

JOB DESCRIPTION

TITLE: Social Prescribing Link Worker

REPORTING TO: Health Manager, Citizens Advice Wirral

HOURS OF WORK: 35 hours per week

LOCATION: Wirral wide

SALARY: £21,016 pa



Purpose of the role

Social prescribing empowers people to take control of their health and wellbeing through referral to non-medical 'link workers' who give time, focus on 'what matters to me' and take a holistic approach, connecting people to community groups and statutory services for practical and emotional support.

To provide personalised support to individuals, their families and carers to take control of their wellbeing, live independently and improve their health outcomes; strengthen personal resilience and reduce health inequalities by addressing the wider determinants of health such as debt, poor housing, physical inactivity and low understanding of the health condition.

To take a holistic approach, based on the person's priorities and the wider determinants of health to co-produce a Personal Action Plan to improve health and wellbeing, introducing or reconnecting people to community groups and statutory services.

To encourage the patient to carry out the goals set in the Plan, and to work with the Scheme volunteers to ensure the participants get any extra support they require to achieve their goals.

The role will require managing and prioritising your own caseload, in accordance with the needs, priorities and any urgent support required by individuals.

Main accountabilities

1. Take referrals from a wide range of agencies, including GPs, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations, and voluntary, community and social enterprise (VCSE) organisations (list not exhaustive).
2. Provide personalised support to individuals, their families and carers to take control of their wellbeing, live independently and improve their health outcomes. Develop trusting relationships by giving people time and focus on 'what matters to me'. Take a holistic approach, based on the person's priorities and the wider determinants of health. Co-produce a personalised support plan to improve health and wellbeing, introducing or reconnecting people to community groups and statutory services. The role will require managing and prioritising your own caseload, in accordance with the needs, priorities and any urgent support required by individuals on the caseload. It is vital that you have a strong awareness and understanding of when it is appropriate or necessary to refer people back to other health professionals/agencies, when what the person needs is beyond the scope of the link worker role – e.g. when there is a mental health need requiring a qualified practitioner.

3. Draw on and increase the strengths and capacities of local communities, enabling local VCSE organisations and community groups to receive social prescribing referrals. Ensure they are supported, have basic safeguarding processes for vulnerable individuals and can provide opportunities for the person to develop friendships, a sense of belonging, and build knowledge, skills and confidence.

4. Work together with all local partners to collectively ensure that local VCSE organisations and community groups are sustainable and that community assets are nurtured, by making them aware of small grants or micro-commissioning if available, including providing support to set up new community groups and services, where gaps are identified in local provision.

5. Work effectively with other multi-disciplinary team colleagues

Key Tasks

Referrals

- Promoting social prescribing, its role in self-management, and the wider determinants of health.
- Build relationships with key staff in the health care setting, attending relevant meetings, becoming part of the wider network team, giving information and feedback on social prescribing.
- Be proactive in developing strong links with all local agencies to encourage referrals, recognising what they need to be confident in the service to make appropriate referrals.
- Work in partnership with all local agencies to raise awareness of social prescribing and how partnership working can reduce pressure on statutory services, improve health outcomes and enable a holistic approach to care.
- Provide referral agencies with regular updates about social prescribing, including training for their staff and how to access information to encourage appropriate referrals.
- Seek regular feedback about the quality of service and impact of social prescribing on referral agencies.
- Be proactive in encouraging self-referrals and connecting with all local communities, particularly those communities that statutory agencies may find hard to reach.

Provide personalised support

- Meet people on a one-to-one basis, making home visits where appropriate within organisations' policies and procedures. Give people time to tell their stories and focus on 'what matters to me'. Build trust with the person, providing non-judgemental support, respecting diversity and lifestyle choices. Work from a strength-based approach focusing on a person's assets.
- Be a friendly source of information about wellbeing and prevention approaches.
- Help people identify the wider issues that impact on their health and wellbeing, such as debt, poor housing, being unemployed, loneliness and caring responsibilities.
- Work with the person, their families and carers and consider how they can all be supported through social prescribing.
- Help people maintain or regain independence through living skills, adaptations, enablement approaches and simple safeguards.

- Work with individuals to co-produce a simple personalised support plan – based on the person’s priorities, interests, values and motivations – including what they can expect from the groups, activities and services they are being connected to and what the person can do for themselves to improve their health and wellbeing.
- Where appropriate, physically introduce people to community groups, activities and statutory services, ensuring they are comfortable. Follow up to ensure they are happy, able to engage, included and receiving good support.
- Where people may be eligible for a personal health budget, help them to explore this option as a way of providing funded, personalised support to be independent, including helping people to gain skills for meaningful employment, where appropriate.

Support community groups and VCSE organisations to receive referrals

- Forge strong links with local VCSE organisations, community and neighbourhood level groups, utilising their networks and building on what’s already available to create a map or menu of community groups and assets. Use these opportunities to promote micro-commissioning or small grants if available.
- Develop supportive relationships with local VCSE organisations, community groups and statutory services, to make timely, appropriate and supported referrals for the person being introduced.
- Work collectively with all local partners to ensure community groups are strong and sustainable. Ensure that local community groups and VCSE organisations being referred to have basic procedures in place for ensuring that vulnerable individuals are safe and, where there are safeguarding concerns, work with all partners to deal appropriately with issues. Ensure that insurance, information governance and health and safety requirements are in place. Where such policies and procedures are not in place, work with the local Infrastructure Support service to ensure appropriate support is provided.
- Work with commissioners and local partners to identify unmet needs within the community and gaps in community provision.
- Encourage people who have been connected to community support through social prescribing to volunteer and give their time freely to others, in order to build their skills and confidence, and strengthen community resilience.
- Develop a team of volunteers within the service to provide ‘buddying support’ for people, starting new groups and finding creative community solutions to local issues.
- Encourage people, their families and carers to provide peer support and to do things together, such as setting up new community groups or volunteering.

General tasks

Data capture

- Work sensitively with people, their families and carers to capture key information, enabling tracking of the impact of social prescribing on their health and wellbeing.
- Encourage people, their families and carers to provide feedback and to share their stories about the impact of social prescribing on their lives.

- Support referral agencies to provide appropriate information about the person they are referring. Use the case management system to track the person's progress. Provide appropriate feedback to referral agencies about the people they referred.
- Work closely with GP practices within the PCN to ensure that social prescribing referral codes are inputted to EMIS and that the person's use of the NHS can be tracked, adhering to data protection legislation and data sharing agreements with the clinical commissioning group (CCG).

Professional development

- Work with the Health Manager to undertake continual personal and professional development, taking an active part in reviewing and developing the roles and responsibilities.
- Adhere to organisational policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety.
- Work with your line manager to access regular 'clinical supervision', to enable you to deal effectively with the difficult issues that people present.

Miscellaneous

- Work as part of the team to seek feedback, continually improve the service and contribute to business planning.
- Undertake any tasks consistent with the level of the post and the scope of the role, ensuring that work is delivered in a timely and effective manner.
- Duties may vary from time to time, without changing the general character of the post or the level of responsibility.

Person Specification Requirements for Social Prescribing Link Worker

*Requirements will be assessed from a combination of the information provided on the application form, during interview and/or presentation and from references. Candidates must make it clear on their application form how they meet each of the selection **ESSENTIAL** criteria.*

Personal qualities and attributes	
	Key E = essential D = desirable
Ability to actively listen, empathise with people and provide person-centred support in a non-judgemental way; inspiring trust and confidence, motivating change. Ability to respect and value individual lifestyles, backgrounds and cultures.	E
Commitment to reducing health inequalities and proactively working to reach people from diverse communities through the provision of a culturally sensitive service	E
Ability to communicate effectively, both verbally and in writing, with people, their families, carers, community groups, partner agencies and stakeholders combined with emotional intelligence to ensure messages are conveyed in the appropriate manner and fully understood	E
Ability to identify risk and assess/manage risk when working with individuals. Confident and comfortable with difficult situations	E
Can demonstrate personal accountability, emotional resilience and ability to work well under pressure; organising, planning and prioritising on own initiative.	E
Able to work from an asset-based approach, building on existing community and personal assets & demonstrating knowledge of community development approaches	E
Values – <i>Able to demonstrate the core values of the organisation in all aspects of the role</i>	E
Delivering results – ability to achieve the outcomes and outputs for the project.	E
Getting the best from teams – ability to motivate and support others, ensure teamwork and personal initiative and to review progress and provide necessary support. Experience of partnership/collaborative working and of building relationships across a variety of organisations including multi disciplinary teams	E
Personal impact – ability to use a range of approaches to build relationships and networks and to communicate effectively. High sense of personal integrity.	D
Demonstrate a willingness to participate in shaping the future of the organisation by taking on responsibilities and projects in addition to core workload	D
Experience	
Experience of working directly in community development context, adult health and social care, learning support or public health/health improvement (including unpaid work). We are particularly interested in your experience of working with people with	E

mental health issues, people with care needs, families, working with the VCSE sector and volunteers.	
Experience of data collection including handling of confidential information and using tools to measure the impact of services	E
Experience of partnership/collaborative working and of building relationships across a variety of organisations including multi disciplinary teams whilst maintaining professional boundaries	D
Skills and Knowledge	
	Social Prescribing Link Worker (CA Wirral)
Knowledge of personalised care	E
Understanding of the wider determinants of health including social, economic and environmental factors and their impact on communities, individuals, their families and carers	E
Understanding of and commitment to equality, diversity and inclusion	E
Knowledge of IT systems including ability to use word processing skills, email, virtual meeting platforms, and the internet to create simple plans and reports	E
Knowledge of and ability to work to policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety	E
High level and adaptable communication and negotiation skills to support patients of all ages, backgrounds and cultures with varying social and emotional needs	D
Keep accurate records of discussions and clearly replicate discussions in writing	E
Ability to work across multiple sites	D
Provide motivational coaching with the ability to inspire trust and confidence	D
Qualifications and Training	
NVQ Level 3, Advanced level or equivalent qualifications or working towards or relevant experience	E

Demonstrate commitment to professional and personal development	E
Training in motivational coaching, goal setting and interviewing or equivalent experience	D
Training in wellbeing and lifestyle coaching e.g. exercise, healthy eating or equivalent experience	D
Educated to GCSE or equivalent	D
Other	
Meet DBS reference standards and criminal record checks	E
Willingness to work flexible hours when require to meet work demands including evenings and weekend	E
Access to own transport and ability to travel across the locality on a regular basis including to visit people in their own homes.	E