citizens advice North Somerset

Senior Link Worker (Social Prescribing)
Job description & Personal Specification

Context of role: The Social Prescribing Service is a new partnership between Pier Health Primary Care Network (PCN), Citizens Advice North Somerset and Alliance Homes. The service will take direct referrals from all GP surgeries within the Pier Health Primary Care Network, health care professionals and directly from members of the public within the Pier Health PCN catchment area. The service provides a one-stop connector service for a wide range of community related support with an emphasis on loneliness and isolation, and on the determinants of health, particularly low income, employment, learning, support, housing, debt, financial management and domestic abuse.

Purpose of 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. Link Workers support existing voluntary, community and social enterprise groups to be accessible and sustainable and help people to start new community groups, working collaboratively with all local partners.

Link Workers play a pivotal role by developing trusting relationships and providing personalised care and support plans. By increasing people's active involvement with their local communities Link Workers will help to:

- Strengthen personal and community resilience;
- Reduce health inequalities by addressing the wider determinants of health, such as debt, poor housing and physical inactivity;
- Increase people's active involvement with their local communities; and
- Support people with long-term conditions including mental health, loneliness or isolation, or complex social needs which affect wellbeing.

Reporting to: Social Prescribing Service Lead / Advice Services Manager

DBS: This role will require the applicant to meet DBS reference standards and have a clear criminal record, in line with the law on spent convictions.

Key Responsibilities

- Take referrals directly from patients within the Pier Health PCN catchment area, from the GP surgeries, health care professionals and from a wide range of agencies, for example but not limited to, pharmacies, multi-disciplinary teams, hospital discharge teams, fire service, police and VCSE organisations.
- 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. 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.
- 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.
- Work together with local partners to collectively ensure 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.

Key Tasks

Service Delivery

- Manage the practicalities of the social prescribing service and ensure adequate staffing and resources;
- Supervise the work of designated staff providing them with an appropriate level of support and supervision depending on their level of competence;
- Monitor the case records / telephone calls / emails of designated staff to meet quality standards and service level agreements;
- Ensure appropriate systems are developed and maintained for case recording, statistics, follow-up work and quality control;
- Keep technical knowledge up to date and provide technical support to designated staff;
- Assist the Management Team on compliance with Citizens Advice membership scheme, advice quality standards and audit requirements;
- Ensure all relevant policies and procedures are followed.

Staff Management

- Create a positive working environment in which equality and diversity are well managed, dignity at work is upheld and staff can do their best;
- Participate in the recruitment and selection activities as delegated;

- Ensure the effective performance management and development of staff through regular supervision sessions, the appraisal process, learning and development and team meetings;
- Encourage good teamwork throughout the partnership and with each of the GP surgeries.

Referrals

- Promoting social prescribing, its role in self-management, and the wider determinants of health
- Build relationships with key staff across the partnership and within the GP practices within Pier Health PCN, attending relevant meetings, becoming a part of the wider network team, giving information and feedback on social prescribing.
- Be proactive in developing strong links with all local agencies 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 find hard to reach.

Provide Personalised Support

- Meet people on a one-to-one basis. Give people time to tell their stories and focus on 'what matters to me'. Build trust with the person, providing non-judgmental 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, prevention approaches and generalist advice where appropriate.
- 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 gain skills for meaningful employment, where appropriate.
- Where appropriate provide generalist level advice including completing benefit eligibility checks, the debt assessment tool and going through the debt pack. Make referrals internally or externally for specialist advice as appropriate.
- Maintain detailed case records for the purpose of continuity of casework, information retrieval, statistical monitoring and report preparation.

- Work in a variety of settings including Citizens Advice and Alliance Homes locations, GP surgeries, community locations and home visits when appropriate within the organisations' policies and procedures.

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 understand capacity and to promote funding opportunities 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 with commissioners and local partnership to identify unmet needs within the community and gaps in community provision.

Professional learning and development

- Work with your line manager to undertake continual personal and professional development, taking an active part in reviewing and developing the roles and responsibilities.
- Work with your line manager to access regular 'clinical supervision', to enable you to deal effectively with the difficult issues that people present.
- Keeping up to date with developments with Social Prescribing and regularly apply good practice to help develop the service
- Keeping up to date with legislation, policies and procedures and undertake appropriate training;
- Attending internal and external training
- Prepare for and attend supervision sessions/team meetings/staff meetings as appropriate.
- Adhere to organisational policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety and share responsibility for your own safety and that of your colleagues;
- Demonstrate commitment to the aims and principles of Citizens Advice.

Administration

- Use of telephony and IT equipment for multichannel delivery of the social prescribing service.
- Use of IT software for statistical recording of information relating to funding requirements, record keeping and document production. Ensure GDPR compliant training is completed on an annual basis
- Ensure that all work conforms to our organisation's systems and procedures
- Maintain complaints procedures in accordance with Citizens Advice and Financial Conduct Authority guidelines.
- Keep up to date with policies and procedures relevant to our organisations work and undertake appropriate mandatory training.

Person specification

E = Essential / D = Desirable

1.	Ability to deliver a person-centred service based on the 'what matters to me' strengths based approach. The ability to build trust and rapport with people, identifying their needs and working with them to create their own personalised care and support plan.	*E*
2.	Recent and ongoing experience of working directly in either community development context, adult health and social care, learning support, public health/health improvement or generalist advice service delivery. Ideally you will have the ability to meet Citizens Advice competence requirements (with appropriate training if necessary) for a Generalist Adviser level certificate.	*E*
3.	Ability to communicate effectively, both verbally and in writing, with people, their families, carers, community groups, partner agencies and stakeholders	*E*
4.	Ability to use IT systems, packages and electronic resources for service provision and a keen adopter of digital technology and flexible working methods .	*E*
5.	Ability to give and receive feedback objectively and sensitively and a willingness to challenge constructively.	*E*
6.	Ability to build a team of Link Workers across the partnership and from multiple sites. Ability to working as part of a team and helping to develop the Link Worker roles. Ability to prioritise own work and the work of others, meet deadlines, maintain standards and take decisions in the day to day running of a busy service.	*E*
7.	Ability to work from an asset based approach, building on existing community and personal assets and experience of partnership/collaborative working and of building relationships across a variety of public, private and VCSE organisations, services and groups.	*E*
8.	Proven ability of data collection and providing monitoring information to assess the impact of services	*E*
9.	A clear understanding of equality and diversity policies, procedures and conduct, and its application to the provision of social prescribing and advice. The ability to get along with people from all backgrounds and communities, respecting lifestyles and diversity.	*E*
10.	Understanding of the wider determinants of health, including social, economic and environmental factors and their impact on communities. A commitment to reducing health inequalities and proactively working to reach people from all communities.	*E*
11.	Understanding of and commitment to the aims and principles of Citizens Advice service and its equal opportunities policies.	*E*
12.	Experience of working within a Citizens Advice service and/or experience of working with the public in an advisory capacity	*E*
13.	Knowledge of and ability to comply with policies and procedures including confidentiality, safeguarding, lone working, information governance, and health and safety.	*E*
14.	Access to own transport and ability to travel across the locality on a regular basis, including to visit people in their own homes.	*E*
15.	Willingness to work flexible hours when required to meet work demands.	*E*
16.	Commitment to continuing professional development including Generalist Advice level certificate (full training will be provided if required).	*E*