



HEALTH & SOCIAL SERVICES COORDINATOR

JOB DESCRIPTION

Job Title:	Health & Social Services Co-Ordinator
Reports to:	Practice Manager – Calder Health
Service:	Calder Health Centre
Location:	Calder Health Centre, HomeGround, 140 Hobson Street, Auckland
Date Prepared:	September 2026
Key relationships	Internal: Practice Manager; Clinical Lead; Nurse Practitioner; Nurse Prescribers/Nurses; General Practitioners; Outreach Nurse; Reception/Admin; Pharmacist; Street to Home; Supportive Housing; other relevant Mission teams and leaders. External: Whānau/patients; whānau/support people; hospital and community health services; mental health and AOD services; MSD; housing and social service agencies; other relevant providers.

Background

Auckland City Mission – Te Tāpui Atawhai supports Aucklanders in greatest need. Our services have evolved as the city's social needs have done and we respond to these needs with care and compassion while advocating for a reality where there are: enough suitable homes, enough money for nutritious food and easily accessible health care for all.

Since our doors opened more than 100 years ago, this has been our 'why'. We offer support for however long and in whatever way is needed - for some people that is simply accessing one of our many services, for others that is a complex journey with our full support.

Our Values

- Manaakitanga – We recognise and value the mana of every person as equal or greater than our own through hospitality, generosity, aroha, and respect.
- Mana tika/Mana Ōrite – Committed to equity and seeking dignity for all, we will fearlessly advocate with and for those experiencing greatest need.
- Rangapū – We seek and engage in authentic partnerships characterized by mutual trust, integrity, respect, transparency, commitment, and collaboration. We demonstrate our commitment to Te Tiriti o Waitangi through our actions.
- Atawhai – Compassion, care, and grace guide our every interaction.

Service

Calder Health Centre is a “very low-cost access” primary health care clinic operated by the Auckland City Mission, Te Tāpui Atawhai. It is specifically designed to serve people who are among Auckland’s most marginalised: those living rough or insecure housing, people with histories of trauma, poor mental health, substance use issues, or who have experienced negative outcomes with other health services. It aims to reduce the barriers that typically prevent access to healthcare—cost, stigma, unstable housing, and chaotic life circumstances.

Through the provision of low-cost trauma-informed medical care and specialist interventions, our doctors and nurses at the Calder Health Centre strive to address the health impacts of living in poverty and sleeping rough. We provide a holistic range of services, including outreach nursing, end-of-life care and regular podiatry and surgical clinics. During 2025 we have opened a dental service within the clinical space that also serves Mission service users.

Position Purpose

The Health & Social Services Coordinator (HSSC) provides proactive health and social care coordination for whānau with complex needs, particularly those at risk of disengaging between primary care, secondary care, and social services. The role supports whānau to access, navigate, remain connected with the care, and support they need.

Collaborating with the clinical team, Outreach Nurse, Mission key workers, and external agencies, the HSSC acts as a bridge between health and social services. The role combines relationship-based engagement, practical navigation, advocacy, complex whānau support and cross-service coordination.

The position is intentionally front-facing and requires an elevated level of professionalism, sensitivity, respect, and confidentiality when engaging with patients, Mission kaimahi and external providers.

Key Responsibility Areas

Whānau Health Navigation & Coordination

- Coordinate health and social care for whānau with complex needs, with particular attention to those at risk of disengagement or loss to follow-up.
- Actively support whānau to navigate primary, secondary and community health services, including priority referrals, hospital discharge, and outpatient care.
- Identify barriers to attendance or engagement and coordinate practical responses such as transport, key worker involvement, outreach support, or other appropriate assistance.
- Undertaking community, home, hospital, or service visits where needed to achieve an agreed health or social outcome.
- Work in partnership with the Outreach Nurse where clinical follow-up, locating whānau or outreach engagement as required.
- Ensure significant coordination activity, actions and outcomes are documented accurately in the appropriate clinical/client record.

Complex Whānau Support & Advocacy

- Provide time-limited key-working and social support for Calder Health whānau where no other appropriate key worker or service holds that function.
- Support whānau to access relevant social support, including housing, MSD, disability support, transport, and other services where these materially affect health and wellbeing.
- Provide sensitive coordination and advocacy for whānau with terminal or life-limiting diagnoses who have limited support, including connection with hospice, accommodation, advance care planning and whānau reconnection where appropriate.
- Advocate across services where system complexity, social circumstances or vulnerability create barriers to healthcare.

- Recognise when needs sit outside the scope of the HSSC role and facilitate transfer or escalation to the appropriate service.

Integrated Mission & External Service Coordination

- Function as a health-system navigation resource and coordination bridge between Calder Health, Street to Home, Supportive Housing, and other relevant Mission services.
- Participate in multidisciplinary hui, case reviews, and health reviews where the HSSC role can contribute to improved health and social outcomes.
- Maintain regular, purposeful communication with key workers and relevant service leads regarding agreed whānau health actions.
- Develop and maintain effective working relationships with external health, hospital, mental health, AOD, housing and social service providers.
- Maintain current knowledge of relevant health and social service pathways and communicate significant pathway/service changes to the team.
- Support specialist or visiting services where HSSC coordination adds value to whānau access and continuity.

Service Development, Quality & Reporting

- Identify recurring barriers, service gaps and trends arising from frontline coordination and raise these with the Practice Manager and/or Clinical Lead.
- Contribute to the development and review of pathways, protocols and processes that improve whānau access, engagement, and continuity of care.
- Maintain agreed activity and outcome information for the role and contribute context and narrative to service reporting.
- Participate in continuous quality improvement activities relevant to the role.
- Contribute frontline insight to service planning and development.

Professional & Organisational Responsibilities

- Demonstrate professionalism, Manaakitanga, sensitivity, respect, and confidentiality in all interactions with whānau, colleagues and partner agencies.
- Work in a culturally responsive manner and support organisational strategies that improve outcomes for Māori.
- Maintain appropriate professional boundaries and recognise the limits of the role.
- Comply with health and safety, privacy, incident reporting and other organisational policies and procedures.
- Maintain cooperative working relationships across the multidisciplinary team and wider Mission.
- Participate in supervision, development, training, and performance review processes as required.

Tikanga – Culture and Relationships

- Demonstrate through actions commitment to Te Tiriti o Waitangi and the Mission's values of Manaakitanga, Atawhai, Rangapū and Mana Tika, Mana Ōrite.
- Demonstrate Cultural Safety principles when engaging with Māori: (Reflective Practice; Minimise Power Imbalance; Awareness of Colonisation; Appropriate Communication).
- Demonstrate cultural awareness when engaging with all people.
- Demonstrate empathy and understanding of issues including colonisation in NZ, trauma, mental health, addiction, poverty, and homelessness.
- Ability to communicate clearly and effectively with people from all walks of life and at various organisational levels.
- Advocate for social justice, improved social conditions and a fair sharing of the community's resources.

Qualifications, Experience & Capability

AREA	CORE COMPETENCIES
Qualifications & Experience	• Relevant tertiary qualification in health, hauora, social services, community services or a related field, with a minimum 3 years' experience in health navigation, social services or community-based support.

	• Registration with a relevant professional body (SWRB, DAPAANZ, NZAC) would be preferred, though not essential. • Demonstrated experience supporting people with complex health and social needs, including homelessness or housing instability. • Strong working knowledge of the New Zealand health and social service environment, including local referral and support pathways relevant to the population served. • Working knowledge of Medtech or similar clinical/client information systems is desirable; training can be provided.
Whānau Engagement & Cultural Responsiveness	• Ability to build trust and rapport with patients/whānau experiencing complex or challenging circumstances. • Strong advocacy, communication and relationship-building skills. • Communicates clearly and appropriately, both verbally and in writing. • Demonstrates cultural responsiveness and a commitment to improving equity and health outcomes for Māori and other priority populations.
Coordination & Problem-Solving	• Strong cross-service coordination and navigation skills, with the ability to work effectively across health, social and community services. • Able to analyse information, identify needs and develop practical solutions or recommendations appropriate to the situation. • Demonstrates initiative, proactively addresses issues and follows actions through to completion. • Able to learn and adapt quickly to new tasks, systems and responsibilities.
Organisation & Professional Practice	• Strong organisational, documentation and time-management skills, with the ability to prioritise competing demands. • Demonstrates sound judgement, ethical practice, confidentiality and appropriate professional boundaries. • Positive and flexible approach to varied work requirements, with a focus on delivery and outcomes.
Resilience & Teamwork	• Able to work effectively with distressing circumstances, highly emotional situations, complex behaviour and occasional aggression while remaining calm and professional. • Maintains effective and cooperative working relationships with colleagues, wider organisational teams and external providers. • Current full driver licence desirable or required where community-based visits are an essential component of the role (to be confirmed).