

## **SOCIAL WORKER (System Navigator) JOB DESCRIPTION**

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**Approved by:** Executive Director

**Effective Date:** September 2024

**Reviewed Date:**

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### **Position Summary**

The Social Worker (System Navigator) plays a vital role in ensuring equitable access to healthcare for underserved populations, including vulnerable and marginalized groups providing system navigation. This position will work closely with individuals, families, and the community to identify barriers to care, provide guidance on navigating the healthcare system, and connect patients with necessary services and support. This position aims to improve health outcomes by facilitating access to healthcare, resources, and social services.

### **Reporting Relationship**

This position reports directly to the Clinical Director.

### **DUTIES & RESPONSIBILITIES**

#### Assessment:

- Assess patient needs through interviews and evaluations to identify barriers to healthcare access and other social determinants of health.
- Conduct assessments to determine the immediate and long-term care and support requirements for individuals and families.
- Identify at-risk individuals within the community and determine appropriate interventions to improve healthcare access.

#### Treatment/Management/Planning:

- Develop individualized care plans for patients, addressing both healthcare and social support needs.
- Provide ongoing case management, ensuring that patients receive appropriate healthcare, social services, and community supports.
- Refer patients to health and social service organizations within the community.
- Advocate for patient needs by collaborating with community partners to reduce barriers and access care.
- Address barriers to care, such as transportation, language, socioeconomic factors, and systemic inequities, ensuring comprehensive solutions are implemented.
- Maintain accurate and up-to-date records of patient care plans, progress, and follow-ups in compliance with organizational and regulatory guidelines.

#### Education/Advocacy:

- Educate patients and families on available healthcare services, social supports, and self-advocacy techniques to empower them in navigating the healthcare system.
- Advocate for patients, particularly underserved and marginalized groups, ensuring they receive timely and equitable care.
- Assist patients in understanding their rights and options within the healthcare system.
- Provide ongoing education to patients and families regarding health conditions, treatment options, and available community resources.

#### Referrals/Collaboration:

- Collaborate with healthcare providers, community organizations, and social service agencies to ensure coordinated and holistic patient care.
- Refer patients to appropriate services, such as mental health care, addiction services, housing support, or legal aid, based on their assessed needs.
- Act as a liaison between patients and healthcare providers, ensuring seamless communication and coordination of services.
- Attend case conferences, team meetings, and collaborative care planning sessions to provide input on patient care and to share updates with the healthcare team.
- Assist patients with applications for benefits, programs, and financial assistance, ensuring they can access essential services like housing, social support, and healthcare subsidies.

## **Other Responsibilities**

- Stay updated on policies and organizational changes.
- Contribute to the organization's efficiency and goal achievement.
- Follow established procedures and prioritize tasks effectively.
- Ensure compliance with PHIPA as well as applicable laws and legislation.
- Promote TAFHT services.
- Prepare reports as required and requested.
- Communicate effectively with team members, patients, families, and community partners.
- Participate in self-directed learning by attending professional conferences, e-learning and journal reviews.
- Facilitate appropriate internal and external education/counseling sessions.
- Knowledge and proficiency in current, evidenced-based methods and practices in primary care.
- Demonstrated ability to be open and non-judgmental.
- Engage in professional development and quality assurance activities.
- Actively participate in meetings, clinical projects, committees, research and special events as needed.
- Demonstrated ability to be open and non-judgmental.
- Perform other associated duties as required.

## **CORE COMPETENCIES**

- Results-oriented and accountable.
- Strong problem-solving and organizational skills.
- Adaptable and collaborative team player.
- Maintain confidentiality.
- Effective presentation and teaching skills.
- Knowledgeable about primary care practices, health promotion, and disease prevention.
- Proficient in assessment, therapy, and counseling techniques.
- Strong communication and leadership skills.
- Understanding of social determinants of health and primary care settings.
- Ability to manage responsibilities effectively.
- Preferably strong written and spoken communication skills in both official languages.

## **EDUCATION & EXPERIENCE**

- Bachelor's or Master's degree in Social Work from a recognized institution.
- Registered and in good standing with the Ontario College of Social Workers and Social Service Workers (OCSWSSW), or any other recognized institution.
- Minimum of 2 years of experience preferably in a healthcare or community setting and knowledge of community resources, and social services.
- Experience working with marginalized populations and an understanding of the challenges related to accessing healthcare services.
- Knowledge of Microsoft Office, such as Word/Excel/Outlook, and experience with electronic medical records (EMR).
- Current Ontario Driver's License.

## **WORK ENVIRONMENT**

### **TAFHT – Site**

TAFHT will strive to provide well-lit, well-ventilated clinic areas that are furnished ergonomically. Personal office space may or may not be shared. The environment may vary depending on location. Ergonomics, health and safety of the employee will be an important consideration when the location is furnished and equipped. It may be required to bring some requisite equipment and supplies when reporting to work in these environments.

### **In Home Visits**

This position may be required to provide primary care within the confines of a patient's home. These environments are not assessed beforehand, and it is the responsibility of this position to assess the environment for health and safety risks. It is policy of the TAFHT that no employee has to work in an environment they feel is detrimental to their health and/or safety.

**Other Locations**

This position will require you to work at multiple sites or be transferred between sites. Due to the collaborative nature of this position, this position will require you to attend meetings at other locations. Travel may be required between sites and client homes. Travel related to the fulfillment of this job description will be reimbursed.

**Equipment Used**

Computer, printer/scanner/fax, photocopier, telephone, AV Equipment including video projection unit, hand-held, assessment tools, various teaching aids.

**Reporting Relationships**

This position collaborates with the TAFHT leadership team, physicians and other TAFHT employees and members to provide efficient, appropriate primary care to TAFHT patients. Collaboration with other community health partners may be required.