



SUNSHINE COAST

Resource Centre

Job Title: **Seniors Community Connector**

Job Summary: A Seniors Community Connector plays an integral role in bridging the gap between healthcare and social care. As a Social Prescribing professional, you will partner with community organizations to provide non-medical support to improve the overall health and well-being of older adults in your community.

The Seniors Community Connector will work with older adults who are referred from health care professionals and community partners to connect with community supports and services through referrals, applications, advocacy, and introductions. This role includes a diverse range of responsibilities – from conducting assessments and co-developing personalized care plans, to providing practical support to older adults and their families, to establishing, and maintaining relationships with people and organizations in the community offering supports to older adults.

The Seniors Community Connector will work in collaboration health care referrers and other Seniors Community Connectors in the province to create an environment where seniors at-risk of frailty will be able to access resources and support. Your experience, training and interpersonal skills help you to make meaningful connections as you discern the seniors' unique needs. Through your work with local agencies and professionals, you will make a positive impact on the lives of older adults and the community.

The goal of this position is to assist older adults to age safely in the right place by providing them with the social connections they require and build and maintain partnerships and connections of community-based seniors services in your area.

Qualifications:

Education, Training and Experience:

- Bachelor's degree in social service or related Human Services field or a combination of relevant education and experience
- Strong knowledge of seniors' issues and challenges related to healthy aging
- Knowledge of health care systems, particularly on the Sunshine Coast
- Experience working with seniors and diverse populations from different cultures and socio-economic backgrounds
- Knowledge of Sunshine Coast community resources, programs and services
- Minimum two (2) years recent related experience
- Ability to obtain a clear RCMP Vulnerable Persons criminal record clearance.
- First Aid certification (or willing to obtain)
- Valid driver's license and reliable vehicle with appropriate insurance.

Job Skills and Abilities:

- Demonstrated ability to connect with and support seniors.
- Demonstrated skills in the areas of crisis intervention and conflict resolution.
- Demonstrated ability to recruit and supervise volunteers.
- Strong collaborative skills and proven ability to establish and maintain effective working relationships with all internal and external contacts.
- Excellent written and oral communication skills and ability to clearly explain instruction to others.
- Ability to work independently with strong time management and organizational skills.
- Strong computer skills.

Key Duties and Responsibilities:***Community Development***

1. Build and maintain networks within the community and strengthen relationships within the community-based senior serving sector.
2. Use an asset-based community development approach to identify and mobilize individuals, and organizations providing and supporting older adults, including collection and maintenance of community assets.
3. Engages and participates in learning opportunities such as in communities of practice, planning tables or networking events, including the Seniors Planning Table, and the Healthy Aging Community Collaborative.
4. Work in partnership with all local agencies to raise awareness of social prescribing and how partnership working can reduce pressure on acute services, improve health outcomes and enable a holistic approach to care.

Assessment and management of referrals

5. Connects, liaises, and establishes partnerships with local health care professionals to create and maintain referral pathways.
6. Maintains an active caseload of seniors with short-term needs through referrals from health care professionals and community agencies.
7. Prioritizes referrals to meet individual participant's needs.
8. Understand hospital discharge procedures to assist with supporting seniors transitioning back home following discharge.
9. Implementing safety precautions when visiting seniors in the community, including their personal residence.
10. Completes intake process to assess strengths, needs, abilities, and risks using motivational interviewing techniques such as active listening, conflict resolution and observing behaviour.
11. Use various assessment tools to determine challenges, needs and risks related to healthy aging and develop routines, structures, and resource referrals to reduce risk of frailty.
12. Interpret participants' complex physical requirements and social needs.
13. Maintains a high level of confidentiality in all matters related to clients and community partners.
14. Works from a trauma lens understanding how trauma can impact an individual's ability to access supports and services.
15. Understand the principles of reconciliation and cultural sensitivity when working with community members from First Nation communities.

Wellness Plan development

16. Supports seniors in accessing an appropriate range of activities and suitable community resources by developing individual wellness plans.
17. Using a “what matters to you” approach refers seniors to community based services, observes and assesses the participant’s engagement with resources including (example: emotional, psychological, and functional status), and modifies activities to meet the participant’s changing needs.
18. Provides information regarding appropriate community resources to socially support the participant and their families.
19. Effectively collaborates within the Resource Centre’s and community’s Seniors Services to provide multidisciplinary care for the best interest of the senior.
20. Supports connection to primary care services.
21. Engages and participates in educational training for seniors on topics such as healthy aging and other relevant topics.
22. Where appropriate, facilitate the introduction of people to community groups, activities and statutory services, ensuring they are comfortable.

Documentation of referrals

23. Documents participant’s interactions, wellness plans, reports, and other administrative duties as required.
24. Provision of follow-up note to continuing community health care provider if requested.

Evaluation

25. Support and assist in evaluation of Community Connector program, including collection of participant data, reporting at regular intervals, and attending communities of practices.