

UCAN Enfield

Health & Wellbeing Practitioner

Salary	£27,500- £29,500
Hours	21hrs
Reporting to	Senior Intergrated Support / HOS
Line management	None
Location	John Jackson Library and travel expected to deliver activities and home visits within LB of Enfield.
Term	Permanent

Unified Community Assistance Network Enfield - UCAN Enfield is a consortium led by Age UK Enfield, with delivery partners from One to One, Mind in Enfield and Barnet, Wellbeing Connect, Bread n Butter, Cooking Champions and Middlesex Association for Blind

We offer a range of services and activities to promote health and wellbeing and independence to residents aged 18+ who may be affected by sensory loss, autism, mental health conditions, long-term health conditions, and people whose voices are seldom heard.

Our specialist programme has been designed to be inclusive for all, and includes healthy eating and nutrition, cookery workshops, exercise and wellbeing groups. We also deliver peer support groups and lead the Adult Autism Hub.

Main Duties

Community Engagement

- 1. Work alongside UCAN Enfield partners to co-produce and support the delivery of a programme of health and wellbeing sessions in the community that meet a range of needs from general population to specific conditions.
- 2. To attend community activities to meet new potential referrals and engage with participants.
- 3. To listen and learn from the community to their needs and identify any gaps in service delivery and look for solutions

Managing Referrals into UCAN Enfield

Referrals into the project come via telephone, email and website enquires.

- 1. Managing shared UCAN Enfield Email inbox on a rota basis and loading new referrals onto Charity Log/Eclipse.
- 2. Using Charity Log /Eclipse (CRM) to access and manage referrals by triaging and determining their level of need 1,2,3* and allocating the appropriate support which may include referring to other UCAN Enfield partners or referring to other partners.

*As detailed in Resident Journey Experience attachment.

Case work and understanding people's needs

- 1. To manage a case load of *25 new referrals per month.
- 2. To work alongside UCAN Enfield partners to ensure that referral pathways are established and maintained with GP's, Enfield community organisations, VCS, Social Care, Health Teams, pharmacies.
- 3. To engage with residents presenting to the service in time limited period (6 –8 weeks). Working one-to-one co productively to explore their needs, interests, and help to find solutions available.
- 4. To encourage residents to sign up to use Healum app to aid self-management and create an individualised plan that identifies their goals, needs and opportunities. The Healum app also has a plethora of resources available.
- 5. Ensure that we warmly handover (refer) to other services so a resident's holistic needs are met, (include referrals to LOT 1 to 5).
- 6. Liaise with other professionals who are involved in a persons' support as necessary, ensuring a smooth and coordinated person-centred approach ·
- 7. To undertake follow up reviews and evaluations at the end of the 6–8-week support period and three/ six months after service has ceased to record long term impact of the service, which can be supported by volunteers.
- To provide regular review sessions and goal monitoring with residents to ensure that the engagement remains positive, goal focused, realistic, and beneficial for all (Healum app will aid this)
- 9. To maintain an up-to-date knowledge of activities in the borough to link clients in with, working with partners and residents to identify areas of development need and address where possible.

Monitoring and Evaluation

1. Maintain up to date and accurate records, using Charity Log /Eclipse (CRM) and Healum

- 2. To collate, monitor and report on all outcomes and outputs required by the terms of the contracts (specifically one to one support and satisfaction) entering data into Charity Log /Eclipse for monthly/quarterly reports.
- 3. Ensure that all data collecting, storage, and usage complies with GDPR
- 4. Engage in service monitoring meetings with Head of Prevention Service and UCAN Enfield partner organisations as required

Community Development & Networking

- 1. To maintain an up-to-date knowledge of activities in the borough that supports Practitioners to link residents to.
- 2. Working with partners and residents to identify areas of development need and address where possible.
- 3. To encourage residents to act as positive role models and volunteer to act as health ambassadors for other individuals accessing service.
- 4. Develop relationships with key stakeholders including seldom heard voices at a local level to ensure knowledge of local services is up to date.

Volunteer supervision and engagement

- 1. To be responsible for allocating tasks to volunteers that you arrange to support admin tasks, event management or assisting with feedback surveys.
- 2. Ensure volunteers attend training and group supervisions.
- 3. Work alongside volunteers to develop their confidence and abilities.

General duties

- 1. To attend regular team meetings to ensure a smooth, collaborative approach to service delivery.
- 2. To attend monthly UCAN Enfield Peer Support led by Senior Integrated Support Practitioner (AUKE)
- 3. To attend regular supervision sessions with line manager.
- 4. To engage in ongoing professional development.
- 5. To keep up to date with changes in legislation and/or good practice in relation to work area.
- 6. To undertake any relevant training as may be required.
- 7. Contribute to the strategic direction and vision of Age UK Enfield.
- 8. Attend meetings and working groups relevant to this post.
- 9. Contribute positively to the Age UK Enfield team
- 10. Work in accordance with the organisation's policies and procedures
- 11. Any other duties or responsibilities consistent with the post

Person Specification

	Experience and Qualifications	Essential	Desirable
1.1	least two years relevant experience in social care, housing, At health or Information and advice or VCS services	V	
1.2	Professional qualification in relevant topics- Health, Social Care, Housing, IAA, Community Development NVQ3 or above		
1.3	Experience in involving clients in decision making and person centred care	V	
1.4	Experience of liaising with other professionals on behalf of clients	V	
1.5	Experience of triaging referrals and creating an holistic plan of people's needs	V	
1.6	Fully understand Safeguarding processes and procedures		
1.7	Understanding of the importance of GDPR compliance and confidentiality		
1.8	Use of risk assessment and outcome measurement tools		
1.9	Experience of recruiting and managing a team of volunteers.		
1.1 0	Delivering programs involving people and / or volunteers		
	Skills and Knowledge	Essential	Desirable
2.1	Understanding of needs of older people, frailty, ageing, neurodiversity and long-term health conditions		

2.2	Ability to communicate effectively at all levels, liaison with other relevant professionals / families	V	
2.3	Able to motivate people to support positive outcomes.	V	
2.4	Experience of undertaking detailed monitoring, reviews, and evaluation reporting	V	
2.5	Ability to understand, assess and respond to people's needs and capture in assessment tools.	V	
2.6	Ability to deliver and facilitating groups and health awareness presentation activities within the local community		V
2.7	Ability to undertake home visits, assessments, risk assessments and draw up individualised care plans		V
2.8	Good technical skills and ability to work with new systems CRM, apps, SharePoint and willingness to learn		

	Personal and General	Essential	Desirable
3.1	Well organised and able to prioritise in a busy and varied role	V	
3.2	Self-motivated and ability to use own initiative		
3.3	Creative approach to problem solving		
3.4	A 'team player', contributing to team meetings, supervision, and the broader development of the organisation	V	
3.5	A commitment to adhere to the legislation, policies, and procedures relevant to our charity	V	
3.6	Ability to speak community languages or BSL		