

Support, Time and Recovery (STR) workers

A Competence Framework

Equality Impact Screening Assessment



Background

1.1 STR workers primary function is to **S**upport service users and carers by giving them **T**ime and so help their **R**ecovery. Details of the role was set out in the original STR guidance,¹ now supplemented by the STR Handbook.² STR workers are part of the wider initiative to introduce New Roles into the mental health workforce.

1.2 Although the STR Handbook contained a section entitled “Clarity of Role” to help provide additional clarification, this was expressed in terms of the needs of service users. What it did not do was to set out the existing, detailed tasks for STR workers to meet those needs and the appropriate competences or standards required.

1.3 Despite the two pieces of national guidance, a number of Trusts still felt there remained some confusion about the role and standards and were looking to produce a set of competences. Given the wish to avoid the possible development of more than one competence set by differing organisations, it was felt the National Institute for Mental Health in England (NIMHE), National Workforce Programme (NWP) should co-ordinate a programme and publish a single, agreed Competence Framework.

Who are STR workers and how many are there?

2.1 STR workers come from different walks of life, ages, backgrounds and educational attainment. They include current or former service users and/or carers and people from different Black and Minority Ethnic (BME) groups for example as well as different genders, religions and beliefs. There are some 3,000 STR workers in post, employed across health and social care, to include both the statutory and non-statutory sectors. They are part of the non-professionally qualified workforce.

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

²DH (2007) Mental Health Policy Implementation Guide: Support, Time and Recovery (STR) Workers: Learning from the national implementation programme: Final Handbook: London: DH

Purpose of the Competence Framework

3.1 The purpose in developing a Competency Framework is to:

- Provide clarity about the competences and standards required to successfully deliver the role of STR worker informing not just STR workers, but also their colleagues; their managers; and their employers;
- Provide a mechanism where STR workers can help determine their strengths as well as their Learning and Development (L&D) needs;
- Provide clarity for service users and carers about what to expect from STR workers;
- Help support the sustainability of the STR role across health and social care in both the statutory and non-statutory sectors;
- Ensure the development of effective commissioning and provision of L&D; and
- Provide an effective benchmark to monitor the role for use by NHS Trusts, Strategic Health Authorities; and the regulatory organisations.

Who is the Competence Framework aimed at?

4.1 The Competence Framework is aimed not just at STR workers but it also aims to inform their managers; their employers; and other staff working in mental health services across health and social care about what STR workers do and their standards of performance.

What is the Competence Framework?

5.1 The Competence Framework provides a description of the standards of performance and knowledge required to undertake work activities in an occupational area. Each individual competence in the Framework describes what individuals need to do and know to carry out a specific activity – regardless of who performs it. The Competence Framework is based on nationally recognised and published National Occupational Standards (NOS).

5.2 NOS are competences that have been approved by the education regulatory bodies for use in qualifications. NOS are developed by the UK wide Sector Skills Councils, working in partnership with employers and practitioners. NOS are reviewed and up-dated approximately every 3 to 4 years to reflect changes in policy and working practices.

Consultation

6.1 Consultation on the draft Competence Framework took place in two ways. First, a Reference Group was formed that included a variety of people representing the NHS; Local Authorities; education; mental health service users; Sector Skills Councils; the Department of Health; the Care Services Improvement Partnership; and NIMHE. Second, four separate workshops were held across England as shown in the Competence Framework that included a cross section of STR workers employed in a variety of settings (including statutory and non-statutory sectors); managers; as well as service users and carers. The STR workers included people from both genders as well as from BME communities for example. The four workshops looked at the draft Competence Framework in great detail, providing comments and suggestions that were incorporated in subsequent drafts which all the workshop members were also consulted on. They have expressed themselves very pleased with the outcome.

6.2 At no stage have any of the Reference Group nor any of the workshop participants raised any objections about potential or real discrimination; insensitivity; inequality; or inequity of the Competence Framework.

In what way does the Competence Framework address issues around inequality?

7.1 Amongst the various Core Tasks identified for STR workers are the following:-

- To assist in delivering a high standard of support to service users and carers, *promoting their equality, dignity and mental well being*;
- To establish and maintain working relationships with people who have *difficulty in communicating*;
- To develop a rapport based upon guidance and support but within appropriate and transparent boundaries behaving at all times so as to convey *an attitude of respect and desire for equal partnership*;
- To provide advice and information to those who enquire about *mental and physical health needs* and related services;
- To promote service users living independently within the community, by maintaining extensive knowledge of and links with community resources. To actively support service users to use these resources, thereby *countering discrimination* and encouraging social inclusion;
- To encourage service user and carer *access to social, cultural and spiritual support networks* in the community;
- To enable service users *to be equal members of society*, supporting them in their social inclusion;

- To provide regular and practical support to service users and their carers (as appropriate) in developing and managing independence and maintaining dignity and self respect e.g. *use of physical aids for the elderly*;
- To contribute to developing and maintaining *cultures and strategies in which people are respected and valued as individuals*; and
- To demonstrate professional practice at all times, being non-judgemental, *promoting equal opportunities; anti-discriminatory practice; and valuing diversity*.

7.2 For each of these Core Tasks, a NOS is identified [eg NOS HSC3111 – Promote the equality, diversity, rights and responsibilities of individuals]. In addition, appropriate links are made to:

- the NHS Knowledge and Skills Framework (KSF) published by the Department of Health (DH) for use by staff working in the NHS, which in turn addresses issues of inequality [eg Health and Well Being Level 4 – *The worker*: respects people’s dignity, wishes and beliefs]. In terms of the KSF Core Dimension 6 – Equality and Diversity, it is expected the STR worker will act, where appropriate, at Levels 2 and 3 – Support and promote equality and value diversity ; and
- the Ten Essential Shared Capabilities (ESC) produced by the NIMHE NWP and published by DH.

7.3 In particular, the Ten ESC, that applies to all staff, professionally qualified or not, working in mental health services across both health and social care (including STR workers), has two very relevant capabilities:-

- “*Respecting Diversity*” which is about working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, Religion or belief and sexual orientation; and
- “*Challenging Inequality*” which is about addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services.

7.4 It is clear that not only in respect of the practice and application of the Competence Framework to STR workers themselves, but also in the subsequent delivery of services, they should be aware of potential discrimination; insensitivity and inequality in all its various forms and should actively take steps to address these issues and promote equality.

Summary

8.1 The Impact of the STR Competence Framework is that:-

- it applies equally to all STR workers; and
- it provides both the means and the “authority” for all STR workers, regardless of age, race, culture, disability, gender, religion or belief and sexual orientation:-
 - to be aware of and help tackle discrimination;
 - to promote equality of opportunity; and
 - to promote the equality agenda with both clarity and confidence, not only in respect of themselves but also in respect of their contacts with service users and carers.

Next Steps and Action Plan

9.1 Following publication, the intention is to:-

- monitor and evaluate the use of the Competence Framework by STR workers; and
- to see what effect it is having on the commissioning and provision of education and training to include accreditation, where appropriate, as well as supporting their career development.

9.2 The exact methodology has yet to be worked through but it is likely to make use of the Reference Group and workshop members, which includes STR workers and service users and carers, and the mental health workforce leads in each of the NIMHE Regional Development Centres (RDCs). As part of the two separate but linked exercises mentioned in paragraph 9.1 above, we will also want to measure the effect the Competence Framework is having on the equalities agenda.

9.3 Following a meeting of the workforce leads in the RDCs in July 2008 to discuss the methodology, a detailed Action Plan in respect of monitoring and evaluation will be drawn up and published.

Roslyn Hope
Director
NIMHE National Workforce Programme

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