**JOB DESCRIPTION**

**POST: SOCIAL PRESCRIBING LINK WORKER**

**GRADE: Scale 5 Point 12 - £24,462 (Inclusive of Outer London Weighting)**

**HOURS: 37.5 pw (Full Time)**

**RESPONSIBLE TO: EVA Social Prescribing Manager**

**PURPOSE OF THE ROLE**

Social Prescribing empowers people to take control of their health and wellbeing through referral to **Link Workers** who give time, focus on ‘what matters to me’ and take a holistic approach to an individual’s health and wellbeing, connecting people to diverse community groups and statutory services for practical and emotional support.

**Link Workers** through their knowledge of the local community will be an important link between existing activities provided by VCSE organisations and statutory services. They will work with EVA’s community development personnel to help local residents develop ideas to fill gaps in activities availability as appropriate.

EVA’s Social Prescribing **Link Workers (SPLWs)** are co-located within EVA and Enfield Unity Primary Care Network (PCN). Social Prescribing can help PCNs to strengthen community and personal resilience, reduce health and wellbeing inequalities by addressing the wider determinants of health.

**KEY RESPONSIBILITIES**

1. Within the framework and protocol agreed between EVA & Enfield Unity PCN, support local residents to connect with local activities and services ‘that matter to them’.
2. Provide personalised support to individuals to take control of their health and improve wellbeing outcomes.
3. The role will require managing and prioritising your own caseload, in accordance with the needs and priorities of individuals on the caseload.
4. Work with the EVA community development team to draw on and increase the strengths and capacities of local communities, enabling local VCSE organisations and community groups (including faith groups) to receive social prescribing referrals
5. Social Prescribing **Link Workers** will have a role in educating non-clinical and clinical staff within Enfield Unity PCN multi-disciplinary teams on what other services are available within the community and how and when patients can access them.

**KEY TASKS**

**Referrals**

* Build relationships with staff in GP practices within Enfield PCN, attending relevant Multi-Disciplinary Team (MDT) meetings, giving information and feedback on social prescribing.
* Be proactive in developing strong links with all local agencies to encourage referrals.
* Work in partnership with all local agencies to raise awareness of social prescribing and how partnership working can improve health access and wellbeing outcomes. Provide regular updates.
* Be proactive in encouraging equality and inclusion, through self-referrals and connecting with all diverse local communities, particularly those communities that statutory agencies may 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 and respect with the person, providing non-judgemental and non-discriminatory support, respecting diversity and lifestyle choices.
  + Use health literacy principles to improve individuals’ awareness of implications of health behavior choices
* Connect people to services that help to address individuals’ health and wellbeing needs and co-develop a personalised support plan.

**Support community groups and VCSE organisations to receive referrals**

* Forge strong links with a wide range of local VCSE organisations, community and neighbourhood level groups, utilising their networks and building on what’s already available.
* Work with the EVA community development personnel to support VCSE as demand emerges.

**Facilitate a Volunteer Team**

* Develop a team of volunteers within your service to provide ‘buddying support’ for people and finding creative community solutions to local issues.
* Carry out this work within the scope of Good Volunteer Management Guidance and protocol.

**General tasks**

* Data capture
* Encourage people to provide feedback and to share their stories about the impact of social prescribing on their lives.
* Support stakeholder organisations to provide appropriate feedback.
* Work with the PCN admin personnel to ensure that the social prescribing outputs and outcomes are registered within the clinical systems adhering to data protection legislation and data sharing agreements.

**Professional development**

* Work with your line manager and PCN supervisor to undertake continual personal and professional development and attend regular ‘clinical supervision’.

**Miscellaneous**

* 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.

**Social Prescribing Link Worker**

**Person Specification**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Essential** | **Desirable** |
| **EDUCATION** | | | |
| **1** | NVQ Level 3, Advanced level or equivalent qualification | **√** |  |
| **2** | Demonstrable commitment to professional and personal development | **√** |  |
| **3** | Training in motivational coaching and interviewing  *or equivalent experience* |  | **√** |
| **EXPERIENCER (INCLUDING UNPAID VOLUNTARY WORK)** | | | |
| **4** | Experience of working with the VCSE sector (in a paid or unpaid capacity), including with volunteers and small community groups | **√** |  |
| **5** | Experience of working directly in a health improvement context | **√** |  |
| **6** | Experience of supporting people with their health & wellbeing | **√** |  |
| **7** | Experience of supporting people with their mental health, either in a paid, unpaid or informal capacity |  | **√** |
| **8** | Experience of the principles of improving health literacy and the elements of health coaching |  | **√** |
| **9** | Experience of data collection and using tools to measure the impact of services | **√** |  |
| **10** | Experience of partnership/collaborative working and of building relationships across a variety of organisations | **√** |  |
| **PERSONAL QUALITIES AND ATTRIBUTES** | | | |
| **11** | Ability to actively listen, empathise with people and provide person-centred support in a non-judgemental way | **√** |  |

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| --- | --- | --- | --- |
|  | | **Essential** | **Desirable** |
| **12** | Ability to maintain effective working relationships and to promote collaborative practice with all colleagues across the system (within VCSE and statutory systems) | **√** |  |
| **13** | Ability to organise, plan and prioritise on own initiative, including when under pressure and meeting deadlines. | **√** |  |
| **14** | Ability to work flexibly and enthusiastically within a team or on own initiative | **√** |  |
| **15** | High level of written and oral communication skills | **√** |  |
| **SKILLS AND KNOWLEDGE** | | | |
| **16** | Knowledge of the personalised care approach and an understanding of the wider determinants of health |  | **√** |
| **17** | Understanding of, and commitment to, equality, diversity and inclusion | **√** |  |
| **18** | Knowledge of IT systems, including ability to use word processing skills, emails and the internet to create simple plans and reports | **√** |  |
| **19** | Local knowledge of VCSE and community services in the locality | **√** |  |
| **20** | Ability to identify risk and assess/manage risk when working with individuals |  | **√** |
| **21** | Knowledge of, and ability to work to, policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety | **√** |  |
| **22** | Knowledge of how the NHS works, including primary care |  | **√** |
| **OTHER** | | | |
| **23** | Meets DBS reference standards and criminal record checks | **√** |  |
| **24** | Willingness to work flexible hours when required to meet work demands | **√** |  |