



**Job Description**

<b>Job Title</b>	Social Prescribing Link Worker
<b>Salary</b>	£26,000
<b>Hours</b>	37.5 hours per week, with occasional evening and weekend work.
<b>Contract</b>	12 months FTC or Secondment

**Job Role**

- Work as part of an Integrated team within a Primary Care Network (PCN) to deliver a coordinated and high-quality social prescribing Link Worker service – supporting clients to access and engage with the extensive range of support in the community.
- Use social prescribing to empower people to take control of their health and wellbeing. Spend time with residents to help them to focus on ‘what matters to me’ and connect them to community groups and statutory services for practical and emotional support. The role is not intended to support individuals long term, but to help them to understand how they can support themselves better.
- Manage a caseload of clients through assessment to onward referral, working with clients across the PCN. They will provide ongoing support for an allocated but short-term timeframe to promote engagement with identified services and achievement of goals.
- Contribute to the development of the service and participate in support, supervision and training as required.
- Contribute to the education of practice staff within the PCN and maintain details and grow working knowledge of sources of support in the community.
- Work closely with Kensington and Chelsea Social Council (the local CVS) and other local Voluntary and Community Sector (VCS) organisations to develop extensive knowledge of community provision and work with groups to receive additional referrals.
- Identify groups that are at capacity and cannot take on any more referrals and work with KCSC to support the groups

**Key tasks**

1. Develop trusting relationships with residents, giving them time to focus on their assets and ‘what matters to them’ and providing them with personalised help to take control of

their health and wellbeing, live independently and better understand the impacts of their lifestyle choices.

2. Undertake client needs assessments in the practice, community or via occasional home visits, using Wellbeing questionnaire pre- and post- interventions to assess the impact on the client's wellbeing.

3. Working as part of the PCN team, support a caseload of clients for whom social prescribing might offer improved outcomes. With the team, proactively identify people who would benefit from this type of help and manage and regularly review your caseload to accommodate urgent referrals for support as required, referring out to community support services as soon as possible.

4. To work as part of the practice multi-disciplinary teams across the PCN's member practices, liaising across disciplines and allocating time to each practice as directed by the Clinical Lead for the PCN.

5. Following an initial period of case management, refer clients on to the voluntary sector or local community support services where appropriate. Make recommendations on where a non-clinical approach might support the patient better or complement existing clinical interventions and improve outcomes.

6. With clinical support, develop a strong awareness and understanding of when it is appropriate or necessary to escalate care back to the GP or other care professionals when the person's needs are beyond the scope of the link worker role e.g. when there is a mental health need requiring a qualified practitioner.

7. Keep up to date with developments within social prescribing to ensure the approach the PCN develops is in line with other PCNs across the Borough, regionally and nationally.

8. Actively engage with Kensington and Chelsea Social Council including through regular meetings to build understanding of social prescribing in the area, sharing information and feedback about social prescribing and local services.

9. Actively engage in London-wide learning events organised by NHS England (NHSE) and local training and advice

10. To undertake 6-monthly reviews of the impact of the programme on the voluntary sector, as per NHSE/I requirements, using the NHSE questionnaire format

11. With support from Age United, Kensington and Chelsea Social Council and PCN staff, maintain a comprehensive knowledge of the range of services available in Kensington and Chelsea's VCS

### **General**

12. To participate in regular staff meetings, supervision and appraisals and any training as required.

13. To participate with other staff in ensuring the involvement of users in the planning and development of Age UK Kensington & Chelsea' and Age United services

14. To produce written reports as required and generate reports from the database, for monitoring purposes

15. To participate and assist in the organisation of events, both internal and external

<p><b>The above list is not intended to be exhaustive and the post-holder will be expected to be flexible in carrying out the duties performed. The post-holder will be expected to carry out similar duties as and when required.</b></p>
<p><b>Contribute to the general running and ethos of Age United</b></p>
<ul style="list-style-type: none"> <li>• To represent the organisation at external meetings and events</li> <li>• To keep up to date with information and issues relevant to the social care and health sector</li> <li>• To work and implement AUKKC’s policies and procedures</li> <li>• To undertake any other duties that may from time to time be reasonably required</li> </ul>

**Person Specification**

Criteria		Essential	Desirable
<b>Personal Qualities &amp; Attributes</b>	Ability to listen, empathise with people and provide person-centred support in a non-judgemental way	✓	
	Able to get along with people from all backgrounds and communities, respecting lifestyles and diversity	✓	
	Commitment to reducing health inequalities and proactively working to reach people from all communities	✓	
	Able to support people in a way that inspires trust and confidence, motivating others to reach their potential	✓	
	Ability to communicate effectively, both verbally and in writing, with people, their families, carers, community groups, partner agencies and stakeholders	✓	
	Ability to identify risk and assess/manage risk when working with individuals	✓	
	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	✓	

	Able to work from an asset based approach, building on existing community and personal assets	✓	
	Able to provide leadership and to finish work tasks	✓	
	Ability to maintain effective working relationships and to promote collaborative practice with all colleagues	✓	
	Commitment to collaborative working with all local agencies (including VCSE organisations and community groups). Able to work with others to reduce hierarchies and find creative solutions to community issues	✓	
	Demonstrates personal accountability, emotional resilience and works well under pressure	✓	
	Ability to organise, plan and prioritise on own initiative, including when under pressure and meeting deadlines	✓	
	High level of written and oral communication skills	✓	
	Ability to work flexibly and enthusiastically within a team or on own initiative	✓	
	Understanding of the needs of small volunteer-led community groups and ability to support their development	✓	
	Knowledge of and ability to work to policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety	✓	
<b>Qualifications &amp; Training</b>	NVQ Level 3, Advanced level or equivalent qualifications or working towards	✓	
	Demonstrable commitment to professional and personal development	✓	
	Training in motivational coaching and interviewing or equivalent experience		✓
<b>Experience</b>	Experience of working directly in a community development context, adult health and social care, learning support or public health/health improvement (including unpaid work)	✓	
	Experience of supporting people, their families and carers in a related role (including unpaid work)	✓	
	Experience of supporting people with their mental health, either in a paid, unpaid or informal capacity		✓



	Experience of working with the VCSE sector (in a paid or unpaid capacity), including with volunteers and small community groups	✓	
	Experience of data collection and providing monitoring information to assess the impact of services		✓
	Experience of partnership/collaborative working and of building relationships across a variety of organisations	✓	
<b>Skills and knowledge</b>	Knowledge of the personalised care approach		✓
	Understanding of the wider determinants of health, including social, economic and environmental factors and their impact on communities	✓	
	Knowledge of community development approaches	✓	
	Knowledge of IT systems, including ability to use word processing skills, emails and the internet to create simple plans and reports	✓	
	Knowledge of motivational coaching and interview skills	✓	
	Knowledge of VCSE and community services in the locality		✓
<b>Other</b>	Meets DBS reference standards and has a clear criminal record, in line with the law on spent convictions	✓	
	Willingness to work flexible hours when required to meet work demands	✓	
	Willingness to travel across the locality on a regular basis, including to visit people in their own homes	✓	