Title	Community Connector (Older Persons)
Location	Dublin 10
Status	12 month contract (maternity cover)
Salary	7-point 35 hour Working Week Salary Scale, starting point €43,000 depending on experience
Reporting to	Health & Inclusion Programmes Manager
Note	21 hour working week (3 days per week Monday - Friday) Starting at 24 days pro-rata annual leave

Our Mission:

The Liffey Area Partnership Company aims to collectively work to increase the economic base and resources of the community, and to develop and sustain the education, work, and life opportunities of all the people of the area.

Background:

The Community Connector service was established in 2023 within Liffey Area Partnership offering support similar to that of a Social Prescribing Link Worker. For more information on Social Prescribing and associated framework, see footnote[1]. Liffey Partnership are seeking a qualified person to provide maternity cover in the Community Connector post on a part-time basis. The Community Connector will work as part of the wider Health & Inclusion Team in Liffey Area Partnership providing a specialist service for a specific cohort of older people in close collaboration with the HSE's Integrated Care Team for Older Persons. This is the only referral pathway to the Community Connector. The Integrated Care Programme for Older Persons (ICPOP) is a specialist multidisciplinary service. The team primarily targets and manages the older person with complex care needs and multiple co-morbidities across a continuum of care.

Overall Purpose of the Job:

In offering a Community Connector service, Liffey Area Partnership, working from a community development approach, aims to empower older persons in the Cherry Orchard and Ballyfermot areas to take control of their health and wellbeing by adopting a holistic approach. The ultimate aim of the Community Connector is to connect people to community groups, organisations and statutory services for practical and emotional support with the overall purpose of improving health and wellbeing and social support. The Community Connector can help to strengthen community resilience and personal resilience.

The objectives of the service are to:

- Develop a person-centred care planning approach that supports the individual's health and wellbeing for a limited caseload of older persons living in Dublin 10.
- Provide support and education to the older person, carers and healthcare professionals.
- Attend ICPOP multi-disciplinary team (MDT) meetings and feedback on service user progress and provide a community connector perspective to support older people with complex care needs.

[1] https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/social-prescribing/?gclid=EAIaIQobChMIro3KztTJ-wIVBertCh20ZgDGEAAYASAAEgJujvD_BwE&gclsrc=aw.ds

- Coordinate the linkage of ICPOP service users living outside Dubin 10 with local social prescribing services where available.

Duties of the Role - The duties of the Community Connector include

- Working to promote the inclusion of older people (particularly those impacted by chronic illness, frailty and/or cognitive impairment) in the community of Cherry Orchard and wider Dublin 10
- Work on a one-to-one basis with individuals to improve health and wellbeing in line with the Social Prescribing model. Complete needs assessment and co-produce a plan in partnership with the individual and the Integrated Care Team for Older Persons.
- Build collaborative relationships with the ICPOP team ensuring strong bi-directional communication.
- Provide non-judgemental support, respecting diversity and lifestyle choices working from a strength-based approach.
- Book appointments with individuals, meet them personally (in their homes where appropriate) follow-up cases and manage case load remaining as a point of contact and support throughout the individual's social prescription.
- Support and encourage individuals to access appropriate services in their community. Raise awareness of services and supports available through LAP and in the wider network of community and voluntary organisations locally. Where appropriate, physically introduce people to community groups, activities and statutory services, ensuring they are comfortable. Follow up to ensure they are happy, able to engage, feel included and receiving good support. Where appropriate, attend the activity with the older person to maximise the potential for enrolment and continued attendance.
- Work in partnership with health professionals and the community and voluntary sector.
- Leverage existing 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 LAP Health & Inclusion team and the local HSE Health Promotion and Improvement team to support the ongoing development of the programme taking an active part in reviewing and developing the service and contribute to business planning
- Work as part of the Empowering Communities team in the furtherance of community outreach and inclusion
- Follow policies and procedures in relation to safeguarding.

Monitoring and Evaluation:

- Work sensitively with clients to administer ICPOP agreed evaluation tools in order to capture key information, enabling tracking of the impact of social prescribing on participant health and wellbeing and other outcomes measures.
- Document and report progress on health and wellbeing plans
- Provide progress reports and presentations to oversight groups and funders detailing the progress of the service.

Professional Development:

- Undertake continual personal and professional development.
- Adhere to Liffey Area Partnership and HSE policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety.

- Access any HSE supports, mentoring and supervision in line with the Social Prescribing Framework and programme.

The above job description is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him/her from time to time and to contribute to the development of the post while in office.

Person Specification:

Candidates are encouraged to apply for this role with the requirement that they can demonstrate both the relevance of their skills and experience. It is likely that the person appointed will demonstrate a genuine commitment to LAP's ethos and vision and ideally have the skills and attributes as detailed below.

Education

The successful candidate will hold a third level qualification (ideally degree level) in Social, Community, Health or related field.

Experience

- The successful candidate will have significant experience in the fields of community development and/or healthcare and/or a related field
- Experience of supporting people in a one-to-one or group capacity
- Experience of partnership/ collaborative working and of building relationships across a variety of organisations.

Skills & Competencies

Knowledge of reducing health inequalities and proactively working with people with diverse needs from all communities to improve health and wellbeing.

- Understanding of the wider determinants of health, including social, economic and environmental factors and their impact on communities.
- Working from an assets-based approach, building on existing community and personal assets.
- Understanding of the local and community development sector. Working with the needs of small community groups and ability to support their development.
- Knowledge of the structure of the HSE and the health services provided at Community Healthcare Network level
- Ability to work to policies and procedures, including confidentiality, safeguarding, information governance, and health and safety
- Excellent IT skills
- Experience of data collation and reporting.

Communication and Interpersonal skills

- Listening and empathising with people and provide 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 people, their families, carers, community groups, GPs, health professionals and other stakeholders.
- Presenting information in a clear and concise manner
- Working both independently and collaboratively within a team and multi stakeholder environment.
- Flexibility, adaptability and openness to working effectively in a changing environment.

Evaluating Information, Problem Solving and Decision-Making

- Analysing and interpreting information, develop solutions and contribute to decisions quickly and accurately as appropriate.
- Identifying risk and assess/manage risk when working with individuals.
- Understanding 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 Community Connector role - e.g. when there is a mental health need requiring a qualified practitioner.

Commitment to a Quality Service

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

Other requirements to the post:

- Access to transport
- In some instances home visits will be required

Application Process

Applications packages will include

- Detailed Cover Letter
- Up to date CV

Applications may be made by email/post/hand delivered to; Teresa Dunphy Liffey Area Partnership Company CLG, 4 Drumfinn Park, Ballyfermot Dublin 10 or tdunphy@liffeypartnership.ie

Closing date for receipt of applications is 5pm Thursday 10th July (no late applications will be accepted)

Informal enquiries to Triona O'Sullivan, Health & Inclusion Programmes Manager, 01 623 5612 tosullivan@liffeypartnership.ie