



Link Worker

Job pack

Thanks for your interest in working at Citizens Advice Torbay. This job pack should give you everything you need to know to apply for this role and what it means to work for us.

In this pack you'll find:

- Our values
- 3 things you should know about us
- Overview of Citizens Advice and Citizens Advice Torbay
- The role profile and personal specification
- Terms and conditions

Want to chat about this role?

If you want to chat about the role further, you can contact Steve Barriball by emailing steve.barriball@citizensadviceexeter.org.uk



Our values

We're inventive. We're not afraid of trying new things and learn by getting things wrong. We question every idea to make it better and we change when things aren't working.

We're generous. We work together, sharing knowledge and experience to solve problems. We tell it like it is and respect everyone.

We're responsible. We do what we say we'll do and keep our promises. We remember that we work for a charity and use our resources effectively.

3 things you should know about us

1. We're local and we're national. We have 6 national offices and offer direct support to people in around 300 independent local Citizens Advice services across England and Wales.

2. We're here for everyone. Our advice helps people solve problems and our advocacy helps fix problems in society. Whatever the problem, we won't turn people away.

3. We're listened to - and we make a difference. Our trusted brand and the quality of our research mean we make a real impact on behalf of the people who rely on us.

How Citizens Advice Torbay works

Our core, volunteer-led, service is delivered from our offices in Palace Avenue in Paignton.

In addition to our core service, we also offer a number of other services for specific client groups at a number of outreach venues across the Torbay area.

We also offer an Adviceline service for people living in Torbay by calling:

0300 330 9026.

Our service opening times can be found on our website.

More details about Citizens Advice Torbay can be found at:

www.citizensadvicetorbay.org.uk

Overview of Citizens Advice

The Citizens Advice service is made up of Citizens Advice - the national charity - and a network of around 300 local Citizens Advice members.

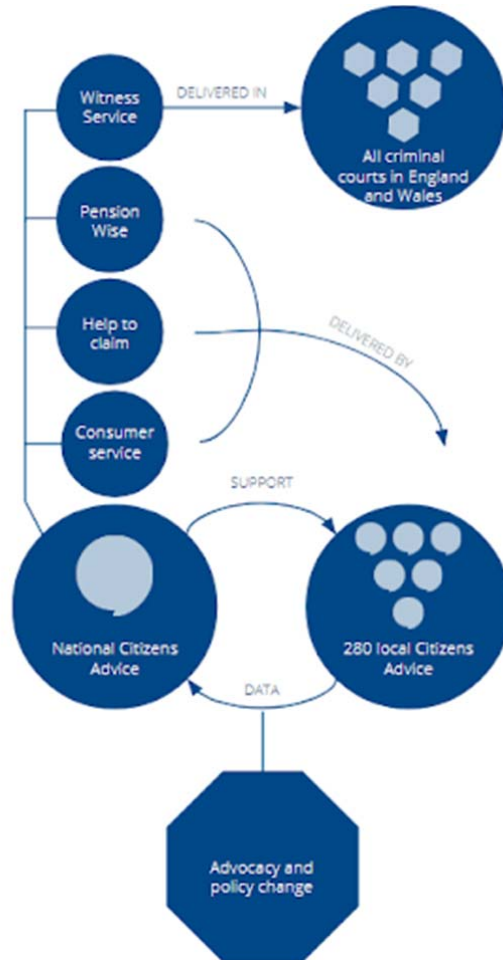
This role sits with our network of independent charities, delivering services from

- over 600 local Citizens Advice outlets
- over 1,800 community centres, GPs' surgeries and prisons

They do this with:

- 6,500 local staff
- over 23,000 trained volunteers

Our reach means 99% of people in England and Wales can access a local Citizens Advice within a 30 minute drive of where they live.





The role

We are seeking to appoint **three full-time social prescribing link workers**, to work within our primary care networks across Torbay multi-disciplinary healthcare team, providing 1:1 personalised support to people who are referred to them by GPs within surgeries.

This post empowers people to take control of their health and wellbeing by giving time to focus on 'what matters to me'. The link worker will build trusting relationships with people, create a support plan and connect them to local community groups, VCSE organisations and services. They will also work within an established partnership, including community groups and VCSE organisations involved in wellbeing.

This role helps people to work on their wider health and wellbeing, referring onwards for issues such as debt, poor housing and physical inactivity, as well as other lifestyle issues and low-level mental health concerns.

This approach particularly helps people with long term conditions (including support for mental health), people who are lonely or isolated, or who have complex social needs which affect their wellbeing.

The post is offered on a permanent basis, subject to satisfactory completion of a probationary period.

Please note that an enhanced Disclosure and Barring Scheme check is a requirement for this position.



Role profile

Overview

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 groups to be accessible and sustainable and help people to start new community groups, working collaboratively with all local partners.

Social prescribing can help to strengthen community resilience and personal resilience, and reduces health inequalities by addressing the wider determinants of health, such as debt, poor housing and physical inactivity, by increasing people's active involvement with their local communities. It particularly works for people with long-term conditions (including support for mental health), for people who are lonely or isolated, or have complex social needs which affect their wellbeing.

Key responsibilities

1. Take referrals from GP practices within primary care networks initially.
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. Be part of the wider Wellbeing network in Torbay and South Devon.

Key Tasks

Referrals

- Promoting social prescribing, its role in self-management, and the wider determinants of health.
- Build relationships with key staff in GP practices within the local Primary Care Network (PCN), 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 surgeries with regular updates about social prescribing to encourage appropriate referrals.
- Seek regular feedback about the quality of service and impact of social prescribing.

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.

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.
- 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. Where such policies and procedures are not in place, support groups to work towards this standard before referrals are made to them.
- Check that community groups and VCSE organisations meet in insured premises and that health and safety requirements are in place. Where

such policies and procedures are not in place, support groups to work towards this standard before referrals are made to them.

- Support local groups to act in accordance with information governance policies and procedures, ensuring compliance with the Data Protection Act.

Work collectively with all local partners to ensure community groups are strong and sustainable

- Work with commissioners and local partners to identify unmet needs within the community and gaps in community provision.
- Support local partners and commissioners to develop new groups and services where needed, through small grants for community groups, micro-commissioning and development support.
- 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.
- Work with a small group of volunteers to extend the reach and capacity of the role
- Work alongside the PPG to develop their role within surgeries

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/SystemOne/Vision 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 your line 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

Criteria	Essential	Desirable	
Personal Qualities & Attributes	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	✓		

Qualifications & Training	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		✓
Experience	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 with their mental health and/or, volunteering, partnership working, either in a paid, unpaid or informal capacity		✓
	Experience of partnership/collaborative working and of building relationships across a variety of organisations		✓
Skills and knowledge	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		✓
Other	Meets DBS reference standards - Enhanced	✓	
	Willingness to work flexible hours when required to meet work demands	✓	
	Access to own transport and ability to travel across the locality on a regular basis, including to visit people in their own homes	✓	
	Experience of data collection and providing monitoring information to assess the impact of services		✓

Terms and conditions

Duration: Permanent Contract, subject to probation period

Weekly hours: 37 hours per week (Monday - Friday)

Salary: £20,456 per annum

Pension: workplace pension available

Annual Leave: minimum of 5 weeks annual leave per annum