protection of individuals from harm and abuse
HSC343	Support individuals to live at home
HSC344	Support individuals to retain, regain and develop the skills to manage their lives and environment
HSC345	Support individuals to manage their financial affairs
HSC346	Support individuals to manage direct payments
HSC347	Help individuals to access employment
HSC348	Help individuals to access learning, training and development opportunities
HSC349	Enable individuals to access housing and accommodation
HSC352	Support individuals to continue therapies
HSC356	Support individuals to deal with relationship problems
HSC369	Support individuals with specific communication needs
HSC382	Support individuals to prepare for, adapt to and manage change
HSC383	Prepare and support individuals to move and settle into new living environments
HSC387	Work in collaboration with carers in the caring role
HSC395	Contribute to assessing and act upon risk of danger, harm and abuse
HSC397	Reinforce positive behavioural goals during relationships with individuals
HSC398	Contribute to assessing the needs of individuals for therapeutic programmes to enable them to manage their behaviour
HSC399	Develop and sustain effective working relationships with staff in other agencies
HSC3100	Participate in inter-disciplinary team working to support individuals
HSC3103	Contribute to raising awareness of health issues

#### Health and Social Care Level 3 Additional Units (AUs)

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<sup>36</sup> These are the optional units that are relevant to the STR Workers role based on the matching exercise.

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

## Abbreviations

ADP	Accelerated Development Programme
A4C	Agenda for Change
AU	Additional Units
BSc	Bachelor of Science
CCAWI	Centre for Clinical and Academic Workforce Innovation
CCTA	Creating Capable Teams Approach
CPD	Continuing Personal Development
CRB	Criminal Records Bureau
CSIP	Care Services Improvement Partnership
CWP	Changing Workforce Programme
DDA	Disability Discrimination Act
DH	Department of Health
E&T	Education and Training
ESC	Essential Shared Capabilities
ISIP	Integrated Service Improvement Partnership
KSF	Knowledge and Skills Framework
L&D	Learning and Development
LIT	Local Implementation Team
LSC	Learning and Skills Councils
MA	Modernisation Agency
MPET	Multi-Professional Education and Training
NIMHE	National Institute for Mental Health in England
NMC	Nursing and Midwifery Council
NOS	National Occupational Standards
NVQ	National Vocational Qualifications
OU	Open University
PCT	Primary Care Trust
PDP	Personal Development Plan
SCMH	Sainsbury Centre for Mental Health
SHA	Strategic Health Authority
STR	Support, Time and Recovery
VRQ	Vocational Related Qualifications
WAT	Workforce Action Team
WRAP	Wellness Recovery Action Planning

## Occupational health Checklist

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

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

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

### Organisation

- Should actively value diversity via policies, procedures, training and recruitment
- Have accessible policies regarding equal opportunities in compliance with the Disability Discrimination Act (DDA) 1995, be compliant with the Employment Service Disability Symbol (two ticks)
- Have access to a confidential Occupational Health service
- Have access to staff support systems i.e. counselling, Employee Assistance Programme
- Ensure that stigmatisation and discrimination against any member of staff is dealt with via disciplinary and grievance procedures
- Encourage a culture of openness about mental health

### Occupational Health

- Confidential service
- Individual, impartial health assessment for a specific job/placement/training post
- Liaison with specialists, GP, support workers, managers
- Current health – medication, support, stable, compliant with and effects of treatment, how illness is currently affecting individual, degree of insight, is health problem relevant to this post
- Medical History – diagnosis, patterns of illness, relapses, prognosis
- Recommendations/Adjustments in accordance with DDA – to work place, work patterns/practices, hours, travel, likely sickness absence
- Continuing support for employee and manager
- Providing a rehabilitation programme to help staff back to work after periods of sickness or changes in health
- Ensure that all staff know how to access the service and understand its role

### Manager

- Needs to be informed of any recommendations or adjustments to the work place/work practices, hours, etc. Manager needs to decide if they are 'reasonably practicable'
- Needs to know how to access support i.e. Occupational Health, Employee Assistance Programmes, Human Resources and specialist advice
- Needs to know when to refer on or ask for additional support i.e. changes in behaviour, concerns expressed by the employee, concerns that health is affecting performance, safety issues, sickness absence, change in performance, complaints/concerns from others

## Support worker

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

- Existing support networks – community, family, formal, informal, specialist
- Job History – sickness absence, references, coping mechanisms used in previous jobs, problems encountered in previous jobs, triggers for stress/relapse/sickness, have they needed any adjustments to workplace or work patterns in previous jobs
- Job description/Person Specification – has applicant the skills and experience required
- Perceptions of job/capabilities – are they realistic
- Social situation – will any social/family commitments impact on work or vice versa, child care, carers leave etc
- Area of work – hazards – psychological, physical, biological, chemical etc
- Environment – stressed, busy, unsupportive, lone working, travelling etc
- Type of work – Routine, supervised, complex, unsupervised, dealing with difficult people/situations
- Level of support – co-workers, clients/customers, mentors, supervisors, manager
- Conditions – hours, travel, pay (will they need any benefits to supplement low pay), work visas/permits, annual leave entitlements, contract conditions

5. Depending on the applicant or member of staff, only some of the above factors will need to be considered. These factors should be discussed in conjunction with others who may be better placed to provide the information i.e. human resources, manager, previous employer, occupational health etc.

## Colleagues

- Need to have awareness of the needs of colleagues with mental health problems i.e. via training at induction, during other forms of mandatory training or as part of professional development planning
- Need to be aware of how their behaviour/attitudes may affect colleagues and increase stigmatisation

## Employee

- Needs to be aware of support facilities available and how to access them
- Needs to be assured of confidentiality of services to encourage disclosure of problems
- Needs health and safety training in line with all other staff i.e. manual handling, DSE etc
- Needs to know how to recognise changes in own behaviour or health and when to seek advice

## **Guidance and references informing the above:**

Working Together – Securing a quality workforce for the NHS, a framework for managing human resources in the NHS, NHS Executive NSC 1998/162

The Vital Connection: an equalities framework for the NHS, Working Together for Quality and Equality, NHS executive HSC 2000/014

Looking beyond Labels – Widening the Employment Opportunities for Disabled People in the New NHS. NHS Executive May 2000

Disability Discrimination Act 1995 HMSO

Mental Health and Employment in the NHS 2002 Department of Health

**Prepared for the STR worker National programme by Deborah Matthews, Royal Free hospital**

**New Ways of Working in  
Mental Health Team  
Accelerated Development Programme (STR Worker)  
Implementation Site Monthly Report**

**Due in by 5<sup>th</sup> each month to:**  
[Irene.Rigg@dh.gsi.gov.uk](mailto:Irene.Rigg@dh.gsi.gov.uk)

**PLEASE COMPLETE ALL YELLOW SHADED AREAS OF FORMS INCLUDING  
BASELINES (ALL TEAMS)**

Site:	Programme Lead:	Month
<b>STR Worker Numbers</b>		
Number of STR workers in post: (Number actually employed and doing the job)		
<b>Number of STR workers in process of recruitment:</b> (Number who have interviewed successfully but are not yet working)		
<b>Number of STR workers identified:</b> (Number targeted for future conversion or recruitment)		
<b>Total in site:</b> (Sum of above)		

<u>STR Worker Post Details</u>	
Number of posts which have been converted from existing roles:	
Number of STR workers working in new posts:	

	Team	Number
<b>Which service areas are STR workers employed in?</b>	Assertive Outreach	
	CMHT	
	Crisis teams	
	Day Service	
	In-patients	
	Early intervention	
	Primary Care	
	Older people memory	
	Older people other	
	Learning disabilities	
Other (please state)		

<u>Equal Opportunities</u>		
<b>All sites will seek to involve service users in all stages of the recruitment process, for example, person specification, advert, short listing, interview.</b>		
<b>Rating Scale</b> <b>0 – No service users involved</b> <b>1 – PDSA cycles initiated to engage service users</b> <b>2 – Service users involved in some aspects</b> <b>3 – Service users fully involved in process</b>		
Baseline:		
Self rating this month:		
PDSA no		Date achieved
<b>All individuals involved in the recruitment process will have undergone equal opportunities training.</b>		
<b>Rating Scale</b> <b>0 – No training undergone</b> <b>1 – Some members involved in the recruitment process trained</b> <b>2 – Training underway</b> <b>3 – All members involved in the recruitment process trained</b>		
Baseline:		
Self rating this month:		
PDSA no		Date achieved

Advertisements for new posts or unfilled vacancies should be external and accessible to the local community.		
<b>Rating Scale</b> 0 – No external advertising of STR Worker posts 1 – PDSA cycles initiated 2 – Some STR Worker posts externally advertised 3 – All STR Worker posts advertised externally		
Baseline:		
Self rating this month:		
PDSA no		Date achieved
Each implementation site to work toward employing a minimum of 20% of people who declare lived experience of mental health problems.		
<b>Rating Scale</b> 0 – 1 – PDSA cycles initiated 2 – Process in place to ensure equal opportunities and transparent recruitment policies are in place 3 – 20% target achieved		
Baseline:		
Self rating this month:		
PDSA no		Date achieved

<b>All steering groups to have trade union or staff side input within two months of initial meeting</b>		
<b>Rating Scale</b> 0 – No trade union/staff side involvement 1 – PDSA cycle initiated 2 – Intermittent trade union/staff side involvement 3 – Trade union/staff side involved actively in the group		
Baseline:		
Self rating this month:		
PDSA no		Date achieved

<b>Education and Training</b>		
All STR workers to undergo induction to be completed within 30 working days ( except for rolling programme courses which should be planned for)		
<b>Rating Scale</b> 0 – Not achieved 1 – Planned but not achieved 3 - Achieved		
Baseline:		
Self rating this month:		
PDSA no		Date achieved

<b>All STR workers to form part of identified cohort</b>		
<b>Rating Scale</b>		
0 – Not achieved		
1 – Planned but not achieved		
3 - Achieved		
Baseline:		
Self rating this month:		
PDSA no		Date Achieved
<b>All STR workers to undergo foundation training to be completed within 12 months ( pro rata)</b>		
<b>Rating Scale</b>		
0 – Not achieved		
1 – Planned but not achieved		
3 - Achieved		
Baseline:		
Self rating this month:		
PDSA no		Date achieved
<b>All STR workers to achieve Level 3 NVQ or equivalent within 2 years (pro rata)</b>		
<b>Rating Scale</b>		
0 – Not achieved		
1 – Planned but not achieved		
3 - Achieved		
Baseline:		
Self rating this month:		
PDSA no		Date achieved

<b>Role Re-Design</b>		
<b>All sites to adopt or adapt job description within two months of initial meeting and job descriptions from sites to be sent to STR national leads via Manchester office</b>		
<b>Rating Scale</b>		
0 – No new or adapted job description in place		
1 – PDSA cycle initiated		
2 – Working in partnership to develop job description		
3 – Job description in place		
Baseline:		
Self rating this month:		
PDSA no		Date achieved
<b>Job description to be reviewed as part of performance review and job descriptions sent back to central team</b>		

<b>Rating Scale</b> 0 – No STR Workers in post 1 – Performance review not taking place 2 – Date for performance review set 3 – Copies sent in		
Baseline:		
Self rating this month:		
PDSA no		Date achieved

<b>Integration into Organisation</b>		
All host organisations to sign memorandum of agreement or equivalent regarding responsibilities, prior to recruitment process.		
<b>Rating Scale</b> 0 – No memorandum of agreement in place 1 – PDSA cycle initiated 2 – Some signed 3 – Memorandum of agreement in place or alternative process negotiated		
Baseline:		
Self rating this month:		
PDSA no		Date achieved
All host organisations to have pre-placement brief by lead, member of steering group or nominated person		
<b>Rating Scale</b> 0 – No STR Workers in post 1 – PDSA cycle initiated 2 – Partially achieved 3 – Achieved		
Baseline:		
Self rating this month:		
PDSA no		Date achieved
All host organisations to have adopted national protocols and procedures or adaptations of these prior to STR placement.		
<b>Rating Scale</b> 0 – No STR Workers in post 1 – PDSA cycle initiated 2 – Partially achieved 3 – Achieved		
Baseline:		
Self rating this month:		
PDSA no		Date achieved
All STR placements to be reviewed quarterly between STR worker, host manager and member of steering group(or equivalent)		

<b>Rating Scale</b>		
0 – No STR Workers in post		
1 – PDSA cycle initiated		
2 – Partially achieved		
3 – Achieved		
Baseline:		
Self rating this month:		
PDSA no		Date achieved

All STR workers to meet with a nominated person with responsibility for spending time with them and introducing them to cultural elements of the organisation (such as organisation's ethos, peers, team, daily routine, amenities, service users [where appropriate]) within ideally 2 days of commencing role (unless otherwise engaged in corporate induction) and to participate in initial training assessment with supervisor as part of personal development plan (PDP), within 10 working days of commencing role

<b>Rating Scale</b>		
0 – Not achieved		
1 – Planned but not achieved		
3 – Achieved		
Baseline:		
Self rating this month:		
PDSA no		Date achieved

All steering groups to nominate a STR Human Resources link within two months of initial meeting

<b>Rating Scale</b>		
0 – No HR involvement		
1 – PDSA cycle initiated		
2 – Intermittent HR involvement		
3 – HR actively involved in the group		
Baseline:		
Self rating this month:		
PDSA no		Date achieved

Site Programme Leads report (bullet points)

**Progress this month**

**Difficulties encountered**

**Lessons learnt**

**Tips for sharing**

**Issues to raise**

**Local impact measures**

**Other**

## Sample Person Specification

	<b>ESSENTIAL</b>	<b>DESIRABLE</b>	<b>MEASUREMENT</b>
<b>Skills and Knowledge</b>	To demonstrate a basic understanding of mental health issues Good communication skills (verbal, non-verbal and written) Active Listening skills	Certificate in Mental Health, level 2, NVQ II or equivalent Basic IT skills Knowledge of benefit & employment services	Application form Interview Assessment
<b>Experience</b>	Experience of working with the general public Awareness of local services and community provision	Experience of working with people with mental health difficulties and or experience of mental health services as a service user or carer Experience of completing work without direct supervision (in formal employment, voluntary work or in education)	Application form Interview
<b>Qualification</b>		NVQ 1, 2 or 3 in health or social care or equivalent	Application form Certificate
<b>Personal attributes</b>	Willingness to undertake NVQ3 and or Certificate in Community Mental Health level 3 (with support as required) Ability to demonstrate sensitivity, empathy and compassion to the needs of service users Ability to form a rapport with service users or carers Understands the importance of working as part of a team	Ability to motivate others An understanding of the importance of user carer involvement Good organisational skills	Application form Interview
<b>Personal circumstances</b>	To be able to work flexibly Some out of hours work required		Application form Interview

# Sample job description

## SAMPLE JOB DESCRIPTION

**JOB TITLE:** Support Time & Recovery Worker (STR)

**GRADE:** Intermediate

**LOCATION:** CMHT – Adult Mental Health Services

**JOB PURPOSE:**

To work as part of a mental health team promoting a Recovery Model of Care by providing support, directly and flexibly, to service users towards goals identified in a Care Plan.

To assist with basic practical tasks, promote independence and develop and encourage links with the local community.

To model and promote non-discriminatory practice

**KEY RELATIONSHIPS**

**CMHT staff (group supervision)**

**Supervisor- Nominated Care Co-ordinator**

**Individual Development Coach- Team leader**

**Line Manager- Nominated Care Co-ordinator**

**Peers: STR and Nursing Assistant cohort**

**Partners- Day services staff, in-patient unit staff, voluntary sector organisation (name) staff, Service User organisation (name)**

**DUTIES & RESPONSIBILITIES**

**Communication and Relationship Skills**

- To provide and receive routine information requiring tact and persuasive skills
- To develop a relationship with service users based on respect, companionship and friendship within appropriate and transparent boundaries.
- To promote all methods of communication (verbal and non-verbal) and be able to effectively communicate with service users and their carers
- To promote social inclusion and develop and maintain community links whilst promoting equal opportunities and raising the profile of mental health.
- To take into account any communication difficulties facing the service user
- To demonstrate a safe level of inter-personal skills when managing individuals with complex needs
- To accurately record care given and information received in service users notes
- To contribute to team meetings

**Personal and Professional Development**

- To develop knowledge and skills relevant to the field of practice as negotiated with Individual Development Coach
- To develop a knowledge and understanding of relevant legislation and policy drivers, e.g. the Mental Health Act, Vulnerable Adult Policy, the Children's Act, Valuing People and implications of these for service users, their families and friends

**Analysis, Problem Solving and Service Planning**

- Observe service users progress and report changes in their condition, involving observation and engagement skills. Alert the care coordinator to any signs of relapse
- Be able to recognise emergency situations and make the appropriate response

**Planning and Organisational Skills**

- Plan and organise own day to day work tasks
- In partnership with the care coordinator plan, organise and implement tasks, activities and care programmes for identified individuals
- In partnership with the service user, plan and organise interventions specific to their individual needs which are reflected in the plan of care

**Physical Skills**

- Maintain up to date training and knowledge in the management of violence and aggression and basic life support skills (training supported by employer)
- To be able to move and handle patients in a safe and effective manner (training supported by employer)

**Service User support**

03/08/2007

- To contribute and assist in the process of ensuring carer support is offered and implemented
- To contribute to and provide information into the care planning, assessment and review process.
- To provide service users with information on health promotion and facilitate them seeking information
- To ensure that service users are fully involved and engaged with their agreed care plan, and access appropriate services on a regular and consistent basis e.g. housing, job centre plus, community centres
- To promote independent living and provide a consistent point of contact for service users and their carers
- To ensure that the service user understands and has a clear pathway of care across agencies with key contact points/named individuals
- To facilitate service users gain access to community resources including benefits and welfare rights
- To participate in the implementation of care plans, documenting observations and actions as appropriate
- To facilitate service users to live ordinary lives by providing regular and practical support to the individual and their carer. e.g. assistance with activities of daily living
- Be aware of and understand the Governance framework

**Policy and Service Development Implementation**

- Be aware of relevant policies and procedures
- Participate in the evaluation process and the planning of protocols to support the development of the STR role locally, regionally and nationally

**Responsibilities for Financial and Physical Resources**

- Handles personal property and valuables
- Support and provide information to the service user regarding benefits/financial arrangements e.g. rent

**Responsibilities for Human Resources**

- Assists in the induction of new starters

**Responsibilities for Information Resources**

- To provide accurate and timely information to the care coordinator as requested
- Responsible for the recording of information relating to service users with whom you have had contact. Drawing to the attention of the appropriate person any relevant notes.

**Responsibilities for Research and Development**

- To contribute to on-going audit projects and the collection of data relevant to role, e.g. intervention recording & evaluation process

**Freedom to Act**

- Guided by policies and procedures
- Supervised and managed as above

**STANDARD PARAGRAPHS**

(Organisation standard information, such as confidentiality etc.)

# NHS Employers checklists

## Organisational principles and values

What values and principles does our organisation/team have that will help this situation?

- What are our organisational principles and values?
- How do these apply to the decisions we are making, particularly around the older workforce or staff with long term conditions?
- How do these apply to managing sickness absence on a day to day basis? For example, do we need to consider equality and diversity, sensitivity, confidentiality, accessibility, support and flexibility?

## General questions and issues

- What key questions do we as employers need to be able to answer should we be faced with complex chronic health needs of our staff, and when we are faced with a growing number of older staff?
- Do we understand the demography of our national and local labour markets and the demography of our workforce?
- Which other related initiatives (e.g. Improving Working Lives, diversity, the stress campaign) are happening in health and social care and in my own organisation that I can make connections to when considering the future?
- Do we understand how our working culture and style could contribute both positively and at times negatively on the future health and wellbeing of our workforce (e.g. stress)?
- Are our policies, procedures and organisational guidance 'future proof' in relation to potential future workforce issues? How will our sickness absence policies evolve to accommodate complex or challenging healthy workplace issues, or long term chronic conditions?
- Are there stakeholders that we may need to help us in the future when we have issues we want to solve with our workforce around their health or changing circumstances?
- Do we know organisations outside the NHS or departments inside the NHS who can support us and our employees should circumstances change e.g. an employee becomes ill?)
- Who do we get advice from about workplace ergonomics? How do staff get advice about workplace ergonomics, or other health and safety issues? What is the role of occupational health?
- Have we considered implementing a framework or culture of 'responsibility' so that at any given time in the future we or our employees know where responsibility begins and ends in any given change of circumstance related to employee health and well being, for example?
- What organisational values and principles need to be in place to support a healthy workplace, working longer, working healthier?
- What monitoring systems do we have in place to ensure that our values, policies, and procedures are being effectively implemented by ourselves as line managers in relation to healthy workplaces?
- Do we regularly offer staff, volunteers and returners to work advice on how to seek information for changing circumstances (e.g. changes in health?)
- How flexible are our workforce planning and development processes and systems to allow for changing circumstances of the workforce - whether around age, disability etc?
- How will we work with trade unions locally in the future on health, wellbeing and related issues?

## When considering the older workforce

- Have we considered our organisational or team demographics and succession planning?
- How many staff (and in which staff groups) will be reaching their earliest retirement age over each of the next five years?
- What steps can we take to retain these employees for as long as possible?
- Have we considered the career stages and phases that our employees will go through?
- What plans do we need to have in place to enable older employees to continue to work?
- Do we have clear policies around retirement, and employing an ageing workforce?
- Do we know the key points from any recent employment legislation changes such as the new age legislation?
- Are we working with occupational health, trade unions, and others in looking at future demographic issues?

### When considering chronic medical conditions/disability

- What policies do we need to develop to support and enable employees who develop chronic long term conditions, and who may require adjustments at work in the future?
- How can occupational health help us to consider these potential future issues?
- How much do we understand about long term chronic medical conditions (e.g. arthritis, diabetes) and can we learn from some of the services we provide to patients with long term conditions as to how we can support our own employees?
- What organisations could we contact/work with who can advise us about employing and retaining staff with a long term chronic condition or a disability (e.g. Employers' Forum on Disability, Remploy)?
- Do we need to establish any relationships with organisations that can help us and our employees with long term medical conditions?
- What plans do we have to attract returners to work who may have a chronic condition or a disability?
- Do we know about the Expert Patient Programme (and other similar programmes) which enable better self management for people with chronic conditions? Where is the local expert patient programme that staff could potentially use if they develop a long term condition in the future?

### When considering healthy workplaces of the future

- How can the work we have been doing on initiatives such as Improving Working Lives continue to contribute to creating healthy, safe workplaces?
- How much do we involve the workforce in discussing future issues about the changing workforce and the future needs that may be required?
- What role can occupational health or trade unions take, for instance in supporting the development of healthy workplaces?
- How can our working practices support a healthy work environment?
- How can we continue to work at reducing stress and health related issues at work in the future?
- What policies should we be considering for the future to enable a healthy workplace?
- Do all our current policies support building and sustaining a healthy, safe workplace?
- How do all our current HR policies relate to the new legislation on age?

### A MODEL KSF (NHS KNOWLEDGE AND SKILLS FRAMEWORK) OUTLINE FOR AN INTERMEDIATE STR WORKER

PLEASE NOTE THAT THERE WILL BE LOCAL VARIATIONS IN THE STR WORKER ROLE,  
AND THESE WILL NEED TO BE REFLECTED IN THE KSF OUTLINE

No.	Dimension	Foundation Gateway (Subset Outline)	Second Gateway (Full Outline)
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	<b>CORE DIMENSIONS</b> - Relates to all NHS posts	Level	Indicators	Level	Indicators
1	<b>Communication</b>	2	All	2	All
2	<b>Personal and People Development</b>	1	All	2	All
3	<b>Health, Safety and Security</b>	1	All	2	All
4	<b>Service Improvement</b>	1	All	1	All
5	<b>Quality</b>	2	All	2	All
6	<b>Equality &amp; Diversity</b>	2	All	2	All
<b>HEALTH &amp; WELLBEING</b>					
HWB1	Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing				
HWB2	Assessment and care planning to meet people's health and wellbeing needs				
HWB3	Protection of health and wellbeing				
HWB4	Enablement to address health and wellbeing needs	1	a,b,c,f,g	2	All
HWB5	Provision of care to meet health and wellbeing needs	1	All	2	All
HWB6	Assessment and planning				
HWB7	Interventions and treatments				
HWB8	Biomedical investigation and intervention				
HWB9	Equipment and devices to meet health and wellbeing needs				
HWB10	Products to meet health and wellbeing needs				
<b>ESTATES &amp; FACILITIES</b>					
EF1	Systems, vehicles and equipment				
EF2	Environments and buildings				
EF3	Transport and logistics				
<b>INFORMATION &amp; KNOWLEDGE</b>					
IK1	Information processing	1	a,c,d,e	1	All
IK2	Information collection and analysis				
IK3	Knowledge and information resources				

Specific Dimensions

<b>GENERAL</b>					
<b>G1</b>	<b>Learning and development</b>				
<b>G2</b>	<b>Development and innovation</b>				
<b>G3</b>	<b>Procurement and commissioning</b>				
<b>G4</b>	<b>Financial management</b>				
<b>G5</b>	<b>Services and project management</b>				
<b>G6</b>	<b>People management</b>				
<b>G7</b>	<b>Capacity and capability</b>				
<b>G8</b>	<b>Public relations and marketing</b>				

Signed ..... (Employee)

Signed .....(Line Manager)

Date .....

## FULL KSF OUTLINE FOR STR WORKER

Dimensions and levels	Indicators	Areas of application for this post – to be agreed between line manager and individual
<p><b>Core Dimension 1 – Communications</b></p> <p><b>Level 2 - Communicates</b> with a range of people on a range of matters</p>	<p>a) communicates with a range of <u>people</u> on a range of <u>matters</u> in a <u>form</u> that is appropriate to them and the situation</p> <p>b) improves the effectiveness of communication through the use of <u>communication skills</u></p> <p>c) constructively <u>manages barriers</u> to effective communication</p> <p>d) keeps accurate and complete records consistent with <u>legislation, policies and procedures</u></p> <p>e) communicates in a manner that is consistent with relevant legislation, policies and procedures</p>	<p>Informing/updating all members of the multidisciplinary team, colleagues, service users, carers, families and other agencies of any changes and progress.</p> <p>Providing information, such as written notes, orally (handover meetings), electronic (EPEX) and via interpreters.</p> <p>Refer issues to appropriate people, Able to utilise appropriate setting for communication to occur</p> <p>Able to simplify content.</p> <p>Respect and maintain confidentiality and comply with Data Protection Act.</p>
<p><b>Core Dimension 2- Personal and People Development</b></p> <p><b>Level 1 - Contribute to own personal development</b></p>	<p><b>FOUNDATION GATEWAY</b></p> <p>a) with the help of <u>others</u> identifies:</p> <ul style="list-style-type: none"> <li>- whether s/he can carry out the tasks within own job</li> <li>- what s/he needs to learn to do current job better</li> <li>- when s/he needs help</li> </ul> <p>b) reviews his/her work against the KSF outlines for his/her post with his/her reviewer and identifies own learning need and interests</p> <p>c) produces with his/her reviewer a <u>personal development plan</u></p> <p>d) takes an active part in agreed learning activities and keeps a record of them</p>	

<p><b>Level 2 -</b> Develop own knowledge and skill and provide information to others to help their development.</p>	<p>) evaluates the effectiveness of learning activities for own development and the job</p> <p><b>SECOND GATEWAY</b></p> <p>a) assesses and identifies:</p> <ul style="list-style-type: none"> <li>- feedback from <u>others</u> on own work</li> <li>- how s/he is applying knowledge and skills in relation to the KSF outline for the post</li> <li>- own development needs and interests in the current post</li> <li>- what has been helpful in his/her learning and development to date</li> </ul> <p>b) takes an active part in the development review of own work against the KSF outline for the post with their reviewer and suggests areas for learning and development in the coming year</p> <p>c) takes responsibility for own <u>personal development</u> and takes an active part in learning opportunities</p> <p>d) evaluates the effectiveness of learning opportunities and alerts others to benefits and problems</p> <p>e) keeps up-to-date records of own development review process</p> <p>f) <u>offers information to others</u> when it will help their development and/or help them meet work demands.</p>	<ul style="list-style-type: none"> <li>• Participate in clinical supervision,</li> <li>• Undertake agreed training,</li> <li>• Take responsibility for their own agreed personal development plan.</li> <li>• Actively participates in own appraisal</li> <li>• Can identify and suggest training needs.</li> <li>• Can give feedback on training outcomes.</li> <li>• Assist in supervision and instruction of junior staff and students on placement.</li> <li>• Participate in meetings.</li> </ul>
<p><b>Core Dimension 3 –</b> Health, safety and security</p> <p><b>Level 1 -</b> Assist in maintaining</p>	<p><b>FOUNDATION GATEWAY</b></p> <p>) acts in ways that are consistent with <u>legislation, policies and procedures</u> for maintaining own and others' health, safety and</p>	

<p>own and others' health and security</p> <p><b>Level 2 - Monitor and maintain health, safety and security of self and others</b></p>	<p>security</p> <p>) <u>assists in maintaining a healthy, safe and secure working environment</u> for everyone who is in contact with the organisation</p> <p>) <u>works in a way</u> that minimises <u>risks to health, safety and security</u></p> <p>) summons immediate help for any <u>emergency</u> and takes the appropriate action to contain it</p> <p>) reports any issues at work that may put health, safety and security at risk</p> <p><b>SECOND GATEWAY</b></p> <p>a) identifies and assesses the potential risks involved in work activities and processes for self and <u>others</u></p> <p>b) identifies how best to manage the risks</p> <p>c) undertakes work activities consistent with:</p> <ul style="list-style-type: none"> <li>- <u>legislation, policies and procedures</u></li> <li>- the assessment and management of <u>risk</u></li> </ul> <p>d) takes the appropriate action to manage an <u>emergency</u> summoning assistance immediately when this is necessary</p> <p>e) reports actual or potential problems that may put health, safety and security at risk and suggests how they might be addressed</p> <p>f) <u>supports others in maintaining health, safety and security.</u></p>	<ul style="list-style-type: none"> <li>• Reports any changes to peoples mental health and any environmental changes, e.g. within the clients home, to the relevant individuals.</li> <li>• Offers suggestions, e.g. frequency of visits and/or C.P.A. reviews; observe any environmental risks and report.</li> <li>• Aware of personal safety in service users home.</li> <li>• Notify staff (e.g. Care Coordinator) of relevant issues/ changes/risks.</li> <li>• Recognises potential conflict and able to contribute to the de-escalation of potential anger and violence.</li> <li>• Aware of and applies relevant policies in practice</li> </ul>
<p><b>Core Dimension 4 – Service improvement</b></p>	<p>a) discusses with line manager / work team the changes that need to be made in own practice and the reasons for them</p>	<ul style="list-style-type: none"> <li>• Identify ideas to improve services for clients and discuss with team manager.</li> <li>• Work effectively without direct supervision</li> </ul>

<p><b>Level 1</b> - Make changes in own practice and offer suggestions for improving services.</p>	<p>b) adapts own practice as agreed and to time seeking support if necessary  c) effectively carries out <u>tasks related to evaluating services</u> when asked  d) passes on to the appropriate person constructive views and ideas on improving services for users and the public  e) alerts line manager / work team when direction, policies and strategies are adversely affecting users of services or the public</p>	<p>seeking support when necessary.</p> <ul style="list-style-type: none"> <li>Participate in service modernisation e.g. attendance at conference and seminars etc</li> <li>Feeds back to teams regarding any problems reported by service users and/ or user views.</li> </ul>
<p><b>Core Dimension 5 – Quality</b></p> <p><b>Level 2</b> - Maintain quality in own work and encourage others to do so.</p>	<p>a) acts consistently with <u>legislation, policies, procedures</u> and other quality approaches and encourages others to do so  b) works within the limits of own competence and levels of responsibility and accountability in the work team and organisation  c) works as an effective and responsible <u>team member</u>  d) prioritises own workload and organises own work to meet these priorities and reduce risks to quality  e) uses and maintains <u>resources</u> efficiently and effectively and encourages others to do so  f) monitors the quality of work in own area and alerts others to <u>quality issues</u>.</p>	<ul style="list-style-type: none"> <li>Knowledge of, and compliance with, all relevant policies and procedures.</li> <li>Works within the agreed boundary of the role.</li> <li>Time management</li> <li>Responsible for reading policies</li> <li>Identifies quality issues identified through, for example, feedback from service users and their carers; learning from external good practice etc.</li> <li>Participates and contributes to team meetings / team decision making.</li> </ul>
<p><b>Core Dimension 6 –Equality and Diversity</b></p> <p><b>Level 2</b> Support equality and value diversity</p>	<p>a) recognises the importance of people’s rights and acts in accordance with <u>legislation, policies and procedures</u>  b) acts in ways that:  - acknowledge and recognise <u>people’s expressed beliefs, preferences and</u></p>	<ul style="list-style-type: none"> <li>Respects people’s rights with regard to age, sex, racial group, religious belief, mental health.</li> <li>Understands the impact of discrimination and prejudice on mental health and mental health services.</li> </ul>

	<p><u>choices</u></p> <ul style="list-style-type: none"> <li>- respect diversity</li> <li>- value people as individuals</li> </ul> <p>c) takes account of own behaviour and its effect on others</p> <p>d) <u>identifies and takes action</u> when own or others' behaviour undermines equality and diversity.</p>	<ul style="list-style-type: none"> <li>• Treats people with respect and responds sensitively to their needs.</li> </ul>
<p><b>Dimension HWB4 –</b> Enablement to address health and wellbeing needs</p> <p><b>Level 1 -</b> Help people meet daily health and wellbeing needs</p> <p><b>Level 2 -</b> Enable to meet ongoing health and wellbeing needs</p>	<p><b>FOUNDATION GATEWAY</b></p> <p>a) respect people's dignity, wishes and beliefs: involves them in shared decision making; and obtains their consent for specific <u>activities</u></p> <p>b) prepares appropriately for the activity to be undertaken</p> <p>c) supports people throughout helping them to meet their own <u>health and wellbeing needs</u> as much as is possible</p> <p>d) undertakes activities as delegated and consistent with <u>legislation, policies and procedures</u></p> <p>e) promptly alerts the relevant person when there are changes in individuals' health and wellbeing or any possible <u>risks</u></p> <p>f) records and <u>reports</u> activities and any risks to the relevant person</p> <p><b>SECOND GATEWAY</b></p> <p>a) offers information to the team on how to meet people's <u>health and wellbeing</u> needs and effective ways of doing this based on observations and own experience</p> <p>b) respects people's dignity, wishes and beliefs: involves them in shared decision</p>	<ul style="list-style-type: none"> <li>• Acknowledge the part that families and carers play in the service user's support network and is able to engage them in care.</li> <li>• Demonstrates the ability to promote people's rights and responsibilities and recognises their rights to privacy, dignity, respect and</li> </ul>



<p>activities to meet the health and wellbeing needs of individuals with a greater degree of dependency</p>	<p><b>SECOND GATEWAY</b></p> <p>a) discusses individuals' care plans and their <u>health and wellbeing needs</u> with the care team and understands his/her role in delivering care to meet those needs</p> <p>b) offers information to the team on how to meet people's need and effective way of doing this based on observations and own experience</p> <p>c) respect people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for the care to be undertaken</p> <p>d) prepares for, undertakes and records <u>care activities</u> as delegated and consistent with <u>legislation, policies and procedures</u> and the management of risk</p> <p>e) supports and monitors people throughout enabling them to address their own health and wellbeing as far as it is possible for them to do so</p> <p>f) promptly alerts the relevant person when there are unexpected changes in individuals' health and wellbeing or risks</p> <p>g) provides information to the team on how individuals' needs are changing and feedback on the appropriateness of the care plan for the people concerned</p>	<ul style="list-style-type: none"> <li>• To be able to promote recovery the practitioner will need to:</li> <li>• Understand that recovery is a process which is unique to each individual</li> <li>• Understand the essential role of hope in the recovery process</li> <li>• Accept that recovery is not about the elimination of symptoms or the notion of cure</li> <li>• Understand that the planning, arrangement and delivery of support should be determined by the needs of the service users</li> <li>• Facilitate access to community groups and networks that enable the service user to participate in community activities</li> <li>• Contribute to the use of medical and psychosocial interventions identified within a plan of care.</li> <li>• Work in a way that is flexible and responds to the needs of the person.</li> <li>• Understands their own role within the team and recognises the role boundaries in care provision.</li> <li>• Communicate with all, including service users and carers, who have a part to play in a programme of care.</li> <li>• Ensure that all efforts are made to present non-stigmatising and positive views of people who experience mental health problems</li> </ul>
<p><b>Dimension IK1 – Information processing</b></p>	<p><b>FOUNDATION GATEWAY</b></p> <p>a) inputs <u>data and information</u> accurately and</p>	

<p><b>Level 1</b> - Input, store and provide data and information (a,c,d,e)</p>	<p>completely:</p> <ul style="list-style-type: none"> <li>- using the correct formats</li> <li>- consistent with legislation, policies and procedures</li> </ul> <p>c) finds and provides requested data/information using agreed procedures and formats</p> <p>d) maintains the integrity of data/information using agreed procedures</p> <p>e) stores data/information safely and correctly</p>	
<p><b>Level 1</b> - Input, store and provide data and information (All)</p>	<p><b>SECOND GATEWAY</b></p> <p>a) inputs <u>data and information</u> accurately and completely:</p> <ul style="list-style-type: none"> <li>- using the correct formats</li> <li>- consistent with legislation, policies and procedures</li> </ul> <p>b) uses available <u>automated facilities</u> for checking the data/information and for resolving difficulties in using applications</p> <p>c) finds and provides requested data/information using agreed procedures and formats</p> <p>d) maintains the integrity of data/information using agreed procedures</p> <p>e) stores data/information safely and correct</p>	

## Useful addresses and contacts

	Organisation	Contact details
<b>AbilityNet</b>		
AbilityNet is a joint initiative between the Computability Centre and the Foundation for Communication of the Disabled, to extend their work of making mainstream computer technology more accessible to disabled people.		<a href="http://www.abilitynet.org.uk">www.abilitynet.org.uk</a> General Enquiries: Tel: 0800 269545 (from home) or 01926 312847 (from work) Fax: 01926 407425 <a href="mailto:enquiries@abilitynet.org.uk">enquiries@abilitynet.org.uk</a>
AbilityNet provides free information and advice, individual assessment of technology needs, the supply of assistive technology with free support, a programme of awareness education, and consultancy for employers on system and workstation adaptations and web accessibility.		
<b>ACAS</b>		
ACAS aims to improve organisations and working life through better employment relations. They provide up-to-date information, independent advice, high quality training and they work with employers and employees to solve problems and improve performance.		<a href="http://www.acas.org.uk">www.acas.org.uk</a> ACAS Helpline - answers your employment questions in one confidential phone call. Tel: 08457 47 47 47 Textphone: 08456 06 16 00 Monday - Friday 08:00 - 18:00
<b>Age Positive (Department for Work and Pensions)</b>		
A team working in the Department for Work and Pensions in Sheffield and London, responsible for strategy and policies to support people making decisions about working and retirement. The Age Positive campaign promotes the benefits of employing a mixed-age workforce that includes older and younger people. They encourage employers to make decisions about recruitment, training and retention that do not discriminate against someone because of their age. They use publications, research, press, events and awards initiatives to get the message across - and to help employers prepare for legislation in 2006 to outlaw age discrimination in employment.		<a href="http://www.agepositive.gov.uk">www.agepositive.gov.uk</a> General enquiries: <a href="mailto:agepositive@dw.p.gsi.gov.uk">agepositive@dw.p.gsi.gov.uk</a> Age Positive Team Department for Work and Pensions Room W8d Moorfoot Sheffield S1 4PQ
<b>British Occupational Health Research Foundation (BOHRF)</b>		
BOHRF is a solutions and evidence focused occupational health charity. It organises evidence-based research and 'gold standard' evidence reviews in both the biomedical and psychosocial fields. It also awards grants for such work. Its mission:		<a href="http://www.bohrf.org.uk">www.bohrf.org.uk</a> General enquiries: Tel: 020 7317 5898 Fax: 020 7317 5899 <a href="mailto:admin@bohrf.org.uk">admin@bohrf.org.uk</a> 6 St Andrew's Place Regent's Park London NW1 4LB
'Bringing employers and researchers together to produce robust science and evidence based work of practical value whose application will contribute to the right of people at work to be 'healthy, motivated and at work'.		
<b>Chartered Institute of Personnel Development (CIPD)</b>		
The Chartered Institute of Personnel and Development (CIPD) is the professional body for those involved in the management and development of people.		<a href="http://www.cipd.co.uk">www.cipd.co.uk</a> General enquiries: Tel: 020 8612 6200 Fax: 020 8612 6201

## Organisation

## Contact details

### Department of Health

The Department of Health is a governmental department 'committed to improving the quality and convenience of care provided by the NHS and social services. Its work includes setting national standards, shaping the direction of health and social care services and promoting healthier living.'

Chartered Institute of Personnel and Development  
151 The Broadway  
London  
SW19 1JQ  
[www.dh.gov.uk](http://www.dh.gov.uk)  
General enquiries:  
Tel: 0207 210 4850  
Lines are open from 09:00 to 17:00, Monday to Friday  
Minicom: 0207 210 5025  
Lines are open from 09:00 to 17:00, Monday to Friday  
[dhmail@dh.qsi.gov.uk](mailto:dhmail@dh.qsi.gov.uk)

The Department of Health  
Richmond House  
79 Whitehall  
London SW1A 2NL

[www.dwp.gov.uk/dda](http://www.dwp.gov.uk/dda)

General enquiries:  
Tel: 020 7712 2171  
Fax: 020 7712 2386

<https://secureonline.dwp.gov.uk/dwp-contact/?emailTo=peo>

Department for Work and Pensions

Room 112  
The Adelphi  
1-11 John Adam Street  
London  
WC2N 6HT

### Department for Work and pensions (DWP)

The DWP is a governmental department helping people 'achieve their potential through employment.'

### Disability (part of Directgov)

Directgov offers disabled people information on a wide range of topics including independent living, financial support, health and social services, employment and travel.

[www.direct.gov.uk/DisabledPeople/fs/en](http://www.direct.gov.uk/DisabledPeople/fs/en)

### Disability Rights Commission

The Disability Rights Commission (DRC) is an independent body established in April 2000 by Act of Parliament to stop discrimination and promote equality of opportunity for disabled people. It gives advice and information to disabled people, employers and service providers.

[www.drc-gb.org.uk](http://www.drc-gb.org.uk)  
Tel: 08457 622 633

Textphone: 08457 622 644

(You can speak to an operator at any time between 8am and 8pm, Monday to Friday)

Fax: 08457 778 878

DRC Helpline

FREEPOST MID02164

Stratford upon Avon

CV37 9BR

## Organisation

## Contact details

### Employers' Organisation for local government

'The EO's role is to represent local authorities as employers and support better people management in this sector to improve service quality and productivity.'

[www.lg-employers.gov.uk](http://www.lg-employers.gov.uk)  
General enquiries:  
Tel: 020 7296 6781  
Fax: 020 7296 6750  
[eo-comms@lg-employers.gov.uk](mailto:eo-comms@lg-employers.gov.uk)  
Employers' Organisation for local government  
Layden House  
76-86 Turnmill Street  
London  
EC1M 5LG

### Equal Opportunities Commission

The Equal Opportunities Commission is an independent, non-departmental public body funded primarily by the government working towards eliminating sex discrimination in Britain.

[www.eoc.org.uk](http://www.eoc.org.uk)  
Helpline (Monday to Friday from 9am to 5pm)  
Tel: 0845 601 5901  
Fax: 0161 838 8312  
[info@eoc.org.uk](mailto:info@eoc.org.uk)  
Great Britain  
Arndale House, Arndale Centre  
Manchester  
M4 3EQ

### International Stress Management Association

'The International Stress Management Association UK is a registered charity with a multi-disciplinary professional membership. It exists to promote sound knowledge and best practice in the prevention and reduction of human stress. It sets professional standards for the benefit of individuals and organisations using the services of its members.'

[www.isma.org.uk](http://www.isma.org.uk)  
General enquiries:  
Tel: 07000 780430  
ISMA UK, PO Section 26  
South Petherton  
TA13 5WY

### Jobcentre plus

'Provides an integrated service to people of working age. It offers help to people looking to move into work and support for people who can't. Jobcentre Plus also provides a range of services to help employers fill their vacancies quickly.'

[www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk)

### The Work Foundation( formally the Industrial Society)

'The Work Foundation, a not-for-dividend public interest company, exists to inspire and deliver improvements to performance through improving the quality of working life. It believes that productive, high performance organisations are those committed to making work more fulfilling, fun, inspirational and effective, and through engaging their workforces succeed in integrating the many aims crucial to organisational success.'

[www.theworkfoundation.com](http://www.theworkfoundation.com)  
Tel: 0870 165 6700  
Fax: 0870 165 6701  
[contactcentre@theworkfoundation.com](mailto:contactcentre@theworkfoundation.com)  
The Work Foundation  
Peter Runge House  
3 Carlton House Terrace  
London  
SW1Y 5DG

Managing Absence	Organisation	Contact details
Established to support employers in finding suitable and effective ways to manage their sickness absence, which fit with the nature and size of the organisation. It offers advice and information, examples of good practice and benchmarking information		www.managingabsence.org.uk
<b>The Mental Health Foundation</b>	'The mental Health Foundation exists to help people survive, recover from and prevent mental health problems.'	<p>www.mentalhealth.org.uk</p> <p>England:            Tel: 020 7803 1100            Fax: 020 7803 1111  <a href="mailto:mhf@mhf.org.uk">mhf@mhf.org.uk</a>            Mental Health Foundation, London Office, 9th Floor, Sea Containers House, 20 Upper Ground, London, SE1 9QB, United Kingdom.</p>
<b>Mind</b>	<p>Mind is the leading mental health charity in England and Wales. We work to create a better life for everyone with experience of mental distress by:</p> <ul style="list-style-type: none"> <li>• advancing the views, needs and ambitions of people with mental health problems</li> <li>• challenging discrimination and promoting inclusion</li> <li>• influencing policy through campaigning and education</li> <li>• inspiring the development of quality services which reflect expressed need and diversity</li> <li>• achieving equal rights through campaigning and education</li> </ul>	<p>www.mind.org.uk            Infoline: 0845 766 0163</p> <p>England:            Tel: 020 8519 2122            Fax: 020 8522 1725  <a href="mailto:contact@mind.org.uk">contact@mind.org.uk</a>            15-19 Broadway, London E15 4BQ</p>
<b>NHS Employers</b>	NHS Employers works for employers to improve the working lives of staff and through them, to provide better care for patients. NHS Employers was launched in November 2004 and as part of the drive by government to shift decision making away from Whitehall. It helps ensure that employers throughout the NHS are in the driving seat on human resource issues.	<p>www.nhsemployers.org</p> <p>To contact the London office, please write to:            Tel: 020 7074 3200  <a href="mailto:enquiries@nhsemployers.org">enquiries@nhsemployers.org</a>            NHS Employers            29 Bressenden Place            London SW1E 5DD</p> <p>To contact the Leeds office, please write to:</p>

## Organisation

## Contact details

### NHS Expert Patients Programme

The Expert Patients Programme (EPP) is an NHS-based training programme that provides opportunities to people who live with long-term chronic conditions to develop new skills to manage their condition better on a day-to-day basis.

Tel: 0113 306 3000  
enquiries@nhsemployers.org  
NHS Employers  
2 Brewery Wharf  
Kendell Street  
Leeds, LS10 1JR  
www.expertpatients.nhs.uk

Local Expert Patients staff can advise on courses, events and other local activity in your area. Select your region for local contact details via their website.

[www.nhsplus.nhs.uk](http://www.nhsplus.nhs.uk)

Tel: 0800 092 0062 (lines open from 10.00 to 17.00 Monday to Friday).

For people with impaired hearing, our minicom number is 0207 210 5025.

[nhsplus@dh.gsi.gov.uk](mailto:nhsplus@dh.gsi.gov.uk)

### NHS Plus

NHS Plus is a network of NHS occupational health (OH) departments across England, supplying quality services to non-NHS employers.

NHS Plus  
The Department of Health  
Skipton House  
80 London Road  
London  
SE1 6LH

[www.remploy.co.uk](http://www.remploy.co.uk)

Tel: 0800 138 7656 (freephone - UK only)

Fax: 0800 138 7657

Minicom: 024 7651 5869

[info@remploy.co.uk](mailto:info@remploy.co.uk)

Remploy Limited

Stonecourt

Siskin Drive

Coventry

### Remploy

REMPLOY is the UK's leading supplier of employment opportunities for disabled people, providing jobs and training

<http://jobsearch.remployinterworkjobs.co.uk/>

### Remploy Interwork

Specialist recruitment division of Remploy

### The Sainsbury Centre for Mental Health (SCMH)

'The Sainsbury Centre for Mental Health (SCMH) is a charity that works to improve the quality of life for people with

[www.scmh.org.uk](http://www.scmh.org.uk)

[contact@scmh.org.uk](mailto:contact@scmh.org.uk)

### Organisation

severe mental health problems. It carries out research, development and training work to influence policy and practice in health and social care.'

#### Trades Union Congress (TUC)

'With member unions representing over six and a half million working people, we campaign for a fair deal at work and for social justice at home and abroad.'

- **UNISON**
- Britain's largest trade union. Represents members from public services.

### Contact details

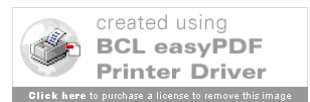
[www.tuc.org.uk](http://www.tuc.org.uk)  
Tel: 020 7636 4030  
Fax: 020 7636 0632  
[info@tuc.org.uk](mailto:info@tuc.org.uk)  
Congress House  
Great Russell Street  
London  
WC1B 3LS  
[www.unison.org.uk](http://www.unison.org.uk)  
Tel: 0845 355 0845  
1 Mabledon Place  
London  
WC1H 9AJ

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- NHS Employers staff
- National Practitioner Programme
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July 2007



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July 2007

