



IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Transitional Support Worker	
Position Number	Community	Division/Region
48-90021	Inuvik	Mental Health and Addiction Services / Beaufort Delta

PURPOSE OF THE POSITION

The Transitional Support Worker is responsible for providing comprehensive client-centered care coordination, case management, assessment, advocacy, and discharge planning services for high-risk clients of all ages and their families who are experiencing psychosocial, medical, and mental health challenges related to illness, injury, disability, hospitalization, or complex life circumstances. The role focuses on ensuring safe, seamless, and coordinated transitions between hospital, community, and support services while promoting continuity of care and client well-being.

SCOPE

The Northwest Territories Health and Social Services Authority (NTHSSA) is the single provider of all health and social services (HSS) in the Northwest Territories (NWT), with the exception of Hay River and Tłıchǫ regions, covering 1.2 million square kilometers and serving approximately 43,000 people, including First Nations, Inuit, Metis, and non-indigenous. Health and social services include the full range of primary, secondary and tertiary health services and social services including family services, protection services, care placements, mental health, addictions, and developmental activities, delivered by more than 1,400 HSS staff.

While the Tłıchǫ Community Services Agency (TCSA) will operate under a separate board and Hay River Health and Social Services Agency (HRHSSA) will in the interim, the NTHSSA will set clinical standards, procedures, guidelines and monitoring for the entire NWT. Service Agreements will be established with these boards to identify performance requirements and adherence to clinical standards, procedures, guidelines and policies as established by the NTHSSA.

Under the direction of the Minister of Health and Social Services, the NTHSSA is established to move toward one integrated delivery system as part of the government's transformation strategy.



The Transitional Support Worker reports to the Regional Manager, Community Wellness and Support Services (CWSS Manager), and is located within the Inuvik Regional Hospital. Social issues have a direct impact on the health care system. Coordination of access to available community resources is a valuable service for promoting health and wellness.

Working collaboratively with physicians, nursing staff, Community Wellness and Support Services, community agencies, and external service providers, the Transitional Support Worker facilitates referrals, develops discharge and follow-up plans, connects clients and families with appropriate resources, and supports navigation of health and social systems. The position plays a key role in identifying barriers to care, advocating for client needs, and ensuring communication and information sharing among interdisciplinary teams to support effective service delivery and positive client outcomes. Services are delivered in a culturally safe, trauma-informed, and strengths-based manner that reflects the values, traditions, and practices of the community and region.

The Transitional Support Worker works within the framework of the Northwest Territories Mental Health Act, Child and Family Services Act, Protection Against Family Violence Act, Mental Wellness and Addictions Recovery Plan, and the standards, protocols, and ethical practices of the Northwest Territories Health and Social Services Authority. The overall goal of the position is to support the mental wellness, stability, independence, and quality of life of residents and their families through coordinated and responsive care planning.

As a key member of the Primary Community Care (PCC) and Community Wellness and Support Services (CWSS) Program teams, the Transitional Support Worker coordinates client needs in collaboration with the client, their family, home care staff, physicians, nurses, counsellors, and other health and social services resources within the communities in a culturally safe manner, while adhering to the standards and protocols of the NTHSSA Community Counselling Program. The responsibilities of the Transitional Support Worker include providing direct client support services, crisis intervention, system navigation, advocacy, and practical assistance to clients and families during periods of transition and discharge planning. This role may require participation in on-call support services to assist individuals experiencing urgent psychosocial or mental health concerns.

RESPONSIBILITIES

- 1. Client Assessment: Assess high risk clients and/or family members for psychosocial stressors related to their illness, disability, injury, or hospitalization; and plan, implement, and evaluate interventions which will ensure that the necessary resources are in place for support and follow up in the client's community upon discharge.**



- Provide culturally safe and client-centered transitional support services to clients and families, including emotional support, crisis intervention, grief support, mental wellness screening, suicide risk monitoring, assistance with Continuing Care Assessment Package (CCAP) processes, and coordination of community-based and palliative care supports. The Transitional Support Worker assists clients in navigating health, social, and wellness systems, ensuring continuity of care and access to appropriate services and resources during periods of transition, discharge, or ongoing community support care, crisis intervention; and connection to required information and resources (i.e. financial, homelessness, medical, and other).
- Assess the client's holistic health status and specific needs in view of their care requirements, and support client decisions for the need for connection to applicable resources while following protocols of the CWSS.
- Consult and collaborate with interdisciplinary team members, health, social, and community agencies regarding client care needs.
- Promote effective communication to facilitate information sharing between client, family, staff, physicians, and other care providers.
- Provide ongoing follow up to determine efficacy of client intervention.
- Work in collaboration with community resource workers to provide services to Elders and individuals with disabilities (i.e., physical, cognitive, developmental) in order to advocate for their financial, educational, and personal care needs.
- Respond to initial child protection concerns and provide necessary documentation to Child, Family and Community Wellness Services in the appropriate community.
- Provide information to clients and families regarding departmental, private, and custom adoptions.

2. Planning Care: Co-ordinates needs assessments, emotional and mental health care and discharge planning for high-risk clients and their families to facilitate re-integration into their community.

- Assess the emotional, psychosocial, and environmental needs of the client and co-ordinate the necessary resources to meet their needs.
- Collaborate and consult with clients, their families, interdisciplinary teams, community agencies, and other resources to plan discharge and follow-up ensuring client-centered and culturally appropriate follow-up is received upon discharge and return to the client's community.
- Co-ordinate 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 the physician, other HSS 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 NTHSSA in order to ensure safe and professional provision of services.**
 - Provide the professional services that the client needs and ensure they are documented in the care plan.
 - Make appropriate, independent intervention in unanticipated, unstable situations including defusing potentially violent situations.
 - Encourage, support, and empower 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, facilitate communication, and to meet legal requirements.

- 4. Collaborate as a member of the multi-disciplinary team (in accordance with organizational 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 HSS 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.
 - Conduct care coordination/planning and provide case management involving necessary cultural/professional supports/services to connect individuals and families to their culture and community supports. Be a liaison to acquire the necessary resources to facilitate a client's successful reintegration into the community.

- 5. Perform administrative duties, in consultation and in collaboration with the CWSS Manager/Clinical Supervisors to maintain the highest standards, and to ensure that the program offers services that are both cost efficient and effective.**
 - Work independently and collaboratively, reporting to the CWSS Manager, to promote and provide holistic services to clients.
 - Participate in the orientation of new staff.
 - Gather and record statistical data relevant to program operation and requirements.
 - Engage in education, and professional and personal development.
 - Provide appropriate reports as requested.



- 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 NWT.

WORKING CONDITIONS

Physical Demands

No unusual demands.

Environmental Conditions

There may be exposure to illness and accident hazards.

Sensory Demands

The assessment component of this role requires the combined senses of hearing for communication and sight for non-verbal communications with clients, and to assess the physical surroundings for safety.

Mental Demands

On a daily basis the Transitional Support Worker experiences:

- Caring for clients who may be angry and present challenging emotions/behaviours.
- Supporting clients (who are dying) and their families.
- Making timely decisions that could have far reaching effects (including life and death with suicidal clients) on the client's well-being.
- Fluctuating workload depending on unpredictability of clinical situations.
- Exposure to crisis situations (i.e., client contemplating suicide).

The Transitional Support Worker works with a high-risk population that may be aggressive, violent, or otherwise extremely distraught and/or agitated at times; the incumbent may be exposed to dangerous, violent, and abusive situations.

KNOWLEDGE, SKILLS AND ABILITIES

- Knowledge of and/or the ability to acquire and apply awareness of the detrimental effects of colonization, especially the residential school system, and its impacts on Indigenous communities, families and individuals.
- Knowledge of and/or the ability to acquire and apply awareness of the intergenerational impacts caused by the trauma of colonization on communities, families, and individuals.



- Knowledge and understanding of social issues that may impact individual and family wellbeing such as homelessness, poverty, substance use/misuse, healthy families/family violence, mental illness.
- Demonstrates skills in the provision of individual and family counselling for children, youth, adults, and Elders.
- Demonstrates ability to assess the holistic (i.e., emotional, psychological, biological, social, and environmental) needs of the client and to co-ordinate the necessary resources to meet their needs.
- Knowledge of and/or the ability to demonstrate understanding and respect of the culture, traditions, community norms, and cultural values of the community.
- Demonstrates ability to relate to clients and families in a trauma-informed, culturally safe/anti-racist, empathetic, strengths-based, identity-affirming, and respectful manner.
- Demonstrates ability to acquire and apply knowledge of community, regional, territorial, and national resources; and to develop a network of resources within and outside of the hospital. Ability to refer clients to community supports and connections to culture to ensure support for clients and their families.
- Knowledge of and/or the ability to acquire and apply knowledge of the policies and procedures of the NTHSSA, the Department of Health and Social Services, and all Acts and Legislation applicable to program delivery. For example, ability to apply the *NWT Mental Health Act*, *the Child and Family Services Act*, *the Protection Against Family Violence Act*, etc.
- Demonstrates ability to adhere to a professional code of ethics.
- Demonstrates ability to prepare written documents, which are clear, concise, and easy to understand by all.
- Demonstrates ability to work independently and as part of a team with minimal supervision.
- Demonstrates skills in relationship building and working collaboratively and cooperatively as an effective team member within diverse work groups and teams across the organization.
- Knowledge of privacy and confidentiality practices and the ability to adhere to the expectations of maintaining client privacy and confidentiality.
- Demonstrates effective oral and written communication skills.
- Demonstrates effective interpersonal skills including problem-solving, decision-making, and facilitation.
- Demonstrates cultural awareness, trustworthiness, cultural humility, self-awareness, and the ability to be self-reflective.
- Demonstrates ability to operate a computer and use Microsoft software, internet, and email programs.
- Demonstrates ability to complete tasks / projects on time through the routine planning of own work and organization of resources.
- Must be able to work flexible hours to meet the needs of the community, including some evenings and weekends.



- Demonstrates commitment to actively uphold and consistently practice 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 two-year certificate in traditional counselling or counselling; combined with three (3) years of current clinical practice experience. This experience includes social work, counselling, crisis intervention, suicide risk assessments, and case conferencing, planning, and management involving adults, children, and families.
- Equivalent combinations of education and experience will be considered.

ADDITIONAL REQUIREMENTS

Proof of immunization in keeping with current public health practices is required.

Position Security

- 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: Select language

- Required
- Preferred: Inuvialuktun and/or Gwich'in and/or Inuinnaqtun