

JOB DESCRIPTION & PERSON SPECIFICATION

Job Title:	Spring Link Worker – North to cover Kettering			
Reporting to (Job Title):	Lead Social Prescribing Link Worker			
Organisation:	Age UK Northamptonshire			
Salary:	£29,918 per annum Full Time (Band 6)			
Place of work:	Waterside House, Station Road, Irthlingborough Covering Kettering			
Hours of work:	Up to 37 hours per week. Part time hours will be considered on a pro rata basis.			
Employment subject to Enhanced Disclosure & Barring Service (DBS) check				
SPRING Overview	Age UK Northamptonshire, the employer for these posts, is one of the social sector organisations that make up the SPRING Partnership.			
	SPRING is a partnership of social sector organisations, commissioned by Northamptonshire Health & Care Partnership, to improve the wellbeing of people with long term health conditions in Northamptonshire using Social Prescribing.			
	We take a person-centred approach and a holistic view towards wellbeing. Our goal is to help people, using our Social Prescribing service, take a leap forward in managing their wellbeing and long-term health conditions.			
Purpose of the Job:	As a Link Worker, you will empower people to take control of their health and wellbeing. In collaboration with the individual, you will take a holistic approach that connects people to a range of services for practical and emotional support. You will work collaboratively with the healthcare and VSCE sector to improve local services as well as community and individual resilience and wellbeing.			
Main Tasks and Resnonsi	The Link Worker helps address the wider determinants of health, such as debt, poor housing and physical inactivity. Increasing people's active involvement, supporting people with long-term conditions (including support for mental health), and those who are lonely or isolated which can have a positive effect on wellbeing. This is achieved with a range of group opportunities for people to build connections through peer support.			

Main Tasks and Responsibilities:

Referrals

- Promote the benefits of social prescribing within the community and with referral agencies to meet a minimum monthly target of 8 starts for a FT Post
- Train staff at key referral agencies including health and social care services to identify individuals who would benefit from social prescribing
- Be proactive in encouraging self-referrals within the community, particularly those areas where there is a lower level of healthcare / community service provision

Provide personalised support

- Develop trusting relationships with individuals and provide a consistent and coordinated service
- Manage a large caseload to ensure that you maintain contact once a month, update action plans, six- and twelve-month reviews
- Work with people in a group setting to co-produce a personalised support plan which connects individuals with local health and community services best suited for their needs
- Work from a strength-based approach, which focuses on the person's assets, to support them in improving their health and wellbeing
- Where money is a barrier for people to reach their health and wellbeing goals- consider use of the Wellbeing Activation Fund. This can be use for an individual purchase or identifying a partner to facilitate individual or groups where you have identified a gap or high demand in provision.

Data capture

- Keep accurate, up to date records of caseload, ensure any risks, safeguarding are highlighted and adhere to confidentiality and information sharing protocol
- Maintain comprehensive evaluation data including Triangle Well-being Star[™] tool and WEMWBS for all users of the SPRING service

Support community groups and VCSE organisations to receive referrals

- Forge strong links with community organisations to build a comprehensive map / database of local resources and keep this information accurately updated
- Use the networks of these organisations to build on what's already available and promote micro-commissioning / small grants where applicable
- Work with local partners and commissioners to identify where there are gaps in community provision and support initiatives to create new groups and services

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

- Work with GPs and wider multi-disciplinary teams as required.
- Work with commissioners and local partners to identify unmet needs within the community and gaps in community provision and support development of 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.
- Encourage people, their families and carers to provide peer support and to do things together, such as setting up new community groups or volunteering.

Job Description Agreement

This job description is intended to provide an outline of the key tasks and responsibilities only. The employing practice may discuss any additional expectations or requirements they have in relation to this post.

The tasks and responsibilities shown above are not exhaustive, and should be regarded only as a guide. The jobholder will be expected to undertake any reasonable activities according to the needs of the service at the time. These will be subject to periodic review, and may be amended to meet the changing needs of the service. The jobholder will be expected to participate in this process, and Age UK Northamptonshire would aim to reach agreement as regards any changes.

Person Specification

REQUIREMENT	DESCRIPTION	ESSENTIAL / DESIRABLE	ASSESSED BY
Qualifications and Training	NVQ Level 3, Advanced level or equivalent qualifications or working towards	D	AF
	Demonstrable commitment to professional and personal development	Е	AF/I
	Training in motivational coaching and interviewing or equivalent experience	D	AF/I
Experience Skills and knowledge	Experience of working directly in a community development context, adult health and social care, learning support or public health/health improvement (including unpaid work)	D	AF / I
	Experience of supporting people, their families and carers in a related role (including unpaid work)	E	AF
	Experience of supporting people with their mental wellbeing, either in a paid, unpaid or informal capacity	E	AF
	Experience of working with the VCSE sector (in a paid or unpaid capacity), including with volunteers and small community groups	E	AF
	Experience of data collection and providing monitoring information to assess the impact of services	E	AF
	Confident in presenting the programme to community groups and services	E	I
	Experience of partnership/collaborative working and of building relationships across a variety of organisations	E	AF
	Knowledge of the personalised care approach	E	AF
	Understanding of the wider determinants of health, including social, economic and environmental factors and their impact on communities	E	ı
	Knowledge of community development approaches	D	I
	Knowledge of IT systems, including ability to use word processing skills, emails and the internet to create simple plans and reports	E	AF/I
	Knowledge of VCSE and community services in the locality	D	I

Personal Qualities and Attributes	Ability to listen, empathise with people and provide person- centred support in a non-judgemental way	E	I
Attributes	Able to get along with people from all backgrounds and communities, respecting lifestyles and diversity	E	I
	Have a positive can-do approach- identifying solutions when faced with challenges	E	I
	Confident to initiate discussion if you feel a person is not appropriate for the service, i.e. in a crisis and signpost to appropriate services	E	I
	Commitment to reducing health inequalities and proactively working to reach people from all communities	E	I
	Able to support people in a way that inspires trust and confidence, motivating others to reach their potential	E	I
	Ability to communicate effectively, both verbally and in writing, with people, their families, carers, community groups, partner agencies and stakeholders	E	AF / I
	Ability to identify risk and assess/manage risk when working with individuals	E	I
	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 – eg. when there is a mental health need requiring a qualified practitioner	E	I
	Able to work from an asset-based approach, building on existing community and personal assets	E	I
	Ability to maintain effective working relationships and to promote collaborative practice with all colleagues	Е	I
	Demonstrates personal accountability, emotional resilience and works well under pressure	Е	I
	Ability to organise, plan and prioritise on own initiative, including when under pressure and meeting deadlines	Е	I
	High level of written and oral communication skills Ability to work flexibly and enthusiastically within a team or on own initiative	E	AF / I
	Understanding of the needs of small volunteer-led community groups and ability to support their development	D	I
	Knowledge of and ability to work to policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety	E	I
Other	Meets DBS reference standards and has a clear criminal record, in line with the law on spent convictions	E	AF / I
	Willingness to work flexible hours when required to meet work demands	E	I

	Access to own transport and ability to travel across the locality on a regular basis, including to visit people in their own homes		E	AF /I
Prepared By: Sam Watson		Date: 17.04.2024		
Authorised By:		Date:		

AF – Application Form I – Interview T – A written test will form part of the interview process