Tłı̨chǫ Community Services Agency

Dǫ Nàke Lanì Nàts'etso • Strong Like Two People

IDENTIFICATION

<table>
<tr><th>Department</th><th colspan="2">Position Title</th></tr>
<tr><td>Tłı̨chǫ Community Services Agency</td><td colspan="2">Medical Social Worker</td></tr>
<tr><th>Position Number</th><th>Community</th><th>Division/Region</th></tr>
<tr><td>27-11519</td><td>Behchokǫ</td><td>Health and Social Program/Tłı̨chǫ</td></tr>
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PURPOSE OF THE POSITION

The Medical Social Worker is a vital member of the Social Programs and Clinical Services teams for the Tłı̨chǫ Community Services Agency (TCSA). This position provides client centered case management, assessments, and social work and counseling services for high-risk clients of all ages and their families who are encountering psycho- social problems as a result of illness, disability, injury, and/or hospitalization. Working with Continuing Care, Health Services and Community Counseling Program, the incumbent will co-ordinate the necessary resources and referrals for clients to facilitate the exchange of information and to expedite the discharge planning process.

SCOPE

The scope of the Tłı̨chǫ Community Services Agency (TCSA) is to manage the delivery of a range of integrated public Government of the Northwest Territories (GNWT) and First Nations health, wellness and education programs and services for the Tłı̨chǫ communities of Behchokǫ, Gametì, Wekweeti and Whatì. Established in 2005 as part of the Tłı̨chǫ Agreement, the Agency is designed to be an interim GNWT organization through which the Tłı̨chǫ Government will eventually exercise their treaty rights for self-government. The Agency serves approximately 3,000 people. Programs and services include K-12 education, health and wellness, child and family services, mental health and addictions, an 18-bed Long Term Care Facility, continuing care and independent living.

The Tłı̨chǫ Community Services Agency vision "Strong Like Two People" is a metaphor for the desire by community leadership to build an organization, and create program and services, that recognize the strength and importance of two cultures.

Local Tłı̨chǫ and non-Tłı̨chǫ knowledge have complementary strengths, which together can achieve solutions to contemporary problems which neither could alone.

Located in Behchokǫ̀ and reporting to the Manager, Continuing Care and Independent Living, the Medical Social Worker coordinates client needs in collaboration with the client, their family, home care staff, physicians, nurses, counselors, and other health and social services resources within the communities. This position's responsibilities include direct social work and counseling such as crisis intervention, which may necessitate some on-call duty.

RESPONSIBILITIES

1. **Broad responsibility statement. Client Assessment: Assess high risk and/or family members for psycho-social problems related to their illness, disability, injury or hospitalization and plans, implement and evaluate intervention which will ensure that the necessary resources are in place for support and follow-up.**
   - Provide direct social work and counseling services for clients and families, e.g. grief counseling, mental health assessments, suicide risk assessments, CCAP assessments, palliative care, financial counseling, homelessness, resource information and crisis intervention.
   - Assess the client's social status and specific needs in view of their care requirements;
   - Consult and collaborates with interdisciplinary team members, health, social, and community agencies regarding client care needs.
   - Promote effective communication to facilitate information sharing between client, staff, physicians, and other care providers.
   - Provide ongoing follow up to determine efficacy of client intervention.
   - Work in collaboration with home support workers to provide services to aged and handicapped in order to advocate for their financial, educational, and personal care needs.
   - Provide information to clients and families regarding departmental, private and custom adoptions.

2. **Planning Care: Co-ordinate need assessment, emotional and mental health care and discharge planning for high-risk clients and their families to facilitate re-integration into the community.**
   - Assess the emotional, psychosocial and environmental needs of the client and coordinates the necessary resources to meet their needs.
   - Collaborate and consult with clients, their families, interdisciplinary teams, community agencies, other resources to plan discharge and follow up.

   - Coordinate and prioritize caseload.
   - Set priorities and establish goals of care that are responsive to the health and social needs and preferences of the client, family, the home setting and cultural context.

- Establish a working relationship with health services, continuing care, child & family services, and community counselling program, other health and social services professionals, and community/territorial agencies involved.
- Evaluate the overall care plan and make adjustments as needed as goals are reached.

3. **Provision of Care: Implement the care plan following established policies, procedures and practices of the TCSA and the Canadian Social Workers Association (CSWA) in order to ensure safe and professional provision of services.**
   - Provide those professional services that the client needs and ensure they are outlined in the care plan.
   - Make appropriate, independent intervention in unanticipated, unstable situations including defusing potentially violent situations.
   - Encourage and support clients and their families in their efforts to be responsible for promoting, maintaining and enhancing their own health.
   - Provide crisis intervention as required.
   - Advocate on behalf of clients.
   - Document appropriately to provide a written plan of care, aid communication, and to meet legal requirements.

4. **Interdisciplinary Team Membership: Collaborate as a member of the multi-disciplinary team (in accordance with agency policy and procedure and relevant legislation) in order that services are neither duplicated nor missed and that information can be shared for the benefit of the client and family.**
   - Develop a supportive rapport with clients and their families to facilitate good working relationships with other health and social services care providers;
   - Make frequent decisions about the most appropriate, effective and efficient mode of
   - communication among interdisciplinary team members;
   - Coordinate and participate in case conferences and discharge planning meetings to share pertinent information concerning client concerns or progress and to utilize the team's skills and resources in the most efficient and effective manner;
   - Provide case management and be a liaison to acquire the necessary resources to facilitate a client's successful reintegration into the community.

5. **Professional and Program Development: Perform administrative duties in consultation and collaboration with the Manager, Continuing Care and Independent Living and contribute to their own professional development in order that the highest standards are reached and that the program continues to offer services that are both cost efficient and effective.**
   - Work independently, reporting to the Manager, Continuing Care and Independent
   - Living, to promote a holistic service for clients.
   - Participate in the orientation of new staff.

- Gather and record statistical data relevant to program operation and requirements.
- Further own education and personal development.
- Provide appropriate reports as requested.
- Provide recommendations during budgeting planning process.
- Participate in and support initiatives to effect social change for the overall benefit of people in the community.
- Partner with appropriate community resources to develop ways to meet broader community needs.
- Work for the creation and maintenance of workplace conditions and policies which are current with the standard of practice of the Social Work Code of Ethics.

WORKING CONDITIONS

Physical Demands

Position requires incumbent to life and carry heavy bags (supplies, ADL aids) required on a daily basis for 15 - 30 minutes.

Environmental Conditions

Incumbent may be exposed to communicable diseases during the course of the work day.

Sensory Demands

Intense, focused, listening and observing for verbal and non-verbal communications during interviews with clients. When providing direct services it requires the use of combined senses of touch, sight, smell and hearing during assessment and provision of services.

Mental Demands

The incumbent will be exposed to crisis situations (suicide) and will work with a high risk population that may be aggressive, violent or otherwise extremely distraught and/or agitated at times on a daily basis.
Incumbent will be involved in care and support for clients who are dying and their families. Incumbent will be required to make timely decisions that could have far reaching effects (including life and death with suicidal clients) on the client's well-being on a daily basis.

Incumbent experiences a fluctuating workload depending on unpredictability of clinical situations in the home on a daily basis.

KNOWLEDGE, SKILLS AND ABILITIES

- Knowledge and understanding of social issues that may impact individual and family wellbeing such as homelessness, poverty, substance misuse, family violence, mental illness, etc.
- Knowledge and ability to provide individual and family counseling for children, youth, adults, and elders.
- Communication skills (written and oral) and interpersonal skills.
- Computer literacy, including Microsoft Word, Outlook, and Excel.
- Knowledge of community, regional, Territorial and southern resources.
- Knowledge of the policies and procedures of the Tłı̨chǫ Community Services, the Department of Health and Social Services, and all Acts and Legislation applicable to program delivery.
- Ability to work in a multi-disciplinary environment and the ability to develop a network of resources within and outside of the hospital.
- Ability to work in a cross-cultural environment while at the same time maintaining sensitivity to geographical and cultural diversity.
- Ability to take initiative, work independently with minimal supervision, and as part of a team.
- Ability to commit to actively upholding and consistently practicing personal diversity, inclusion and cultural awareness, as well as safety and sensitivity approaches in the workplace.

Typically, the above qualifications would be attained by:

A Degree in Social Work plus three (3) years of current clinical practice including social work, counseling, crisis intervention, suicide risk assessments, case conferencing, planning, management with adults, children and families.

Equivalent combinations of education and experience will be considered.

ADDITIONAL REQUIREMENTS

Position Security (check one)

☐ No criminal records check required
☐ Position of Trust – criminal records check required
☒ Highly sensitive position – requires verification of identity and a criminal records check

French language (check one if applicable)

☐ French required (must identify required level below)
Level required for this Designated Position is:

ORAL EXPRESSION AND COMPREHENSION
Basic (B) ☐ Intermediate (I) ☐ Advanced (A) ☐
READING COMPREHENSION:
Basic (B) ☐ Intermediate (I) ☐ Advanced (A) ☐
WRITING SKILLS:
Basic (B) ☐ Intermediate (I) ☐ Advanced (A) ☐

☐ French preferred

Indigenous language: Tlicho

☐ Required
☒ Preferred