**JOB DESCRIPTION**

**Care Navigator**

|  |  |  |
| --- | --- | --- |
| **1**. | **JOB DETAILS:** |  |
| **Job Title:** | | Care Navigator |
| **Reporting to:** | | Care Navigation Team Leader |
| **Based at:** | | Age UK Redbridge, Barking and Havering |
| **Working Hours** | | 21 Hours per week |
| **Remuneration:** | | £22,765 p.a. (pro rata); £13,659 actual |

**2. JOB PURPOSE:**

Working as part of the Age UK RBH Integrated Care Team to support people with multiple long-term conditions and other specified groups to self-manage ensuring they have maximum support at home, enabling choices and access to services in the community to achieve the best possible quality of life and independence. The aim of the role will be to:

* Facilitate holistic care planning and co-ordination of input from different professionals
* Provide information/advice to individuals about a range of services to promote health and wellbeing and maintain independence within communities
* Facilitate access to services available in the community
* Reduce demand on statutory services to prevent avoidable hospital admissions, residential care placements and GP referrals.

**3. MAIN DUTIES AND RESPONSIBILITIES**:

1. **Enabling access to local services, including personalisation support:**

* Take referrals from Locality multi-disciplinary teams for people with multiple long term conditions, their families and carers and other specified groups.
* As a team member you will support the provision of person-centered conversations with the person about their needs, leading to a holistic care plan of support. This may include offering advice to clients and carers to manage practical tasks through a problem solving approach; signposting to appropriate services (e.g. equipment and adaptations which meet peoples’ needs and reduce risk where possible), connecting people with the appropriate support services in the community (e.g. voluntary services).
* Help people access community care assessments as well as carers assessments, where potentially eligible; following up to ensure the process is going smoothly and have knowledge of outcomes.
* Develop knowledge of local services to enable the individual to access a range of services to meet their needs.
* Where affordability is a barrier to engagement, supply basic information on relevant benefits and refer on for more in-depth advice where required.
* Ensure individuals are engaged and connected with their local community and other organisations to make best use of resources.

**2) Supporting and supervising volunteers**

* Work with and providing support to volunteers to enable individuals to pursue their interests or hobbies. For example liaising with volunteers to escort individuals to their preferred activity.

**3) Co-ordination and integration**:

* Actively participate in practice level multi-disciplinary team meetings.
* Liaise with a range of multi-disciplinary professionals who are involved in a person’s care, ensuring a smooth and coordinated approach, especially where multiple agencies are involved.
* Support the management of care and support and avoid unnecessary hospital admissions, residential care placements and unnecessary GP referrals.
* Identify when there is a need for urgent action or for a step-up in care and alert the relevant professional(s)

**4) Record keeping and project evaluation**:

* The role will be required to carry out daily reports and updates, written, online and verbal, into database system and up-line to Team Leader to support client goals and their changing needs/risks as well as meeting the Age UKRBH Integrated Care remit.
* Record and collate information, including case studies and producing regular reports to demonstrate the impact of the service.
* Contribute towards the development of the project, attending meetings and doing presentations as requested
* Identify opportunities and gaps in services; feeding back information on this as well as service quality and accessibility to commissioners.

**5) General responsibilities**:

* Establish strong links with other Age UK RBH staff and contribute to the wider aims and objectives of the organisation.
* Take part in Age UK RBH events and activities as agreed.
* To attend regular supervision sessions and annual appraisals with line manager to provide feedback and enhanced future planning and direction.
* To attend staff meetings, training courses and other meetings as required.
* To comply with Age UK Redbridge, Barking & Havering’s policies with particular regard to Equal Opportunities, Health and Safety and Confidentiality.
* Attend training courses as required.
* To be committed to Age UK Redbridge, Barking & Havering’s policy and procedures on keeping adults safe from abuse, ensuring that all alleged abuse is reported to the Senior Manager (Services) and that safeguarding is embedded in all decisions and actions.
* To show flexibility and a willingness to cover for other staff.
* To carry out any other duties as may be reasonably required from time to time.

|  |  |
| --- | --- |
|  | **Essential** |
| **Experience** | 1.Experience of working in health, social care or information and advice, in direct contact with people, families and carers in a paid or voluntary capacity |
| 2. Experience of working with health and/ or social care professionals at a variety of levels either in health, statutory, voluntary or independent sector. |
| 3. Experience of working with older people or people with multiple health issues and providing one to one support. |
| **Skills and Knowledge** | 4. Understanding of issues affecting people with multiple long term conditions, particularly vulnerable and socially isolated and abilities to communicate in a sensitive way. |
| 5. Ability to work in a person centred way to identify and address the needs of people living with multiple long term conditions and formulate support plans. |
| 6. Abilities to motivate and support individuals with complex care needs to engage in new activities. |
| 7. Ability to support and motivate volunteers |
| 8. Ability to work alone using own initiative as well as working as part of a team. |
| 9. Excellent communication skills, both verbal and written; able to supply reports as required |
| 10. Computer literate, able to use Microsoft packages, email, the internet, web searches and databases |
| 11. Ability to collect data efficiently in order to provide statistical evidence for analysis |
| 12. Knowledge of local services and support available to older people; problem solving abilities to support client to achieve independence |
| 13.Understanding of Confidentiality policy and practice |
| 14.Understanding of and commitment to Equal Opportunities Policy and practice |
| **Other** | 15. This post requires someone with a professional and compassionate outlook, able to be supportive while being clear on boundaries. |
| 16. Flexibility, stamina and a willingness to work across organisational boundaries and agencies including health, voluntary and statutory organisations |
| 17. Tactful and diplomatic, able to build relationships with people from a wide range of backgrounds |
| 18. This post is subject to a check through the disclosure and barring service (formerly CRB) |

**Care Navigator Person Specification**