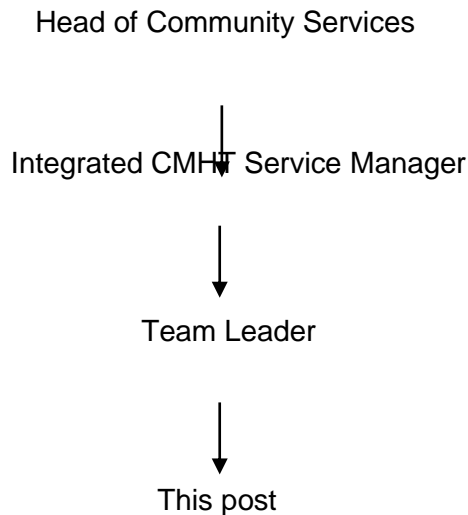


JOB DESCRIPTION

JOB TITLE:	HealthCare Support Worker
PAY BAND:	Band 3
LOCATION:	Oakley House, Wimborne
ACCOUNTABLE TO:	Integrated Service Manager (East Dorset) Older Persons Mental Health Services
LINE MANAGER:	CMHT-OP Team Leader
KEY RELATIONSHIPS:	CMHT-OP ICSD East and West Home Treatment Crisis Response Dorset County Council Primary Care
HOURS OF WORK:	This is a part time post of 28 hours per week. The post holder may be required to work flexibly to meet the needs of the service.
JOB PURPOSE	<ul style="list-style-type: none"> ➤ To support qualified staff in all activities relating to the delivery of client focussed care and clinical casework, assisting Care Coordinators with development of holistic individualised plans of care. ➤ To work as part of a multi-disciplinary team. ➤ To provide monitoring of ongoing situation and health, including risk and outcome measures, ensuring these are communicated effectively and in timely manner to qualified staff ➤ To promote Social Inclusion and access to service users in recovery from Mental Health difficulties. ➤ To enable service users to make lifestyle changes by means of behavioural change techniques. ➤ To work collaboratively with identified local partners, including Primary Care, Secondary Care and VCSE partners. ➤ To raise awareness of Mental Health conditions, promoting healthy living and offering Mental Health First Aid if indicated ➤ To work within Trust Policies and procedures ➤ To travel within the geographical work area in an effective manner ➤ To promote compassionate communities

ORGANISATIONAL CHART



SECTION A: MAIN DUTIES AND RESPONSIBILITIES

1. CLINICAL RESPONSIBILITIES

- 1.1 To support clients in the community by contributing to assessment, planning, delivery and evaluation of individualised Wellbeing plans, identifying support needs to ensure maximum opportunity for engagement, whilst indirectly supervised by qualified staff and providing a link into the Care Coordination process for an allocated number of individual service users.
- 1.2 To support service users as individuals, recognising their personal rights and choices and providing advice and education, including health promotion.
- 1.3 Advocate and promote Social Inclusion in enabling service users to access opportunities based in their local community.
- 1.4 Positively promote Recovery and best functioning, through empowerment and an enabling approach to interventions
- 1.5 Positively promote independent living of service users within their community
- 1.6 Promote and develop rapport and trust with service users within appropriate and transparent boundaries
- 1.7 Provide regular and practical support to service users and their carers by developing and maintaining dignity and independence
- 1.8 Enable service users to gain access to resources within their communities which may aid in their recovery
- 1.9 Provide and promote information on health promotion
- 1.10 Provide information on events and opportunities within the local community
- 1.11 Assess changes in service users on visits (including use of formal testing scales), helping to identify early indicators of relapse by monitoring progress, level of functioning and mental state and communicate alert to appropriate staff involved in the service users care.
- 1.12 Be able to make decisions using own initiative, while recognising limitations and understanding of when appropriate or necessary to refer back to other agencies, when needs are beyond the scope of the role, reporting regularly to Care Co-ordinators and other keyworkers, including Duty Worker
- 1.13 To follow up with service users and support on ongoing basis
To develop rapport and maintain good working relationships and strong links with
- 1.14 other providers of care, both statutory and within VCSE Sector, including Social Prescribers to promote inclusion and access for service users. Promote compassionate engagement and knowledge of local Wellbeing service providers and

- referral routes into them
- Be a friendly source of information about health, wellbeing and prevention
- 1.15 Help to identify potential barriers to accessing services and groups, working with
 - 1.16 clients to have the confidence and information to enable access, taking the lead from clients when there are issues and acting upon them to find a solution. Work with service users to have clear expectations and promote safe spaces.
 - 1.17 Where appropriate, physically introduce people to community groups, activities and statutory services for an identified timescale, ensuring they are comfortable and well supported. Follow up to ensure they are happy, able to engage, included and receiving good, sustainable support
 - 1.18 To work with service users utilising Behaviour Activation techniques, in helping identify and meet achievable goals to improve physical and psychological wellbeing
 - 1.19 To work with service users to signpost to local services / organisations which they have identified would be of benefit to aid in meeting their goals. These services may include befriending, weight management, mental health support, smoking cessation, local social groups, leisure centres, social support networks such as CAB, Community Fridge, Community Front Rooms and volunteering
 - 1.20 To undertake regular training, to extend and update own knowledge of health and Wellbeing issues, identified through Supervision and Appraisal processes. This will also include maintenance of Mandatory Training requirements.
 - 1.21 Ensure understanding of, and comply with procedures for promoting and safeguarding the welfare of vulnerable adults, appropriate to the role, protecting service users and carers from abuse (verbal, sexual, emotional, physical, financial) and report concerns in a timely manner to the appropriate agencies
 - 1.22 To follow the principles of the Equal opportunities Policy in every aspect of the role and positively promote the principles of the Policy amongst colleagues, service users and other members of the community
 - 1.23 To be open to flexible working practices, as required by the demands of the service, understanding services may evolve and adapt over time.
 - 1.24 To be able to evidence use of the Trust values at all times by:
 - Being People focussed
 - Reflecting a positive and “can do” approach
 - Striving for excellence in everything we do
 - Having a mutual respect for everyone we work with, work for and support through our services

2. **ADMINISTRATIVE RESPONSIBILITIES**

- 2.1 Utilise effective communication skills, liaise information verbally and through accurate, legible record keeping, ensuring confidentiality.
 - 2.2 Attend team MDT and support with arranging CPA meetings.
 - 2.3 Manage own diary.
- maintain comprehensive records on the services users IESUR

3. **RESPONSIBILITY FOR HUMAN RESOURCES / WORKFORCE**

- 3.1 Allowing students and staff from day hospitals / centre, Social Services, new team members to shadow on client visits and activities.

4. **RESEARCH & DEVELOPMENT**

- 4.1 To participate in research and development as required.
- 4.2 To maintain updated relevant knowledge and skills, maintain a professional portfolio

- and participate in further training as identified appropriate by team leader.
- 4.3 To undertake clinical supervision in line with Trust policy, to further develop competence and clinical practice.
- 4.4 Ensure audits are completed, eg friends and family.
- 5. **POLICY & SERVICE DEVELOPMENT**
 - 5.1 To be aware and adhere to Trust policies, comments on new procedures and policies.
- 6. **RESPONSIBILITY FOR INFORMATION / DATA**
 - 6.1 To be responsible for the keeping of accurate, complete and contemporaneous records in accordance to professional and Trust standards and policy.
To comply with the Data Protection Policy
 - 6.2 Use of and responsibility for up to date computerised RIO records, so that information accessible to others who need to know.
- 7. **PLANNING & ORGANISATIONAL SKILLS**
 - 7.1 Ability to plan and organise therapeutic activities, some of which are ongoing.
 - 7.2 Choose and book for clients who are unable to do this for themselves.
 - 7.3 Ability to organise / arrange formal (CPA) and informal meetings.
- 8. **COMMUNICATION AND WORKING RELATIONSHIP**
 - 8.1 Caseload will vary between organic and functional patients, therefore you will have advanced communication skills to be able to adapt your approach as needed there will be significant barriers to understanding due to the nature and illnesses this client group have.

- 8.2 To liaise effectively with clients, carers and outside agencies, using appropriate communication skills.
- 8.3 To display empathy and motivational skills.
- 8.4 Ability to communicate with multi-disciplinary team, eg consultants, GP, Social Services, private agencies, community pharmacist, face to face or by telephone.
- 8.5 Ability to provide and receive complex and sensitive information, eg regarding patients' health conditions.
- 8.6 Ability to communicate with clients who have difficulty understanding.
- 8.7 Ability to understand and complete appropriate referrals, eg Social Care and Health, Community Resource Team.

9. ENVIRONMENTAL FACTORS

- 9.1 The post holder may be exposed to unhygienic housing, incontinence and verbal / physical aggression.
- 9.2 Works alone in the community 95% of the time.
- 9.3 Daily driving requirement to clients homes in all weathers and conditions.
- 9.4 Dealing with challenging behaviours.
- 9.5 Exposure to animals in client homes.
- 9.6 Exposure to parasites (fleas, scabies).
- 9.7 Exposure to clients smoking in their own homes.
- 9.8 Trust requirement for Personal Safety and Awareness.
- 9.9 Daily driving.
- 9.10 Responding to unpredictable events, crisis situation and carer stress and demands.
- 9.11 Some of which may have severe mental health problems.
- 9.12 Frequent exposure to distressing situations (abuse, deaths, hostility).
- 9.13 Transporting clients with mental health needs in car to appointments / activities.
- 9.14 Providing care / support for clients and carers.
- 9.15 Dealing with death of clients, sometimes under distressing circumstances.
- 9.16 Attending funerals.
- 9.17 Supporting bereaved relatives.

CHANGES

This document represents a description of the job, and the skills, knowledge, experience and attributes required, at the date of issue.

Dorset HealthCare will periodically review this job description and person specification to ensure that it continues to meet service needs and will involve the post holder/s in the review process with the aim of reaching agreement on any reasonable changes which may be required. In the event that agreement is not achieved, Dorset HealthCare reserves the right to insist on reasonable changes following consultation with the post holder.

