



End-point assessment plan for Psychological Wellbeing Practitioner (PWP) apprenticeship standard

Apprenticeship standard number	Level of this end point assessment (EPA)	Integrated
ST0568	6	No

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Introduction and overview

This document sets out the requirements for end-point assessment (EPA) for the Psychological Wellbeing Practitioner (PWP) apprenticeship standard. It is for end-point assessment organisations (EPAOs) who need to know how EPA for this apprenticeship must operate. It will also be of interest to Psychological Wellbeing Practitioner (PWP) apprentices, their employers and training providers.

Full time apprentices will typically spend 12 months on-programme (before the gateway) working towards the occupational standard, with a minimum of 20% off-the-job training. All apprentices will spend a minimum of 12 months on-programme.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, all of the pre-requisite gateway requirements for EPA have been met and that they can be evidenced to an EPAO.

All pre-requisites for EPA assessment methods must also be complete and available for the assessor as necessary.

As a gateway requirement and prior to taking the EPA, apprentices must complete all approved qualifications mandated in the Psychological Wellbeing Practitioner (PWP) standard.

These are:

- Certificate in Psychological Wellbeing Practice

For level 3 apprenticeships and above apprentices without English and mathematics at level 2 must achieve level 2 prior to taking their EPA.

The EPA must be completed within an EPA period lasting a maximum of 1 month, beginning when the apprentice has passed the EPA gateway.

The EPA consists of 2 discrete assessment methods.

The individual assessment methods will have the following grades:

Assessment method 1: Observation of Practice with Question and Answer Session

- Pass
- Fail

Assessment method 2: Presentation of Practice

- Pass
- Distinction
- Fail

Performance in the EPA will determine the overall apprenticeship standard and grade of:

- Pass
- Fail
- Distinction

EPA summary table

On-programme (typically 12 months)	Training to develop the occupation standard's knowledge, skills and behaviours.
End-point Assessment Gateway	<ul style="list-style-type: none"> • Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard. • English/mathematics Level 2 <p>Apprentices must complete the following approved qualifications mandated in the standard:</p> <ul style="list-style-type: none"> • Certificate in Psychological Wellbeing Practice
End Point Assessment (which would typically take 3 months)	<p>Assessment Method 1: Observation of Practice with Question and Answer Session</p> <p>With the following grades:</p> <ul style="list-style-type: none"> · Pass · Fail <p>Assessment Method 2: Presentation of Practice</p> <p>With the following grades:</p> <ul style="list-style-type: none"> Fail Pass Distinction
Professional recognition	<p>Aligns with recognition by:</p> <ul style="list-style-type: none"> • The British Psychological Society

Length of end-point assessment period:

The EPA must be completed within an EPA period lasting a maximum of 3 months, beginning when the apprentice has passed the EPA gateway.

Order of assessment methods

The assessment methods can be delivered in any order.

Gateway

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they are deemed to have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made solely by the employer.

In addition to the employer's confirmation that the apprentice is working at or above the level in the occupational standard, the apprentice must have completed the following gateway requirements prior to beginning EPA:

English and mathematics at level 2.

For those with an education, health and care plan or a legacy statement the apprenticeships English and mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.

Apprentices must complete the following approved qualifications as mandated in the standard:

- Certificate in Psychological Wellbeing Practice

Assessment methods

Assessment Method 1: Observation of Practice with Question and Answer Session

Overview

Apprentices must be observed by an independent assessor completing work in their normal workplace, in which they will demonstrate the KSBs assigned to this assessment method. The EPAO will arrange for the observation to take place, in consultation with the employer.

One assessor may observe up to a maximum of 1 apprentice at any one time, to allow for quality and rigour.

The rationale for this assessment method is:

This is a practical occupation and a live observation enables assessment of a broad range of the KSBs of the apprentice within a realistic work setting, under normal conditions.

Delivery

The observation will take 3.5 hours, including 30 minutes for the question and answer session. Comfort breaks may be taken during the assessment but the clock must be stopped and restarted to ensure that the assessment duration is not reduced. The observation may be split into discrete sections held over a maximum of 1 working day. The length of a working day is typically considered to be 7.5 hours. The independent assessor has the discretion to increase the time of the observation by up to 10% to allow the apprentice to complete a task or question at the end of this component of the EPA.

In advance of the observation, apprentices must be provided with information on the format of the observation, including timescales.

The following activities **MUST** be observed during the observation:

- Minimum of one patient assessment
- Minimum of one treatment

The observation should be conducted in the following way, to take account of the occupational context in which the apprentice operates:

The apprentice will be observed providing assessment and treatments to patients in a live clinic for 3 hours, followed by a question and answer time of 30 minutes, to include at least one assessment and one treatment. All clinical activity, including record-keeping, patient interactions (face to face and over the telephone) and interactions with colleagues will be observed in relation to the apprentice meeting the KSBs. KSBs that do not naturally occur during the observation will be picked up by the question and answer time.

Prior to any patient contact, the independent assessor will commence the assessment by explaining the process that will take place over the 3.5 hours, including unobtrusive observation followed by a 30 minute period of questioning. The apprentice will be observed in the course of a live clinic over a 3.5 hour period, conducting all duties relevant to that clinic, for example patient interactions, record keeping and treatment planning. The apprentice should introduce the assessor and explain the presence of the independent assessor in the room at each clinical contact. Patient consent will have been sought prior to the clinic. Signed consent forms will be available at each clinical contact. The independent assessor

should remain unobtrusive and must not engage with the patient, apprentice and other staff throughout the observation period, except in situations where the independent assessor deems the patient to be at risk of harm from the apprentice's acts or omissions. In such a situation the independent assessor will stop the assessment and, according to service protocol, contact an identified member of staff.

The independent assessor must ensure that they observe the apprentice for the full 3.5 hour time period and if interruption occurs, for example a fire alarm, the clock is stopped and re-started. Comfort breaks may be taken during the assessment but the clock must be stopped and restarted to ensure that the assessment duration is not reduced.

All clinical activity, including record-keeping, patient interactions (face to face and over the telephone) and interactions with colleagues will be observed in relation to the apprentice meeting the KSBs.

KSBs observed, and answers to questions, must be documented by the independent assessor on grading documentation provided by the EPAO including the evidence presented and any gaps. The independent assessor will make all grading decisions.

Questions may be asked after the observation is complete. The independent assessor will ask a minimum of 4 questions. They may ask follow up questions where clarification is required. Activities not observed by the independent assessor during the observation can instead be covered by questioning after the observation, but these questions must be asked within a time period not exceeding 30 minutes.

KSBs observed, and answers to questions, must be documented by the independent assessor.

The independent assessor will make all grading decisions.

Support material

EPAOs will produce the following material to support this assessment method:

Outline of the requirements in relation to KSBs being assessed by the observation

A question bank

Recording documentation

Guidance document for the employer and apprentice on how the assessment will be conducted

Venue

The observation can take place in:

- employer's premises
- workplace other than the employer's own premises

Specific venue requirements that must be in place include:

Free from interruption and other distractions. The assessor must have adequate space and equipment, for example 3 way audio equipment if required, to observe unobtrusively. Patient consent will have been sought, both verbally, in writing or by email, prior to the clinic. Signed consent forms will be available at each clinical contact.

Question development

EPAOs will create open questions to assess related underpinning knowledge, skills and behaviours. They must develop 'question banks' of sufficient size to prevent predictability and review them regularly (at least once a year) to ensure they, and the questions they contain, are fit for purpose.

Assessment Method 2: Presentation of Practice

Overview

Apprentices will prepare and deliver a presentation that appropriately covers the KSBs assigned to this method of assessment.

The presentation will be based on work undertaken during apprenticeship and will cover a topic of interest chosen by the apprentice relevant to their caseload. The presentation will be agreed with the employer and the EPAO at the gateway point prior to commencing the assessment and will cover modes of delivery, specific needs of a cohort group and partners who may be included in working with this cohort group. The presentation will be mapped to the KSBs for this assessment method and also include reference to processes to improve practice, demonstration of ethical practice and understanding of codes of conduct. Examples of presentation titles would be “Improving access to evidence based psychological interventions for older adults”, “Working with clients with depression/anxiety and a long term health condition”, “Working with interpreters”.

The presentation will be completed and submitted after the gateway and will be presented to an independent assessor, either face-to-face or via online video conferencing. If using an online platform, EPAOs must ensure appropriate measures are in place to prevent misrepresentation.

The apprentice will have 20 day(s) to prepare, complete and submit the presentation once the title has been agreed with the employer and EPAO. The independent assessor will have 10 days to review the presentation prior to the assessment taking place.

The rationale for this assessment method is:

A presentation will enable the apprentice to present an area of their practice pertinent to the organisation's need and the apprentice's interest. The presentation will allow the apprentice to showcase their knowledge, specific skills and ethical practice within a specific defined area of interest in depth and breadth which you cannot do using other methods such as a test.

Delivery

The presentation and question and answer session will last for 45 minutes; 25 minutes for the presentation followed by 20 minutes question and answer session. The independent assessor has the discretion to increase the time up to 10% to allow the apprentice to complete their final question.

The independent assessor will ask a minimum of 4 questions at the end of the presentation. The questions will be drawn from a question bank supplied by the EPAO, to confirm the independent assessor's understanding of the presentation and how it demonstrates the relevant knowledge, skills and behaviours. The independent assessor can ask follow-up questions based on the presentation within the 25 minutes allocated.

To deliver the presentation, the apprentice will have access to:

- PowerPoint
- flip chart
- videos
- computer
- work products
- interactive demonstrations
- notes

The presentation will be conducted as follows:

The presentation should take place in a quiet place away from the immediate demands of the workplace. The apprentice is responsible for bringing along all materials to the venue and must ensure that all equipment is present and working prior to commencement of the presentation. It is the EPAO's responsibility to ensure that the venue can facilitate the requirements for an EPA.

The independent assessor will make all grading decisions.

Venue

EPAOs must ensure that the presentation and questioning elements are conducted in a suitable controlled environment in any of the following:

- employer's premises
- Workplace other than the employers own premises

The venue should be a quiet room, free from distraction and external influence. The venue will also have facilities to allow any necessary equipment to be set up e.g. electrical socket points.

The presentation will be presented to an independent assessor, either face-to-face or via online video conferencing . If using an online platform, EPAOs must ensure appropriate measures are in place to prevent misrepresentation.

Support material

EPAOs will produce the following material to support this assessment method:

- Guidance documentation for the employer and apprentice on how the assessment will be conducted.
- Outline of the requirements in relation to KSBs being assessed by the presentation.
- Question bank
- Marking documentation
- Signed consent forms

Weighting of assessment methods

All assessment methods are weighted equally in their contribution to the overall EPA grade.

Grading

Assessment method 1: Observation of Practice with Question and Answer Session

KSBs	Fail	Pass
K1 K2 K3 K6 K7 K8 K9 K10 K11 K12 K14 K15 K19 K22 K23 K24 K25 S1 S2 S3 S4 S7 S8 S9 S10 S11 S12 S13 S14 S20 S21 S22 S23 B1 B2	Did not meet the pass criteria.	<p>1. Demonstrates how they select and provide evidence-based assessments to accurately recognise symptoms of conditions and determine patient need and risk K6, K7, K8, K23 S7, S8</p> <p>2. Demonstrates how they plan, deliver and review evidence-based low intensity psychological treatment for a caseload of individuals, using behaviour change models and strategies in line with national guidelines K12, K15, S12, B1, B2</p> <p>3. Demonstrates how they provide patient-centred care by working collaboratively with patients, building a therapeutic alliance, enabling shared decision making, goal setting and choice K2, K9, K10, K11, S9, S10, S11 B1, B2</p> <p>4. Demonstrates how they practice autonomously within their scope of practice, being responsible and accountable for safe, compassionate, patient-centred, evidence-based management of a caseload of individuals with common mental health problems. S14, S20, S21, B1, B2</p> <p>5. Demonstrates how they effectively and sensitively communicate with individuals, respecting professional and personal boundaries, ensuring that prior consent has been obtained and information is recorded accurately and timely and secured in line with local and national policy K1, K3, K19, K22, K24, K25, S1, S2, S3, S4, S22, S23, B1, B2</p> <p>6. Demonstrates how they support individuals to optimise the use of medication and minimise adverse effects K10, K14, S13</p>

Assessment method 2: Presentation of Practice

KSBs	Fail	Pass	Distinction
K4 K5 K13 K16 K17 K18 K20 K21 S5 S6 S15 S16 S17 S18 S19 S24 B3	Did not meet the pass criteria.	<p>1. Demonstrates that they use and can adapt a range of communication methods to suit the situation and recipient, including how they have worked with and signposted to other agencies K4, K5, K21, S5, S6, B3</p> <p>2. Evidences that they have engaged with a diverse demographic, recognising and respecting differences in the community served and devises assessments to meet their needs S19, B3</p> <p>3. Evidences how they have accessed clinical skills and case management supervision to support their delivery of low intensity interventions, individual case discussion and skills development K16, S15, B3</p> <p>4. Evidences that they have participated in appraisal and used feedback and reflective practices to maintain skills and knowledge and ensure high quality care K17, S16, S17, B3</p> <p>5. Evidences how they adhere to and work in line with ethical, local and national policies, procedures and guidelines K13, K18, K20, S18, B3</p>	<p>1. Proactively supported and engaged with one part of the community and analysed how they adapted, developed and evaluated their practice to improve particular characteristics and needs served for individuals S19, B3</p> <p>2. Evaluated and reflected on their practice to assess and measure and improve their own practice K17, S16, S17, B3</p> <p>3. Independently evaluated problems and selected optimal solutions within the limits of their competence and the boundaries of their role to improve individual outcome or improve efficiency K13, K18, K20, S18, S24, B3</p> <p>4. Led a change process within the team that resulted in either improved patient outcome or improved efficiency K4, K17, K21, S16, S17</p> <p>5. Provide examples demonstrating how they have worked with patients who might find it difficult to take ownership of their care and onward wellbeing and their critical analysis of the</p>

		6. Demonstrates that they recognise the limitations in their competence and role and evidences how they have directed people to other resources and services S24	reasons behind these behaviours K17, K21, S5, S19, S24
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Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall.

Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Observation of Practice	Presentation of practice	Overall grading
Fail	Fail	Fail
Fail	Pass	Fail
Fail	Distinction	Fail
Pass	Fail	Fail
Pass	Pass	Pass
Pass	Distinction	Distinction

Roles and responsibilities

Role	Responsibility
Apprentice	<ul style="list-style-type: none"> • participate in development opportunities to improve their knowledge skills and behaviours as outlined in the standard • meet all gateway requirements when advised by the employer • understand the purpose and importance of EPA and undertake EPA
Employer	<ul style="list-style-type: none"> • support the apprentice to achieve the KSBs outlined in the standard to their best ability • determines when the apprentice is working at or above the level outlined in the standard and is ready for EPA • select the EPAO • confirm all EPA gateway requirements have been met • confirm arrangements with EPAO for the EPA (who, when, where) in a timely manner • ensure apprentice is well prepared for the EPA
EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> • understand the occupational role • appoint administrators and markers to administer/invigilate and mark the EPA • provide training and CPD to the independent assessors they employ to undertake the EPA • provide adequate information, advice and guidance documentation to enable apprentices, employers and providers to prepare for the EPA • deliver the end-point assessment outlined in this EPA plan in a timely manner • prepare and provide all required material and resources required for delivery of the EPA in-line with best practices • use appropriate assessment recording documentation to ensure a clear and auditable mechanism for providing assessment decision feedback to the apprentice • have no direct connection with the apprentice, their employer or training provider i.e. there must be no conflict of interest • maintain robust internal quality assurance (IQA) procedures and processes, and conducts these on a regular basis • conform to the requirements of the nominated external quality assurance body • organise standardisation events and activities in accordance with this plan's IQA section • organise and conduct moderation of independent assessors' marking in accordance with this plan • have, and operate, an appeals process • arrange for certification with the relevant training provider

Independent assessor	<p>As a minimum an Independent assessor should:</p> <ul style="list-style-type: none"> • understand the standard and assessment plan • deliver the end-point assessment in-line with the EPA plan • comply to the IQA requirements of the EPAO • be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest • satisfy the criteria outlined in this EPA plan • hold or be working towards an independent assessor qualification e.g. A1 and have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading • have the capability to assess the apprentice at this level • attend the required number of EPAOs standardisation and training events per year (as defined in the IQA section)
Training provider	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> • work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the standard and monitor their progress during the on-programme period • advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway • plays no part in the EPA itself

Internal Quality Assurance (IQA)

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- appoint independent assessors who have knowledge of the following occupational areas:
Skilled in step two low-intensity cognitive behavioural intervention processes within IAPT programmes.
- appoint independent assessors who have recent relevant experience of the occupation/sector, gained in the last one year and who are at least of the same level of experience as the apprentice,
- appoint independent assessors who are competent to deliver the end-point assessment and who meet the following minimum requirements:
 - Competence as an assessor of PWP practice within IAPT programmes experienced in Step 2 cognitive behavioural intervention processes within IAPT and have attended IAPT compliant PWP supervisor training
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time.
- operate induction training and standardisation events for independent assessors when they begin working for the EPAO on this standard and before they deliver an updated assessment method for the first time

Re-sits and re-takes

Apprentices who fail one or more assessment method will be offered one opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit any failed assessment methods only. The same presentation can be used in the case of a re-sit but not in the case of a re-take.

Any assessment method re-sit or re-take must be taken during the maximum EPA period, otherwise the entire EPA must be taken again, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer.

Re-sits and re-takes are not offered to apprentices wishing to move from pass to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of pass, unless the EPAO determines there are exceptional circumstances requiring a re-sit or re-take.

Affordability

Affordability of the EPA will be aided by using at least some of the following practice:

- using an employer's premises

Professional body recognition

This apprenticeship is designed to prepare successful apprentices to meet the requirements for registration as Psychological Wellbeing Practitioner (PWP) with The British Psychological Society.

Reasonable adjustments

The EPAO must have in place clear and fair arrangements for making reasonable adjustments for this apprenticeship standard. This should include how an apprentice qualifies for Reasonable Adjustment and what Reasonable Adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this assessment plan.

Mapping of knowledge, skills and behaviours (KSBs)

Assessment method 1: Observation of Practice with Question and Answer Session

Knowledge
K1 The significance of effective communication within the workplace setting.
K2 How to establish and maintain complex partnerships and therapeutic relationships that take into account individual differences and needs including language preferences.
K3 The policies and guidelines that relate to the management of confidential information, including data protection legislation e.g. The General Data Protection Regulation (GDPR) 2016, the importance of recording accurate patient records securely and how to escalate matters if data protection breaches occur.
K6 The principles, purposes and different types of assessments, undertaken with people with common mental health problems.
K7 Complex patterns of symptoms consistent with diagnostic categories and psychological models.
K8 The principles and process of ongoing risk assessment, safeguarding and any policies that support this.
K9 The principles of patient-centred care and support, and why it makes a difference to how people feel.
K10 The significance of actively involving people in their own care.
K11 How to establish and maintain a therapeutic alliance with patients during their treatment programme, including managing issues and events that interfere with the therapeutic relationship that threaten the alliance.
K12 How to competently select, use and evaluate the efficacy of behaviour change models and strategies in the delivery of low-intensity psychological interventions.
K14 The principles and practices of medication management.
K15 The principles and processes involved in caseload management.
K19 Understand how to respond to people's need sensitively with regards to individual differences.
K22 How to practice in a non-judgemental, caring and sensitive manner.
K23 The concept of 'risk' and how to manage risk and promote health and well-being while aiming to empower choices that promote self-care and safety.
K24 The significance of gaining informed consent appropriate to the individual's capacity.
K25 The significance of timely record keeping.

Skills
S1 Communicate effectively with individuals verbally and in writing to build successful caring relationships with patients and colleagues, whilst also keeping information confidential.
S2 Evaluate and respond to peoples' needs sensitively with regards to all aspects of diversity.

S3 Manage personal and sensitive information, in line with local and national policies and legislation. Keep information secure and ensure that any information audits are compliant with such policies and legislation.
S4 Accurately record interviews and questionnaire assessments using paper and electronic recording keeping systems in a timely manner.
S7 Select and deploy a range of assessments to aid problem recognition and definition e.g. psychometric assessment, problem focused assessment and intervention planning assessment.
S8 Recognise and analyse patterns of symptoms of conditions such as anxiety disorders and depression and evaluate patient need and level of ongoing risk to themselves and others.
S9 Enable shared decision making and promote empowerment by working collaboratively with patients to provide patient-centred care.
S10 Build and sustain a therapeutic alliance with patients to manage emotional distress in sessions and understand patients' perspectives.
S11 Collaboratively use behaviour change models to help identify and evaluate patient goals and choice of low-intensity intervention.
S12 Formulate and deliver evidenced based low-intensity psychological treatments. For example, supporting patients undertaking recommended treatments for problem solving, panic and sleep management and to review treatment plans continually.
S13 Support patients using medication to optimise medication use and minimise adverse effects in liaison with the patient's GP.
S14 Manage a caseload of patients with common mental health problems efficiently and safely, including the assessment of risk and vulnerability.
S20 Practice autonomously within your scope of practice and be responsible and accountable for safe, compassionate, patient-centred, evidence based practice.
S21 Work within your own practice boundaries and levels of competence.
S22 Establish consent appropriate to the patient's capacity and determine the optimal course of action when consent cannot be secured
S23 Establish and maintain appropriate professional and personal boundaries with patients.

Behaviours

B1 You will treat people with dignity, respecting diversity, beliefs, culture, needs, values, privacy and preferences.

B2 You will show respect and empathy for those you will work with, have the courage to challenge areas of concern and work to evidence based best practice.

Assessment method 2: Presentation of Practice

Knowledge

K4 How to adapt and use communication skills to deliver low-intensity treatments using a range of methods including face-to-face, telephone, presentations and other electronic communication.

K5 The importance of signposting patients, with informed consent, to other services and the services that are available locally.
K13 The stepped care model in IAPT services and NICE guidelines for depression and anxiety disorders.
K16 The concepts and structure of both clinical skills and case management supervision and the difference between the two forms of supervision.
K17 The concepts and models of critical reflection, self-reflection, and use of feedback, to enhance the quality of patient care you provide personally and as part of the team.
K18 A range of codes of conduct and employers' policies relevant to the role.
K20 The boundaries of the role and how low intensity interventions differ from other methods of psychological treatment.
K21 How to work within a team and with other agencies with additional specific roles in the wider health and social care system which cannot be fulfilled by the PWP alone.

Skills

S5 Communicate using a range of methods including face-to-face, telephone, presentations and electronic mediums.
S6 Communicate effectively with and signpost to other agencies with informed consent. For example, employment, occupational and other advice services.
S15 Actively engage in clinical skills supervision to assist the delivery of low-intensity interventions and case management supervision for individual case discussion and skills development.
S16 Reflect on and evaluate your practice, keeping your knowledge and skills updated and respond to appraisal/feedback appropriately.
S17 Respond professionally to supervisor feedback and initiate change in a timely manner to ensure high quality patient care.
S18 Adhere to employers ethical local and national policies and procedures.
S19 Recognise, respect and engage with people from a diverse demographic that includes personal, family, social and spiritual values held by communities served by the service.
S24 Recognise the limitations to your competence and role and direct people to resources appropriate to their needs, including step-up to high-intensity therapy and onward referral.

Behaviours

B3 You will be adaptable, reliable and consistent, demonstrate competence, resilience and responsibility.
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