POSITION DESCRIPTION – Bayside Health

Date revised:	**3/08/2026**
Position:	**Community Care Social Worker**
Award / Agreement:	**Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2021-2025**
Classification Title	**01 – Allied Health Professionals – SC21 (G2Y1) to SC24 (G2Y4)**
Department / Unit:	**Community Care**
Care Group:	**Peninsula Care Group**
Accountable to:	**Operationally: Community Care Allied Health Team Leader** **Professionally: Health of Social Work**
Number of direct reports:	**0**

About Bayside Health

Bayside Health is a public health service delivering high-quality care across every stage of life for close to 1.2 million people living in metropolitan Melbourne, the Mornington Peninsula, Koo Wee Rup, Bass Coast and Southern Gippsland.

We have more than 15 main sites, including hospitals, centres and clinics that provide comprehensive care from welcoming newborns to supporting older people and a full range of services in between.

More than 22,000 dedicated staff are focussed on providing exceptional, equitable, and locally connected care through shared expertise, compassion, and a commitment to continuous growth. Education and training are central to staff development as we encourage all employees to strive and thrive.

Bayside Health was formed following the merger of Alfred Health, Bass Coast Health, Gippsland Southern Health Service, Kooweerup Regional Health Service and Peninsula Health on 1 January 2026.

Care Groups

Bayside Health is organised into three care groups:

1. **Alfred Care Group** operates The Alfred, Caulfield Hospital, Sandringham Hospital and Melbourne Sexual Health Centre. Australia's busiest Emergency and Trauma Centre and largest Intensive Care Unit is located at The Alfred. From here we provide nineteen statewide services to support the Victorian community. It is also the largest site for clinical trials in Australia.

2. **Peninsula Care Group** operates Frankston Hospital, the new Peninsula University Hospital and Rosebud Hospital among other sites and facilities. The new hospital will transform local care with dedicated wards and services. The group also operates MePACS, a personal alarm service, which cares for around 50,000 elderly and vulnerable people across Australia.
3. **Bayside Regional Care Group** operates sites at Kooweerup, Korumburra, Leongatha, Phillip Island and Wonthaggi and specialises in rural and regional care.

Our Code of Conduct
Our staff are expected to demonstrate and uphold the behaviours set out in Bayside Health's Code of Conduct.

Division

Position Summary
The Community Care Social Worker is responsible for coordinating intensive short term outreach care and delivering social work and allied health interventions within their scope of practice to clients with chronic health conditions, complex healthcare needs, and older people transitioning from hospital back to Residential Aged Care Facilities (RACFs). This includes supporting recovery following hospitalisation, promoting independence, reducing avoidable hospital presentations and readmissions, and enhancing quality of life through person centred care. The role contributes to the Residential In-Reach model by working collaboratively with RACFs, acute services, primary care providers, community services, residents, and families to ensure safe and effective transitions of care.
The role involves facilitating collaborative, integrated care planning across acute, subacute, community, primary care, and aged care services. Care Coordinators support people, families, and carers to navigate the service system, coordinate access to appropriate supports, and ensure continuity of care across healthcare settings. They provide a central point of contact as people undertake their care plan and work proactively to identify risks, address barriers to care, and support clients to achieve their health and wellbeing goals.

Key duties and responsibilities

- Undertake comprehensive psychosocial assessments to identify factors impacting a client's health, wellbeing, independence, safety, and ability to remain in the community or residential aged care setting.
- Provide safe, cost effective outreach services incorporating psychosocial assessment, intervention, advocacy, and care planning within a social model of health.
- Provide case management and care coordination for clients with complex health and social needs, facilitating timely access to appropriate health, community, aged care, housing, and support services.
- Collaborate with inpatient multidisciplinary teams to support discharge planning, facilitate timely transitions of care, and coordinate community and aged care supports to promote safe discharge and reduce avoidable readmissions.
- Work collaboratively with Residential Aged Care Facilities, General Practitioners, hospitals, community service providers, families, carers, and multidisciplinary teams to develop and implement coordinated, person-centred care plans.
- Support clients, families, carers, and substitute decision makers through healthcare transitions, complex decision making, adjustment to illness, grief and loss, and changing care needs.
- Provide education, support, counselling, and brief interventions within the scope of social work practice to enhance self-management, coping strategies, resilience, and engagement with services.
- Identify, assess, and respond to psychosocial risks including social isolation, carer stress, safeguarding concerns, mental health issues, housing instability, grief and loss, and vulnerability.

- Advocate on behalf of clients to promote equitable access to services and address barriers related to the social determinants of health.

- Apply an understanding of health literacy to support clients and carers to participate in informed decision making, navigate health systems, and effectively manage their care.
- Participate in multidisciplinary case conferences, family meetings, and care planning discussions to promote holistic, integrated, and person-centred care.
- Facilitate planned discharge and transition to appropriate ongoing health, community, aged care, and support services to ensure continuity of care and sustainable outcomes.
- Work within the professional, ethical, and clinical scope of social work practice and maintain compliance with relevant legislation, standards, and organisational policies.
- Demonstrate current evidence based practice and contribute to continuous professional development within the area of clinical expertise.
- Contribute to quality improvement, service development, evaluation, and research activities that strengthen service delivery and improve client outcomes.

Key capabilities

- Emotional intelligence (includes self-care and self-awareness)
- Continuous learning and professional development
- Critical thinking, clinical reasoning and problem solving
- Clear, effective and professional communication
- Collaboration/teamwork and stakeholder engagement
- Consumer-centred and person centred practice
- Ability to engage in courageous and respectful conversations
- Accountability and responsibility for outcomes
- Adaptability, innovation, and commitment to continuous improvement
- Effective organisational and time management skills
- Advocacy and ability to address social determinants of health
- Complex case management and care coordination skills
- Ability to build therapeutic relationships with clients, families, carers, and service providers
- Ability to manage competing priorities and work autonomously within a multidisciplinary environment

Quality, safety, risk and improvement

- Maintain an understanding of individual responsibility for patient safety, quality & risk and contribute to organisational quality and safety initiatives.
- Follow organisational safety, quality & risk policies and guidelines.
- Maintain a safe working environment for yourself, your colleagues and members of the public.
- Escalate safety, quality & risk concerns to the appropriate staff member if unable to rectify yourself.
- Promote and participate in the evaluation and continuous improvement processes.
- Comply with principles of Patient-Centred Care.
- Comply with Bayside Health's mandatory continuing professional development requirements.
- Comply with National Safety & Quality Health Service Standards and other relevant regulatory requirements.
- Maintain responsibility for supporting enterprise security.
- Recognise, respond and escalate changes in the patient's condition

- Be responsible for the clinical care of a caseload as determined by the Program Manager 80% of the time. Clinicians are expected to meet targets of direct client contacts as per EFT ratio.
- Provide assessment, interventions, education and care planning for clients that are informed by Social Work's holistic model of care (e.g. mediation, facilitation of family decision making meetings, brief solution focused therapy); with a view of improving client outcomes and preventing unnecessary admissions to the acute sector.
- Undertake person centred assessment and interventions within the agreed scope of practice for your profession and the role.
- Effectively tailor an individual care plan to achieve positive outcomes for individual clients.
- Deliver best practice Social Work interventions and care coordination to clients and families of the program.
- Work in an interdisciplinary setting while delivering clinical services in various settings and locations e.g. home, clinic, specialist rooms
- Utilise the Wagner Chronic Care model to contribute to positive client outcomes and assist in managing demand.
- Work within and across the complex health system e.g. acute, subacute and community.
- Advocate for, and assist clients, carers and significant others to achieve client's goals by accessing appropriate services.
- Facilitate clients' ability to plan for the disease's deterioration and facilitate advanced care planning discussions with client, carer, significant others, services providers and GP's.
- Participate in the clinical governance processes utilised within Peninsula Health's Health Independence Program and other relevant departments (e.g. ED, Mental Health, etc).
- Build and maintain positive working relationships with key stakeholders including other service providers.
- Participate in the design and development of mechanisms that facilitate community or consumer input into program planning, implementation and evaluation.
- Understand the VINAH data collection and the link to work practice and delivery of the Health Independence Program.
- Document care plans for all clients within 10 working days of first contact.
- Complete all documentation according to documentation guidelines.
- Actively seek and participate in clinical supervision through Allied Health (SW) Team Leader.
- Allied health clinicians are accountable for making clinical judgements about their own practice and operating within their own capacity and scope of practice. This must be conducted in accordance with Peninsula Health Policies and Clinical Practice Guidelines as well as discipline specific standards, policies, guidelines and codes of practice.

Other requirements for all Bayside Health staff

- Ensure compliance with relevant Bayside Health clinical and administrative policies and guidelines.
- Comply with relevant privacy legislation.
- Protect confidential information from unauthorised disclosure and not use, disclose or copy confidential information except for the purpose of and to the extent necessary to perform your employment duties at Bayside Health.
- Comply with Bayside Health's medication management and medication safety policies and guidelines.
- Comply with the actions set out in the relevant section(s) of the OHS Roles and Responsibilities Guideline.
- Research activities will be undertaken commensurate with the role.
- In accordance with Directions made by the Secretary, Department of Health, all Bayside Health employees working in Category A or B roles (as determined by the department's risk ratings) must be vaccinated against Influenza with a TGA approved vaccine

QUALIFICATIONS/EXPERIENCE REQUIRED

Essential

- Qualified Social Worker with eligibility of the AASW.
- Demonstrated experience in completing comprehensive Social Work assessments
- Demonstrated experience working with at-risk and vulnerable people with complex needs in subacute/community health settings and aged care services.
- Advanced demonstrated knowledge and application of Social Work theory (e.g. crisis intervention, strengths based).
- Well-developed written, verbal, interpersonal and computer literacy and communication skills
- Demonstrated ability to manage multiple competing tasks and effectively prioritise.
- Demonstrated commitment to quality improvement activities.
- Sound understanding of the health and aged care interface, hospital avoidance, and post-acute models of care.
- Demonstrated experience in working both independently and as a part of the multidisciplinary team, with the ability to work effectively, supportively and flexibly.
- Current Victorian Driver's License.

Desirable

- Relevant postgraduate qualifications or working towards same.
- Demonstrated knowledge and experience regarding chronic disease management
- Demonstrated experience working with the Wagner Chronic Care Model

Commitment to child safety

Bayside Health has zero tolerance for child abuse and is committed to acting in the best interest of children in our care. We promote cultural safety and participation of Aboriginal children, children of cultural and linguistic diversity and those with disabilities to keep them safe at all times.

Position Description authorised by: Manager – Aboriginal and Allied Health

Date: 08/10/2026