

## FOR CONSULTATION

### Competency Framework (Condensed): Assistant Wellbeing Practitioner (Renal)

This document describes the context and core competencies for a new Assistant Wellbeing Practitioner (Renal) (AWP; Renal) role. Please provide feedback by making comments on this document and adding extra thoughts in the free text field at the end. We will use these comments to further inform the competency framework and shape the role going forward. Once you have completed this, please send the version with your comments to [s.strickland@exeter.ac.uk](mailto:s.strickland@exeter.ac.uk).

#### Background

This is a new role applying a range of psychological competencies to work with people with kidney disease and informal carers engaging with renal services within the Royal Devon and Exeter Trust. Working with people with kidney disease and informal carers, the post holder will undertake several psychologically informed competencies. These include administering and interpreting brief outcomes measures for depression and anxiety; referral into mental health services where treatment is indicated; supporting a range of mental health prevention approaches; liaison with health and social care, community and charitable organisations to provide targeted support; facilitate and/or lead peer support groups for people with kidney disease and/or their informal carers; provide psychoeducation; support self-management. To facilitate these objectives, the post holder will work as part of the renal multi-disciplinary team and participate in training to support competency development. Regular supervision from a psychological and renal healthcare professional will be received to consolidate competencies during the role.

This development of this Competence Framework is funded by Health Education England-South West, and has been informed by the Competence Framework for Psychological Interventions with People with Persistent Physical Health Problems [REF1], competences within the Healthcare Assistant Practitioner Apprenticeship standard [REF2], Core Standards for Assistant Practitioners [REF3], Competence Framework for Cognitive and Behavioural Therapy [REF4] and the Competence Framework for Mental Health Peer Support Workers [REF5].

The current Competence Framework is being used to inform the evaluation of a Health Care Assistant (Regulated Qualification Framework: Level 3) funded by Kidney Care (UK), to undertake the competencies specified. Feedback from the evaluation alongside the consultation process will be used to adapt this draft condensed competency framework.

#### AWP (Renal) Condensed Competence Framework

##### 1. Understanding the values and principles of supporting people with kidney disease and informal carers

###### 1.1 Values of AWP (Renal)

Ability to:

- Draw on knowledge that support is collaborative, non-directive, strengths-based, self-management-focused, integrative, and systems-based

###### 1.2 Principles of supporting people with kidney disease and informal carers

Ability to draw on knowledge that support is based on principles including:

- building trusting relationships
- providing collaborative care where the AWP (Renal) works alongside the person as part of multi-disciplinary teams that surround them
- having awareness of the range of community and charitable organisations that provides support
- appreciating that a family member or friend may be providing informal support or care and may have their own support needs
- supporting the person to have an appreciation regarding their medical condition and the impact it has on their daily life
- enabling the person to understand their kidney condition and potential impact
- appropriate use of supervision to ensure boundaries consistent with the role are maintained

## **2. Knowledge for AWP (Renal)**

### *2.1 Mental health*

Ability to draw on knowledge of:

- the mental and physical health difficulties that people they will be working with could experience, and that mental and physical health conditions interact with each other, and that this relationship may vary across individuals depending on various factors including age, class, ethnicity, religion, income, or chronic kidney disease stage
- the ways in which mental health difficulties can affect functioning and individual development, including daily functioning and the way the individual responds to diagnosis of and treatment for chronic kidney disease
- mental health diagnoses and how they can affect functioning and individual development.
- interventions for mental health difficulties, including an awareness regarding the need to discuss any prescription of medications or other treatments with the person's medical and health care practitioner

### *2.2 Physiology, health, and social care relevant to people with kidney disease*

Ability to draw on a range of physiology, health, and social care knowledge, including knowledge of:

- the physiology, organisation, and function of the human body of particular significance for people with kidney disease at different stages of chronic kidney disease
- different forms of treatment for chronic kidney disease and the physical and mental health demands they can place on people
- the kidney patient pathway between initial diagnosis and use, and movement between different forms of treatment for chronic kidney disease
- the need to discuss, with an appropriately qualified supervisor, how the complex interactions of these areas may be affecting a patient to ensure onward referral

### *2.3 Core clinical competences to support psychosocial working for people with kidney disease*

Knowledge of relationships between life-stage and adjustment to illness, including an ability to draw on knowledge:

- of the ways in which their developmental stage impacts on the young person's capacity to understand and manage their illness
- that the impact of illness in adults and older adults will depend on their age at first onset, their diagnosis, and how their diagnosis was delivered

#### *2.4 Local services and sources of mental health and renal care, social care, and support in the voluntary, community or statutory sector*

Ability to:

- draw on a working knowledge of local statutory and non-statutory mental health support options (for example Mind, Samaritans, local community organisations, activities, and resources) and kidney-specific support organisations (for example Kidney Care UK, Kidney Research UK, National Kidney Federation) with which AWP (Renal) will engage to help people achieve their personal goals, as well as other community groups and resources

#### *2.5 Professional, legal, and ethical frameworks*

Ability to:

- draw on knowledge of the local codes of ethics and conduct that apply to all professionals in the service, and how these are implemented
- maintain appropriate standards of conduct
- maintain clear and appropriate boundaries
- maintain standards of competence
- Seek appropriate advice where concerns with any aspect of practice are experienced

#### *2.6 Issues of confidentiality, consent, and information sharing*

Decisions about issues of confidentiality and consent will be influenced by the person's capacity but assessing this is a formal procedure that is not part of the AWP (Renal) role. As such, decision-making that relates to capacity should be based on discussion with (and support from) colleagues and supervisors. Competencies include:

- knowledge of policies and legislation
- gaining informed consent
- knowledge of confidentiality and information sharing

#### *2.7 Safeguarding procedures*

Ability to:

- demonstrate knowledge of local and national safeguarding policies
- identify signs or indicators that could flag the need to institute safeguarding procedures
- escalate concerns in line with local safeguarding procedure

#### *2.8 Self-harm and suicide prevention, and procedures for maintaining safety*

The AWP (Renal) is not expected to work independently with someone expressing suicidal thoughts but have an awareness of correct protocols for referral and seeking support from others (both for their own wellbeing and for the wellbeing and for the person's safety). This includes:

- ability to draw on knowledge of factors that contribute to, and increase the risk of, self-harm, self-neglect and harm to others
- an awareness that self-harm can take the form of medical treatment non-adherence or non-adherence to restrictions placed on different forms of treatment for chronic kidney disease such as diet, fluid restriction or medication taken

### **3. Core relational skills**

#### *3.1 Understanding self-management-focused and person-centred approaches*

Ability to:

- draw on the key principles of personal self-management-focused approaches
- recognise that self-management skills may vary from person to person
- recognise the need to change way to engage the person with kidney disease if the treatment for chronic kidney disease changes

### *3.2 Develop and maintain a supportive relationship with people with kidney disease and informal carers*

Ability to:

- develop and maintain a relationship with the person with kidney disease and their informal carers
- manage relationships with other professionals with health, social care and community backgrounds involved in the treatment or support being provided to the person with kidney disease
- appreciate the person's perspective and world view, recognising and addressing threats to the clinical relationship
- manage the ending of support being provided

### *3.3 Engaging and supporting families*

Ability to engage the person's family (when appropriate):

- to support the person with kidney disease, or be able to speak on their behalf (with their consent) in relation to the care they are receiving
- to help family members and carers feel comfortable and confident to ask questions when they are uncertain or confused
- to support the person's family, carer, social or community network to look after their own mental and physical wellbeing and health and social care needs

### *3.4 Using active listening and communication skills*

Ability to:

- draw on knowledge that communication skills will help AWP (Renal) gain the best understanding of the concerns, needs and strengths of the person they support
- engage in active listening
- use empathy and effective communication
- overcome barriers to communication where necessary

### *3.5 Working with difference*

Working in a culturally competent way depends on valuing diversity, equality, and inclusion.

Ability to:

- respect the beliefs, practices, and lifestyles of people with kidney disease or informal carers who use services
- appreciate how these may impact on their physical and mental health or experience of services

## **4. Supporting people with kidney disease and informal carers as an AWP (Renal)**

### *4.1 Supporting people with kidney disease and informal carers in their self-management*

Ability to:

- support the person make their own decisions and empower them to build autonomy

- help the person develop self-determination and self-management skills
- support self-management and collaboratively discuss care and support options
- explore with the person how to create a self-care or wellbeing plan (if they choose)

#### *4.2 Help people with kidney disease and informal carers engage in activities that are meaningful to them and give their life a routine*

Ability to:

- support kidney specific CBT evidence-informed approaches for the prevention of mental health difficulties
- help people engage with their previous life routine or adapt to a new life routine alongside treatment for chronic kidney disease

#### *4.3 Help people with kidney disease and informal carers develop coping skills*

Ability to support the person:

- identify effective coping strategies
- support people to develop the skills to reflect on and review their coping strategies over time

#### *4.4 Collaboratively discuss psychosocial care and support options*

Ability to explore:

- explore with the person how they might discuss issues or concerns they have regarding different forms of treatment for chronic kidney disease
- intervention options with a health professional and support the person with kidney disease to reach an informed decision regarding what may be best suited to them

#### *4.5 Enable patient engagement with individual care and self-management plans*

AWP (Renal) do not have formal responsibility for drawing up and monitoring care and self-management plans.

Dependent on the service the APP works in ability to:

- support the person with kidney disease to contribute to development of a self-management plan
- use their self-management plan

#### *4.6 Facilitate access to care and sources of support*

Ability to:

- help the person consider the type of support that matches their needs
- identify sources of support
- inform the person about relevant voluntary, community and charitable organisations, as well as mental health services, and support referral
  - may include supporting referral to Improving Access to Psychological Therapies or equivalent for the treatment of common mental health difficulties

#### *4.7 Support transitions in care for the person with kidney disease*

AWPs (Renal) are not expected to organise transitions in mental or physical health care (for example type of treatment for chronic kidney disease) but can have a role in supporting people through the process of transition.

Ability to:

- support the person during the transition or transfer of care
- discuss a person's feelings about the transition
- work with the person to identify and overcome barriers that make it less likely that they will stay in contact with the new service

#### *4.8 Developing and maintaining a supportive environment*

Ability to:

- develop competency to provide a supportive environment that can facilitate effective interpersonal relationships
- tolerate the patient's distress with compassion
- recognise the distressing nature concerning some experiences reported by the kidney patient and their informal carers
- sit with and listen to another's distress whilst maintaining own wellbeing, and seeking support to do this when necessary

### **5. Working with teams and promoting people's rights**

#### *5.1 Work as part of a multidisciplinary team*

The AWP (Renal) will be supported by, and integrated into, the renal specialism and work collaboratively with psychological health provision and relevant health, social care and charitable organisations that requires the AWP (Renal) to work effectively with multi-disciplinary colleagues:

Ability to:

- contribute to existing services enhancing the care and support they offer
- improve their knowledge and understanding of the AWP (Renal) role and:
  - how they fit within the team
  - the values and principles underpinning support

#### *5.2 Work within a collaborative care model*

Ability to:

- identify and connect with organisations or services that are already involved with a person with kidney disease, informal carer, or their family members (where appropriate)
- identify the roles and responsibilities of other organisations and services in relation to the range of care and support a person can access
- contribute to meetings with other organisations or services to support the planning and coordination of care received by a person

#### *5.3 Offer a personalised perspective to different groups of professionals*

Ability to offer a self-management and person-centred perspective, for example working with staff to:

- help them understand the AWP (Renal) role and remit
- discuss (and possibly address) their attitudes and perceptions about mental health and renal care
- understand the importance of co-production (involving kidney people with kidney disease with lived experience of renal failure or mental health difficulties in planning, developing, delivering, and evaluating services), social inclusion and equality

- help physical and mental health professionals, organisations and services keep well-informed about the perspectives and concerns of people being supported

#### *5.4 Promote the rights of people with kidney disease and informal carers being supported*

Ability to:

- draw on knowledge of an individual's right to manage their own health and wellbeing
- help people understand the choices they have over their care and be aware of their rights in the physical and mental health care system
- amplify the voice of the person they are supporting and speak on the person's behalf to promote their inclusion and rights in situations such as multi-disciplinary team meetings, with organisations and services, and with family members (where necessary)
- help people raise and discuss questions and concerns about their care with relevant professionals
- listen to complaints or concerns from people about their care or treatment and respond in a prompt, open and constructive way

## **6. Self-care and support**

### *6.1 Ability for the AWP (Renal) to reflect on their own self-management and self-care*

Ability to:

- maintain a focus on self-management, self-care and manage their own health and wellbeing
- identify and manage any barriers to personal self-management or self-care
- have knowledge of who to seek support from in the event they are having difficulties with their own self-management or self-care
- monitor and reflect on the personal impact of any challenges and raise these during supervision when support is needed

### *6.2 Make effective use of supervision*

Supervision gives the AWP (Renal) the opportunity to review and reflect on their work with a clinical renal professional, psychological professional and, as the role develops, a senior AWP (Renal). The AWP (Renal) may require two types of supervision, one for psychological competencies and one from a member of the renal team to ensure that the role is appropriately embedded in the service.

Ability to:

- use supervision to reflect on the impact of the work, especially where this reflection is relevant to self-care and to maintaining the likely effectiveness of the work
- engage in self-appraisal and reflection, and engage in active learning
- formulate personal beliefs, thoughts or behaviours and present these at supervision for discussion
- talk about areas experienced as difficult or distressing, at times with colleagues in group supervision

### *6.3 Recognise and adopt ways to promote and maintain personal resilience*

Ability to:

- judge when they are experiencing unhelpful levels of stress and to prioritise taking appropriate steps to relieve this
- confidently raise concerns regarding challenges to personal resiliency
- identify the most appropriate person to initially offer support and guidance

## **7. Using psychologically informed approaches to support people with kidney disease and informal carers**

### *7.1 Support engagement with self-management approaches*

Ability to:

- identify when it may be helpful for a person make use of a psychological approach, support them to do so, and work with the person to monitor and review the utility of the strategies.
- encourage people experiencing a mental or physical health crisis to seek appropriate support
- provide continuity in support whilst the mental or physical health crisis is being managed
- present concerns regarding risk to the multi-disciplinary team and/or collaborative care team

### *7.2 Work with people with kidney disease and informal carers in groups*

Ability to:

- support organisation and running of groups, follow-up of DNAs and gathering of service user feedback.
- lead and deliver psychoeducational (and other types of) groups
- promote and raise awareness regarding peer-led groups
- promote availability of psychoeducation or groups to enhance self-management

### *7.3 Support the use of digital interventions by the person with kidney disease and informal carer*

Ability to:

- draw on knowledge of digital interventions that people with chronic kidney disease and mental health needs can use to support themselves
- support people's use of digital interventions to improve or monitor their kidney condition, mental wellbeing, self-help, and self-management

### *7.4 Supporting psychological practice for people with kidney disease and informal carers*

The AWP (Renal)'s main responsibility and duty is to undertake defined clinical or therapeutic interventions appropriately delegated by a Registered Practitioner.

Ability to:

- undertake a brief CBT four areas assessment to recognise a potential mental health difficulty and its impact on the persons behaviours, physical symptoms, thoughts and emotions
- undertake basic physiological measurements as part of an assessment of an individual's healthcare status
- collaboratively administer psychometrically sound brief mental health screening measures for common mental health difficulties
- interpret brief mental health screening measures and, where appropriate, introduce and support referral into community mental health services
- support CBT indirect prevention-focussed approaches
- support or undertake exposure techniques delegated by a registered practitioner
- provide holistic assessment of individual programmes of care and discuss modification to individualised care plans with other members of the multi-disciplinary team

### *7.5 Help people with kidney disease and informal carers develop problem-solving skills and enhance resiliency*

Ability to introduce and support problem solving-specific prevention approaches based on CBT, including to ability to:

- help the person select relevant and important problems
- identify achievable goals with the person, bearing in mind their resources and likely obstacles
- help the person generate and select solutions, implement them, and test beliefs or assumptions that might get in the way of problem solving

## **8. Meta-competencies for the AWP (Renal)**

Under the direction of a supervisor or line-manager supervision the AWP (Renal) is expected to manage own work and case load and implement programmes of care in line with current evidence, taking action relative to an individual's health and care needs.

### *8.1 Attitudes, values, and style of interaction*

Ability to be aware of their own values and reflect on the way these values might affect the people they work with

### *8.2 Engagement and intervention*

Ability to:

- judge when it is best to refocus on goals seen as potentially relevant or manageable / achievable by the person they are supporting, rather than continuing to explore other issues, which could lead to disengagement
- identify implicit or explicit indicators that a person is at risk of disengaging from the interaction
- appreciate occasions where a person may choose to disengage from a psychologically informed approach but wish to continue receiving general support or benefit from a supportive relationship

### *8.3 Support*

Ability to:

- match the intensity and timing of support to the needs of the person, and to judge whether and when to increase or decrease the level of response
- judge when to offer support to the person or when to foster independence and their ability to self-manage

### *8.4 Respond to feedback*

Ability to:

- demonstrate awareness regarding different ways to collect formal feedback on practice or care provided
- discuss and respond to explicit and implicit feedback from patients and/or their supervisor and line manager about the care they deliver
- present patient feedback for discussion with the line manager and/or supervisor
- make any necessary changes to practice to address feedback

**Other comments**

Are there any competencies that are missing from this framework, or do you have any further comments? Please include them in the box below.

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