Social Prescribing Link worker

Job Description

County Kildare LEADER Partnership is the Local Development Company for County Kildare and is responsible for the management of a range of local, rural and community development programmes on behalf of Government Departments and state agencies. County Kildare LEADER Partnership has been contracted by HSE to act as host organisation for the employment of a Social Prescribing Link Worker as part of the Sláintecare Healthy Communities Initiative. This Initiative is focused on the implementation of an enhanced Health and Wellbeing Programme within areas that have the greatest levels of disadvantage and highest proportion of young families to deliver evidence informed services to improve local population health and wellbeing outcomes. In County Kildare the Sláintecare Healthy Communities Initiative will be initially focused on the Athy Municipal

The Social Prescribing Link Worker will report to the County Kildare LEADER Partnership Health and Wellbeing Manager and will be responsible for working with individuals on a one-to-one basis to improve health and wellbeing as well as working in partnership with health professionals and the community and voluntary sector. Social prescribing involves referral from a healthcare professional and agreed referral to a local community activity or service following a consultation with the referred person.

A fixed term contract to 31st December 2023 will be offered to the successful candidate. The salary scale is HSE Grade V commencing at €43,628 and will be commensurate with skills and experience.

Role and responsibilities

1. Work on a one to one basis with individuals to improve health and wellbeing

- Work with individuals on a one to one basis, complete needs assessment and co-produce a plan to improve health and wellbeing through social prescribing
- Provide non judgemental support, respecting diversity and lifestyle choices working from a strengths based approach

- Book appointments with individuals, meet them personally, follow up cases and manage caseload remaining as a point of contact and support throughout the individual's social prescription
- Support and encourage individuals to access appropriate services in the community. Where appropriate, physically introduce people to community groups, activities, and statutory services, ensuring that they are comfortable. Follow up to ensure they are happy, able to engage, included and receiving good support

2. Work in partnership with health professionals and the community and voluntary sector

- Build relationships with key staff in GP practices, members of the primary care teams within the local Community Healthcare Networks including dieticians, occupational therapists, mental health professionals, psychologists, and social workers among others. Attend relevant meetings giving information and feedback on social prescribing
- Develop supportive relationships with local community organisations, community groups and statutory services to make timely, appropriate, and supported referrals for the person being introduced
- Work closely with the HSE Health Promotion and Improvement Officer to support the ongoing development of the programme taking an active part in reviewing and developing the service and contributing to business planning
- Build and maintain a comprehensive database of local community groups, resources and services and ensure information on sources of voluntary and community support is up to date at all times to enable effective and accurate support ed access and linking of individuals with services
- Work with local partners to identify unmet needs within the community and address gaps in service provision
- 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 referral agencies with regular updates about social prescribing, including information for their staff and how to access information to encourage appropriate referrals
- Gather regular feedback and develop reports on the quality of the service and impact of social prescribing on referral agencies
- Ensure that local community and voluntary organisations being accessed have basic procedures in place ensuring that vulnerable adults are safe and where there are safeguarding concerns, work with all partners to deal appropriately with issues in line with the HSE Framework for Social Prescribing

3. Monitoring and Evaluation

- Document and report on progress with the project (gather/collect quantitative and qualitative data to support project evaluation).
- Work sensitively with clients to administer evaluation tools to capture key information, enabling tracking of the impact of social prescribing on participant health and wellbeing and other outcome measures

- Populate and maintain social prescribing software database, which will include documenting and reporting case notes and social prescriptions
- Provide progress reports and presentations to oversight groups and funders detailing the progress of the service
- Develop effective and tailored referrals and feedback protocols to GPs and partners in CHNs
- Develop and implement a monitoring and evaluation plan, commission evaluation and document evidence of outcomes (aligned with national framework strategy).

4. Professional development

- Undertake continuous personal and professional development.
- Adhere to organisational policies and procedures, including confidentiality, safeguarding, lone working, information governance and health and safety.
- Access external supervision as a mechanism of professional support.
- Develop communications plan and materials to publicise the project.
- Building effective relationships with key stakeholders, including healthcare professionals, community organisations and members of the Advisory Group.
- Attend local forums and relevant meetings with stakeholders from community and voluntary sector as necessary.
- Make regular reports and presentations on the progress of the project to committees and funders.

Social Prescribing Link Worker

Person Specification

1. Specific requirements

- Educated to a third level qualification in Social, Community, Health, or related field.
- A minimum of 3 years' experience in a community development or health / care setting.
- Experience of partnership / collaborative working and of building relationships across a variety of organisations

2. Knowledge and experience

- Reducing health inequalities and proactively working with people with diverse needs from all communities to improve health and wellbeing
- Knowledge, understanding and commitment to addressing key determinants of health, including their impact on communities
- Working from an asset based approach, building on existing community and personal assets
- Knowledge of the structure of the HSE and the health services provided at Community Healthcare Network level
- Working with the needs of small community groups and an ability to support their development
- Ability to work to policies and procedures including confidentiality
- Excellent IT skills
- Experience of data collation and reporting

3. Communication and Interpersonal Skills

- Listening and empathising with people and providing person centred coaching and support in a non-judgemental way
- Supporting people in a way that inspires trust and confidence, motivating others to reach their potential
- Organising, planning, and prioritising on own initiative, including when under pressure and meeting deadlines
- Building and maintaining relationships with a variety of stakeholders including with individuals referred, their families, carers, community groups, GPs, health professionals and other stakeholders
- Presenting information in a clear and concise manner

- Working independently and collaboratively within a team and multi stakeholder environment
- Flexibility, adaptability, and openness to working effectively in a changing environment

4. Evaluating information, problem solving and decision making

- Analysing and interpreting information, developing solutions, and contributing to decisions quickly and assessing / managing risk when working with individuals
- Understanding when it is appropriate or necessary to refer people back to health professionals / agencies when what the person needs is beyond the capacity of the social prescribing link worker role e.g., when there is a mental health need requiring a qualified practitioner.

5. Commitment to a quality service

- Appreciating the importance of working with clients with diverse needs in an empathetic, non-judgemental, empowering manner
- Promoting a quality and professional service to internal and external stakeholders
- Developing own knowledge and expertise

6. Other

- Car owner with full clean driver's license
- Garda vetting will apply to this role