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A Social Worker's Perspective on Integrating Social Work into Assisted Living Facilities

By

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and University of St. Thomas
St. Paul, Minnesota

Masters of Social Work

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The Clinical research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is Conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

A social workers perspective on the integration of social work into Assisted Living Facilities (ALF) is extremely limited within literature context review. The limitation of the research is most likely due to the fact that there are no national regulations or requirements for social work involvement within ALF except in specific cases such as those of Elderly Waivers Program or congregate housing where individuals are assigned case management services. The focus of this research was to examine the structure of ALF and the ideology of incorporating the practice of social work within ALF. With no national standard, states are allowed to adapt their own view and procedures on the services provided within ALF, this can have both positive and negative effects of the residents of ALF. The purpose of this research was to examine what services associated with social work are provided in ALF and who provides services associated with the field of social work if no social worker is present in an ALF. To accomplish this, a quantitative research survey was sent out using the system Qualtrics. Forty-two surveys were sent to ALF located in the southeast region of Minnesota, only 6 ALF responses were completed in entirety and analyzed. The purpose of this research is to further graduate social work research in the area of older adults.

Acknowledgement

Linda Vinton is a pioneer within researching Assisted Living Facilities and social work. Linda deserves recognition and acknowledgment for her research titled, "*Perceptions of the Need for Social Work in Assisted Living Facilities (2004.)*." Without her work, my own research would not have been able to be conducted.

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Literature Review

Care for Aging Population

In 2011, those individuals born from 1946 to 1964 also known as the Baby Boomers began to turn 65 in age. As the largest cohort of ages, the United States will experience rapid growth in both the number of those aged 65 and older and their share of the total population. The social and economic implications of the aging of Baby Boomers within the U.S. population will be of significant interest to policy makers, the private sector, and individuals as the number is significantly impacting on the systematic structure of social welfare (www.census.gov).

Currently, there are 683,121 Minnesota residents age 65 and older and another 1,031,059 who fall within the age category of 50-64 in age (U.S. Census Bureau; 2010 Census). In the United States during the year 2010, there were 40.3 million people age 65 and older, this is 12 times the U.S. population in 1900. The percentage of the population aged 65 and over among the total population across the United States increased from 4.1 percent in 1900 to 13.0 percent in 2010 and is projected to reach 20.9 percent by 2050 (U.S. Census Bureau; 2010 Census). The Institute of Medicine (IOM) cautions that the US Health Care System is poorly equipped to care for the unprecedented numbers of older adults (65 and older) who will be flooding the system in just a few years. One specific focus in serving the older adults is the recognition that as the population of Baby Boomers age, the number of board-certified geriatricians has dropped within recent years and with the current and projected shortage of social workers and other health care professionals in the aging field, it has led for a review of the competencies needed by these professionals by the IOM (Voelker, 2014; Vinton, 2004).

Vinton's (2004) study found the following: knowledge of biological and social theories of aging and the physical, psychological, and social changes that occur in later life, along with the influences of aging family dynamics, for instances, are necessary to conduct

assessments of psychosocial functioning, memory, mental status, sensory impairment, ADLs/IADLs, and health statuses, and to intervene in family conflicts and do crisis intervention. Knowledge of services and resource systems for residents and families both within and outside of facilities is a precursor to planning and coordinating, brokering, monitoring, or advocating for services. These knowledge competences are part of the curriculum at schools of social work. pg97.

Volker (2014) presented the awareness that there is a sense that we can fix the management of care for these older adults through Medicare funding, but pinpoints that this is only half of the problem, she goes on to acknowledge that there isn't going to be anybody there to provide care for these individuals which is consistent with the IOM systematic and projected findings. The IOM is looking at services on professional level of care and is recommending that all health care workers be required to demonstrate basic competencies in caring for older patients and to become licensed and certified (Voelker, 2014). Currently social workers can be found in both non-profit and for-profit Assisted Living Facilities (ALF) but as the demand for ALF continue to grow and evolve the projected need for an increase of services provided in the spectrum of professional social work is not established nor met yet on a national level (Feinberg, 2002). The IOM goes more in-depth and suggests that training should address common geriatric health conditions, including decline in memory, decreased mobility, and impaired vision and hearing (Voelker, 2014).

According to the Minnesota Department of Health, Chapter 4658 (Part 4658.1005 Minnesota Administrative Rules, Social Services), a nursing home must employ a qualified social worker or a social services designee in a nursing home with more than 120 beds. Nursing homes with 120 beds or more must have at least one filled qualified social worker position. The

person or persons filling the qualified social worker position must be assigned full-time to the social services of the nursing home and must fill at least one full-time equivalent position of at least 35 hours per week.

Assisted Living Facility and Nursing Home Standards

Under Minnesota Statue Chapter 144G, Assisted Living is defined as “a means of services or package of services advertised, marketed, or otherwise described, offered, or promoted using the phrase ‘assisted living’ either alone or in combination with other words, whether orally or in writing, and which is subject to the requirements of this chapter” (The Office of the Revisor, 2006).” Because regulation and oversight is not provided under a national umbrella, states are given the responsibility to regulate and operate within the states own changing environment (Mollica, 2008). This can be seen both as an advantage and disadvantage as the state control allows policy makers to set standards for the state and local needs as they see fit. It can be found that the majority of ALF offer meal, housekeeping, and minimal assistance with Activities of Daily Living (ADLs) such as dressing and bathing or with Independent Activities of Daily Living (IADL) (Vinton, 2004). A general suggested purpose of ALF is to promote the availability of appropriate services for older adults and persons with disabilities in the least restrictive and most homelike setting (Vinton, 2004).

Consumers and families are met with the challenge of deciding what facility will best meet the needs of the individual’s well-being (Molloca, 2008). With the separation of National and State responsibilities the States are going to be pressed with the increasing challenge as the baby-boomer generation enters the spectrum of Senior Housing, specially ALF’s where individuals are allowed and encouraged to age in place. In 2007, state regulations required that resident agreements include/describe services and rates which was an important step forward in

helping families in looking at financial aspects of ALF, but there is more to be considered as medical advances have improved the life of the human body astonishingly allowing for longevity and the ability to reach 100 years of life and beyond.

The aging process inevitably involves changes physically, mentally, socially, and economical losses are surprisingly expected by most individuals throughout the aging process (Vinton, L. 2004). Residents within ALF can have medical conditions that interfere with their ability to make decisions and examples of these conditions would be cognitive changes such as Alzheimer's, along with impairment of hearing and vision, and disability. Residents needs for services of assistance can also vary from Activity of Daily Living ADL to IADL. The general goal of ALF is to help elders age in place where residents are fostered into an environment that has aspects of living which is more home like and less like sterile nursing homes and services can be incorporated into their living environment to contracted providers. Socialization is generally encourage in ALF's through, dining, activities, exercising, outings, transportation, etc. Ideally, ALF offers a place of economic, social, mental health, health, and leisure services generally thought to be based on a core set of values such as autonomy, choice, privacy, dignity and worth of a person, social justice, integrity and competency (Mollica, 2008; Vinton, 2004).

In 2014, a Comprehensive Housing Needs Assessment for Olmsted County, Minnesota was conducted by Maxfield Research Inc. Within the research was an identified acknowledgement of a demand for 22,700 new housing units through the year 2030, of which 7,358 units are designated for senior housing units. The study acknowledges that the demand for senior housing may even be higher based on the future Destination Medical Center (DMC) initiatives by Mayo Clinic in Rochester, MN. Currently, within the Olmsted County Market Area Senior Housing Inventory, Olmsted County has 381 Assisted Living Units. The remaining Senior

Housing Market is affordable/subsidized (893 units), active adult ownership (276 units), congregate-optional services (311 units), congregate-services intensive (457) and memory care (281 units) which when combined with ALF's provides a total of 2,599 units servicing older adults ages 65 and older. Respectably the research conducted by Maxfield is suggesting a 35% increase of housing units for older adults 65 and older.

Found within the Demographic and Service Profile was the 2009 County Gaps Analysis Results which address three different classification of housing for senior housing; Home and Community-Based Long-Term Care Services, Housing Options, and Nursing Homes. Respectively, services that were identified as available but limited included: caregiver training & support, companion services, health promotion activities, home delivered meals, home modifications and adaptations, in home and out of home respite care, and medical and non-medical transportation. Within the Gaps Analysis, relocation services coordination was the single services identified as not available.

Social Work Roles

Social work professionals value client empowerment and seeing human beings within a greater context of their family, personal history, and environment. Linda Vinton's (2004) research found that ALF who employed a professional social worker were significantly more likely to offer bereavement, crisis, family and substance abuse counseling services. The interpersonal competencies of a social worker in general consist of interpersonal skills such as listening, approaching clients in a non-judgmental manner, demonstrating sensitivity to aging, demonstrating understanding of multiculturalism, confrontation as appropriate, and interacting effectively (Vinton, 2004). Social workers are health care professionals trained in assessment, monitoring, educating, and counseling individuals and family for appropriate services. Graduate-

level social workers are skilled in diagnosis of mental illness, assessment, case management, individual counseling, group work, liaison, advocacy and community resources, and informational referral assistance.

The role of a social worker within an ALF goes beyond the obvious facility employee (Franks, 2002). Often unrecognized is the role and involvement of a clinical social worker in working with transitions from a hospital to another setting, or leaving a family home for congregated housing (Franks, 2002). Social workers with clinical training are in a position to recognize psychosocial issues of depression, anxiety, and other mental health concerns which can go unrecognized, misdiagnosed, and mistreated in Assisted Living (Feinberg, 2002). Social workers are licensed and able to professionally provide assessment skills such as assessing clients' psychosocial needs, psychotherapy needs, and record keeping skills such as completing written documentation. Social workers assist with coordinating assistance from community programs, long-term care planning and change management assistance, educating about the aging process, assisting with applications such as applying for Medicaid counseling, emotional and grief counseling, helping with depression and loneliness, financial counseling, and bill paying (Vinton, 2004).

Typically, there are four categories of licensed social work practice that jurisdictions may legally regulate, in Minnesota, they are as follows; Licensed Social Worker (LSW), Licensed Graduate Social Worker (LGSW), Licensed Independent Social Worker (LISW), and Licensed Independent Clinical Social Worker (LICSW) (NASW.org). The purpose of licensing and certification in social work is to assist the public in identifying standards for the safe professional practice of social work. Each state jurisdiction defines by law what is required for each level of social work licensure. Social work regulatory boards generally require that social

work degrees must be obtained from programs of social work that are accredited by the Council on Social Work Education (CSWE) (Association of Social Work Boards, 2014).

In Minnesota, an LSW will work under a supervision plan until the candidate has accrued at least 4,000 hours of work experience. A supervisor must be a more experienced social worker (an LGSW, LISW, or LICSW, or LSW who has completed experience requirements) (National Association of Social Work). The LSW needs to complete 100 total hours of consultation/supervision at a rate of four hours per 160 hours worked. At least 50 hours must be individual as opposed to group and at least 25 hours of individual supervision must be face-to-face with supervisor and supervisee in the same setting (www.socialworklicensure.org).

Social Work has a code of ethics as its driving principle. The services that a social worker has to offer have an integration of specialization including education, skills and training, client focused practice, and social worker involvement. In 2008, the National Association of Social Workers (NASW) revised its code of ethics. The code of ethics from NASW is what drives the principle of client focused professional care such as for residents found within nursing homes. With the expansion of the population 65 and older, it is critical that the Social Work profession expand its services to include staffing within Assisted Living Facilities (ALF).

Linda Vinton (2004) was able to designate two arguments regarding her research within ALF and the use of social workers, the first being that ALF have not hired more social workers or had more student interns because they are not needed. ALF residents are not categorically defined as vulnerable adults, residents have family members who will secure assistance or resources for them or non-social work staff can take care of all of the residents and family member needs (Vinton, 2004). The second argument Linda Vinton (2004) brings forth is that an ALF need to hire more social workers and utilize social work interns. Thirty-one tasks are listed

in Vinton's (2004) article titled, *Perceptions of the need for Social Work in Assisted Living Facilities*, which provides questions that are required and should be performed at all ALF, and social workers may perform these tasks differently than non-social workers.

Case Manager Roles

Currently, there are different services that are being provided in the state of Minnesota for older adults to help with housing. The 'Alternative Care Program' is a state-funded program that supports certain home and community-based services for older Minnesotans age 65 and over who are at risk of nursing home placement, have low levels of income and assets, but are not eligible for Medical Assistance. The 'Fee For Service Elderly Waiver Program' is a program that funds home and community-based services for people age 65 and older who are eligible for Medical Assistance (MA) and require the level of medical care provided in a nursing home but choose to reside in the community. Individuals in the Fee for Service program are not receiving their care through the 'Minnesota Senior Health Options (MSHO)' which is a health care program that combines all health care services and long-term care services into one health care package. MSHO is for people ages 65 and older who are eligible for Medical Assistance (MA) and enrolled in Medicare Parts A and B or who have MA only.

'Non-Waiver Medical Assistance Home Care,' is MA home care services for individuals who are not receiving their services through a waiver program because they are not deemed at risk of nursing home placement. And 'Individuals with Higher Care Needs,' are there for those individuals who are assessed at Case Mix levels B-K. Case Mix A is the classification used for those individuals with the lowest level of care needs. Other examples of case management services which would involve a case worker for individuals over the age of 65 would be if one

was diagnosed with a severe disabled, mental health diagnosis (i.e. SPMI, schizophrenia, MMD, bipolar d/o) or a developmental disability.

Summary

Overall, with no national standard regulation and requirements, the Baby Boomer generation will have a varying degree of services depending on which state they live in. This researcher believes it is important to look at the systematic structure of the social welfare system for those ages 65 and older so that we can provide adequate care for the older adults in our society. The older adults within society are someone's Mother, Father, Grandmother, Grandfather, Great-Grandmother, Great-Grandfather, Mentor, etc. We have a legal responsibility to help create an environment to foster the independence of older adults to help them live meaningful lives as age is not a single factor that determines what ones happiness consists of. The right thing to do is to have a minimum standard to assist and advocate for clients as they are allowed and encouraged to age in place within ALF. Social work is a profession where individuals are licensed and certified to assist the public in identifying standards for a safe professional practice. The time has come to use social work for positive outcomes and changes for the Baby Boomer generation.

Research Question

While there is no national regulation of the practice of social work being mandated within ALF, this research will search to answer the following questions: 1. What services associated with the field of social work are provided in ALF? 2. Who provides services associated with the field of social work if no social worker is present in an ALF? If there are any significant findings, the research may provide another point of interest to expand the research on a larger scale, possibly through the state of Minnesota and eventually on a macro level across numbers of

states. Key Search Terms used for EBSCOhost research databases search screen was: S1.) (DE “SENIOR housing” OR DE “CONGREGATE housing” OR DE “RETIREMENT communities” OR “assisted living” OR housing) S2.) (DE “SOCIAL workers” OR DE “SOCIAL services case management” OR DE “SOCIAL worker & client” OR DE “SOCIAL work with older people” OR “social worker*”). S3.) (S1 AND S2) AND (TI “social worker*” OR AB “social worker*”).

Conceptual Framework

The ecological perspective of the social systems theory integrates information to provide a broader base to more fully explore the nature of the relationship between the individual and the environment. Recent position statements by leading scientific bodies, including IOM, are based on the ecological model as a framework to characterize and to encourage multidisciplinary work in the health sciences. An ecological model is based on the assumption that patterns of health and well-being are affected by a dynamic interplay among biological, behavioral, and environmental factors, an interplay that unfolds throughout the life course of individuals, families, and communities. This model also assumes that age, gender, race, ethnicity, and socioeconomic differences shape the context in which individuals function, and therefore directly and indirectly influence health risks and resources.

In addition, the ecological model serves to identify multiple points of possible intervention in public health, from the microbiologic levels to the environmental levels, to postpone the risks of disease, disability, and death; and enhance the chances for health, mobility, and longevity. Social roles determine not only how a person in a particular position behaves, but also how others behave toward that person. In addition, the social patterns of communication, individual coping behaviors, interpersonal networks, and characteristics of the physical and

social environment either support or impede human development. The concept of environment includes the physical of both natural and constructed in the interpersonal relationships on all levels, and the sociocultural social norms and rules and cultural contexts. The person-in-environment is viewed as being part of the same system operating in continuous transaction mutually influencing, shaping, and changing one another.

Methods

Research Design

This quantitative study examined ALF and their services associated with social work provided to residents within the SE region of Minnesota. The format was an online survey using a program called Qualtrics. Data on facilities and services associated with the field of social work would have been analyzed using the Statistical Package for Social Sciences (SPSS) if the sample size was larger than six. This survey was conducted by an MSW student for the purpose of furthering graduate social work research in the area of older adults. The objective of the research was to inform the field of social work on what services associated with social work are being provided within ALF, and who is providing the services associated with the field of social work if no social worker is present in ALF. To explore the services offered within facilities has created useful data for the field of social work as a whole, as well as within the educational settings including specific interest to policy makers, the private sector, and individuals themselves.

Sampling Method, Collection Process and Analysis Plan

The research sample was sent to 42 ALF administrators. These ALF are located within the perimeter of southeast, Minnesota. E-mail addresses were collected through phone calls to each facility. Surveys were sent electronically by an e-mail within a link from the researcher's student account. The informed consent letter was included in the survey as question one with the

choice of choosing “yes” or “no”. The data was collected through the use of Qualtrics.

Unfortunately, due to the small sample size the operationalized use of SPSS software was unable to be used. This researcher reported distribution, frequencies, and measures of central tendencies (mean, median, mode).

Measures for Protection of Human Subjects

The informed consent letter (Appendix A) did discuss any known risks or benefits to participation in the study, and participating was entirely voluntary. Subjects were invited to answer all, some, or none of the questions. The letter of informed consent (Appendix A) was included with the survey as question one. The e-mail message stated the purpose of the study in detail. Subjects were told of the confidential nature of the study in the e-mail. The consent form gave the location of the survey, St. Catherine University and University of St. Thomas, the plan for destroying the data is post-analysis, date 5/18/2015, along with the contract information for questions, comments, and concerns.

Data collection instrument development and categories of questions.

The Qualtrics survey was divided into three sections; Characteristics, Employment of Social Workers (or not), and CSWE/SAGE-SW (Council of Social Work Education SAGE-SW National Competencies Survey and Report) items (Vinton, 2004).

Characteristics.

1. Number of units? (_____)
2. Date facility opened? (_____)
3. Type of ownership: (for-profit/ non-profit/ government/ other_____)
4. Number of FTE? (_____)

5. What licensures does the facility have? Advanced Practice Nurse Services (yes/no), Registered Nurse Services (yes/no), Licensed Practical Nurse Services (yes/no), Physical Therapy Services (yes/no), Occupational Therapy Services (yes/no), Speech Language Pathologist Services (yes/no), Respiratory Therapy Services (yes/no), Social Worker Services (yes/no), Services by a Dietitian or Nutritionist (yes/no), Medication Management Services (yes/no), Hands-on assistance with transfers and mobility (yes/no), and Providing eating assistance for clients with complicating eating problems (i.e. difficulty swallowing, recurrent lung aspirations, or requiring the use of a tube, parenteral or intravenous instruments) (yes/no)

Employment of social workers.

1. Do you employ social workers in the ALF? (Yes/No. If no, skip to what services are provided)
2. How many social workers are employed? (_____)
3. What level of licensure do the social workers hold? (LSW, LGSW, LISW, LICSW)
4. What is the employment relationship with the social workers? (Directly employed by ALF/employed by another agency/private consultant/other _____)

Services provided (CSWE SAGE-SW, 2000). Please select which discipline provides the following services listed below:

1. Use social work case management skills (such as brokering, advocacy, monitoring, and discharge planning) to link elders and their families to resources and services.
(NA/Advanced Practice Nurse/ Registered Nurse/ Licensed Practical Nurse/Social Worker/ other _____)

2. Collaborate with other health, mental health and allied health professionals in delivering services to older adults. (NA/Advanced Practice Nurse/ Registered Nurse/ Licensed Practical Nurse/Social Worker/ other _____)
3. Assist individuals and families in recognizing and dealing with issues of grief, loss and mourning. (NA/Advanced Practice Nurse/ Registered Nurse/ Licensed Practical Nurse/Social Worker/ other _____)
4. Assist families that are in crisis situations regarding older adult family members. (NA/Advanced Practice Nurse/ Registered Nurse/ Licensed Practical Nurse/Social Worker/ other _____)
5. Recognize and identify family, agency, community, and societal factors that contribute to and support the greatest possible independence of the older client. (NA/Advanced Practice Nurse/ Registered Nurse/ Licensed Practical Nurse/Social Worker/ other _____)
6. Assess psychosocial factors that have an effect on the physical health of older persons. (NA/Advanced Practice Nurse/ Registered Nurse/ Licensed Practical Nurse/Social Worker/ other _____)
7. Use empathetic and caring interventions such as reminiscence or life review, support groups, and bereavement counseling. (NA/Advanced Practice Nurse/ Registered Nurse/ Licensed Practical Nurse/Social Worker/ other _____)
8. Assist older persons with transitions to and from institutional settings. (NA/Advanced Practice Nurse/ Registered Nurse/ Licensed Practical Nurse/Social Worker/ other _____)

9. Conduct a comprehensive biopsychosocial assessment of an older person. (NA/Advanced Practice Nurse/ Registered Nurse/ Licensed Practical Nurse/Social Worker/ other _____)
10. Conduct long-term care planning with older persons and their families to address financial, legal, housing, medical, and social needs. (NA/Advanced Practice Nurse/ Registered Nurse/ Licensed Practical Nurse/Social Worker/ other _____)

Data Analysis

The research question for the study was: What services associated with the field of social work are provided in ALF, and who provides services associated with the field of social work if no social worker is present in an ALF? The research hypothesis for this study was: There is a difference in responses regarding services associated with the field of social work being provided by a social worker versus non-social worker within ALF. The null hypothesis for the study was: There is no difference between respondents who are providing services associated with social work.

Strengths and Limitations

Strengths to this research would be that the local southeast community of Minnesota can use these research results to analyse the need for adjustment of services if warranted by this research. One factor to consider with this specific population is that in Rochester, MN the development and expansion of the Mayo Clinic's Destination Medical Center (DMC) could skew results in both a positive or negative number of possible needs for expansions. Limitation to the research is that the population size is small and the conclusion of the research will only apply to southeast Minnesota in regard to state regulations for ALF versus nursing home. Another limitation would be the way the research was conducted via e-mail, even though I made a phone

call to the ALF to introduce myself, the research, and obtained e-mail addresses. However, strength to this research was that the research took time and clearly attempt to warmly approach ALF by making contact with the facilities via telephone and introducing herself, the research, and acknowledging sending out the survey, versus a cold e-mail. Validity may be possibly due to the nature of a sample population being from one state, given the same survey questions, and time line to complete; however, expanding to survey multiple states could prove challenging to establish validity due to state variations of ALF regulations. Proposed secondary analysis will not be conducted within this research.

Results

Facility Characteristics

After successfully contacting 42 ALF administrators/directors facility via telephone calls, I was able to obtain 42 e-mail addresses to where I could send my electronic survey via e-mail. Forty-two e-mails were sent, 45% (19) of the e-mailed surveys sent were opened within the 14 day window for survey responses. There were a total of two e-mails sent out prompting participation in my research and thanking those who had already partaken in the survey. Of those nineteen opened e-mails 13 (68%) ALF administrators started the survey by completing the first variable (#Q1), "A social workers perspective on integrating social work into assisted living facilities information and consent form," 85% (11) responded "yes", and 15% (2) responded "no" to agreeing to complete the survey. A total of 46 % (6) administrators completed the survey in its entirety.

The second variable (#Q2) asked, "Number of units in your Assisted Living Facility?" Results ranged from 20 units to 70 units, for a total of 278 units at six ALF accounted for within the southeast region on Minnesota. Forty-six units was the mean value and the median value was

45 units. The third variable (#Q3) asked, “[What] Date [did the] facility opened?” The ALF establishment dates stretched across a range from the year 1990 to 2009. 2001 was the mean value for date of establishment, and the median value of establishment was the year 2006. The fourth variable (#Q4) (Table 1) asked, “Type of ownership?” Results were split 50/50 between two of the four option responses; “For-profit” (3), “Non-profit” (3), “Government” (0); and “Other” (0). The fifth variable (#Q5) asked, “Number of FTE?” And only received a response rate of 50% (3). The three responding ALF ranged in a reported range in FTE of 3.5- 12. The median value of FTE was 7, and the mean value was 7.5 FTE.

The sixth variable (#Q6) (Table 2) asked, “What licensures does the Assisted Living Facility have?” Of the 6 collected responses there was a variation of actual responses for a total range of 2 to 6 responses per each question, one additional response was added to the “other” category. Licenses responses were as follow; “Advanced Practice Nurse Services,” Yes (0), No (5); “Registered Nurse Services,” Yes (6), No (0); “Licensed Practical Nurse Services,” Yes (6), No (0); “Physical Therapy Services,” Yes (3), No (2); “Occupation Therapy Services,” Yes (3), No (2); “Recreational Therapy Services,” Yes (2), No (4); “Social Work Services,” Yes (2), No (3); “Dietitian or Nutritionists Services,” Yes (4), No (2); “Medication Management Services,” Yes (6), No (0); “Hands-on assistance with transfers and mobility,” Yes (5), No (1); “Providing eating assistance for clients with complicated eating problems (i.e. difficulty swallowing, recurrent lung aspirations, or requiring the use of a tub, parenteral or intravenous instruments),” Yes (4), No (1); and “Other,” Yes (4), No (1), *Activities, diabetes mgmt. (1).

None of the responses employ advanced practice nurse services. All six responses reported having the following staff, “registered nurse services”, “licensed practical nurse services,” and “medication management.” “Social work services” reported uses of services at a

response rate of two “yes”, three “no”, and one did not answer. Forty percent (2) ALF reported the use of social work services.

Table 1

Comparison of Type of ALF Ownership

Type of Ownership	Responses	Percentage
For-profit	3	50%
Non-profit	3	50%
Government	0	0%
Other	0	0%

Employment of Social Workers

The first variable (#Q7) asked specifically, “Do you employ social workers in the Assisted Living Facility?” Seven responses were reported for this variable, “yes” (2), and “no” (5). The second variable (#Q8) asked, “How many social workers are employed.” Two ALF reported having one social worker. The third variable (#Q9) asked, “What level of licensure does the social worker hold?” Responses were as follow; “LSW” (2); “LGSW” (0); “LISW” (0); “LICSW” (0); and “Other” (0). The fourth variable (#Q10) (Table 3) asked, “What is the employment relationship with the social worker?” Of the two reported licensed social worker’s (LSW) working with the ALF, One reported “Directly Employed by Assisted Living Facility,” and the other one reported, “Employed by another agency.”

Table 2*Licensures within ALF*

Profession	Yes	No	Total Responses
Advanced Practice Nurse	0	5	5
Registered Nurse	6	0	6
Licensed Practical Nurse	6	0	6
Physical Therapy	3	2	5
Occupational Therapy	3	2	5
Recreational Therapy	2	4	6
Social Work	2	3	5
Dietitian or Nutritionist	4	2	6
Medication Management	6	0	6
Hands-on assistance	5	1	6
Eating Assistant	4	1	5
Other ^a	1	1	2

Note. ^aSpecific free text added to the category “other” is as follows, Activities, diabetes management.

Table 3*Type of Social Work Licensure*

Employer Type	Response	Percent
Directly Employed by ALF	1	50%
Employed by another agency	1	50%
Private Consult	0	0%
Other	0	0%

Services Provided

The first variable (#Q11) (Table 4) shows that zero services were provided by the advanced practice nurse within an ALF. Total Responses were gathered from 5 ALF within the reported services provided, the licensed practical nurse was only reported to provide one skill in one ALF, “Collaborate with other health, mental health, and allied health professionals in delivering services to older adults.” Social workers were reported to be providing services by

two facilities to provide the following skills; “Use social work case management skills to link elders and their families to resources and services,” “Assist individuals and families in recognizing and dealing with issues of grief, loss, and mourning,” “Assists families that are in crisis regarding older adult family members,” “Use empathetic and caring interventions such as reminiscence or life review, support groups, and bereavement counseling,” and “Conduct long-term care planning with older persons and their families to address financial, legal, housing, medical, and social needs.”

Social workers were reported by one facility to provide the following skills, “Recognize and identify family, agency, community, and societal factors that contribute to and support the greatest possible independence of older adults,” “Assess psychological factors that have an effect on the physical health of older persons,” “Assist older persons with transitions to and from institutional settings,” and “Conduct a comprehensive biopsychosocial assessment of an older person.”

Services skills reported as “Other” by three ALF were as follow; “Collaborate with other health, mental health and allied health professionals in delivering services to older adults,” “Recognize and identify family, agency, community, and societal factors that contribute to and support the greatest possible independence of older adults,” and “Assess psychological factors that have an effect on the physical health of older persons.”

Services skills reported to be provided by “Other” ALF were reported by two ALF are as follow; “Use social work case management skills to link elders and their families to resources and services,” “Use empathetic and caring interventions such as reminiscence or life review, support groups, and bereavement counseling,” and “Conduct long-term care planning with older persons and their families to address financial, legal, housing, medical, and social needs.”

Services skills reported to be provided by “Other” at one ALF are as follow; “Assist individuals and families in recognizing and dealing with issues of grief, loss, and mourning,” “Assists families that are in crisis regarding older adult family members” and “Conduct a comprehensive biopsychosocial assessment of an older person.”

Table 4*Discipline Providing Services*

Skill	N/A	Advanced Practice Nurse	Licensed Practical Nurse	Social Worker	Other	Total Responses
Use social work case management skills to link elders and their families to resources and services.	1	0	0	2	2	5
Collaborate with other health, mental health and allied health professionals in delivering services to older adults.	1	0	1	0	3	5
Assist individuals and families in recognizing and dealing with issues of grief, loss, and mourning.	2	0	0	2	1	5
Assists families that are in crisis regarding older adult family members.	2	0	0	2	1	5
Recognize and identity family, agency, community, and societal factors that contribute to and support the greatest possible independence of older adults.	1	0	0	1	3	5

Table 4 Continued*Discipline Providing Services*

Skill	N/A	Advanced Practice Nurse	Licensed Practical Nurse	Social Worker	Other	Total Responses
Assess psychological factors that have an effect on the physical health of older persons.	1	0	0	1	3	5
Use empathetic and caring interventions such as reminiscence or life review, support groups, and bereavement counseling.	1	0	0	2	2	5
Assist older persons with transitions to and from institutional settings.	1	0	0	1	3	5
Conduct a comprehensive biopsychosocial assessment of an older person.	3	0	0	1	1	5
Conduct long-term care planning with older persons and their families to address financial, legal, housing, medical, and social needs.	1	0	0	2	2	5

Discussion

The purpose of this research was to examine what services are being provided with in ALF, and who was providing the services associated with the field of social work if a social worker was not present. The geographical area of focus was southeast Minnesota. The competency skills used for this research were suggested at the hand of researcher Linda Vinton

(2004), who used 31 competencies in her research that was borrowed for the CSWE/SAGE-SW which is a National Competencies Survey Report. After discovering that the State of Minnesota has a current population of 683,121 older adults ages 65 and older (U.S. Census Bureau; 2010 Census), and that the current regulations set for nursing homes having to provide social services on staff as a federal regulation under the jurisdiction a of bed count, it became apparent that the idea of social work within assisted living facilities needed to be revisited.

This researcher was able to send surveys out to 42 ALF within the southeast Minnesota region. It was disappointing to only have 19 facilities open the e-mail, and a total of 6 completing the survey in its entirety after warmly reaching out to the ALF. I believe software protection could be partially to blame as the survey was sent electronically from my student account with Qualtrics. Qualtrics, was able to record results such as who had receive the e-mail, who had open the e-mail, who has started the survey, how many questions they answered, and who was able to finish the survey. Another factor that potentially interfered with ALF survey completion was that their facility does not offer social work services so the topic was dismissed. If more time was allotted for the research this researcher would send surveys through the mail to see if more responses could be elicited, and more information could be gathered with the possibility to write additional information and comments for feedback.

What can be concluded from the survey is that 6 ALF completed the survey in entirety (from start to finish), questions ranged in response from any given answer having between 2 to 6 facilities responses as facilities were not required to answer every single question. A possible reason for not filling out every question was that a question maybe was not applicable to the ALF setting, or they were unsure of the correct answer. The 6 ALF accounted for 278 beds within the southeast Minnesota region with an average year of establishment being 2006. The

ALF were split 50(3)/50(3) between being for-profit and non-profit, there were no government ran ALF or any other type of ownership. The number of FTE was only reported by three ALF to be 3.5, 7, and 12 where ALF ranged in beds from 20-70. The number of FTE leads me to entertain the idea that most facilities contract out hired help for services ADL and IADL.

It was encouraging to see that staff hired within the ALF held a level of licensure which holds the ALF and staff accountable with the state of Minnesota. Licensed services found within the ALF were provided by a registered nurse, licensed practical nurse, physical therapist, occupational therapist, recreational therapist, social worker, and dietitian/nutritionist services. An area for growth would be to offer the same services across the board regardless of the number of beds within the facility as to meet the needs of the residents and encourage the capability of the resident to remain as independent for as long as possible.

It is from my personal experience as a previous hire within an ALF as a medication manager and personal care attendant that there is no formal licensure requirement to provide the following services; medication management, hands-on assistance with transfers and mobility, and providing eating assistance for clients with complicated eating problems. Finally, additional services that were entered within the survey of additional services were activities director and diabetes management.

Implication for Social Work Practice

An implication for the practice of social work is to address the workforce shortage of employees' within the industry of older adults. With expanding the services of social work to serve older adults within ALF, the practice would enhance the life of older adults across numerous dimensions. The first dimension that would be addressed should be transitional

services, these should be facilitated not only upon entrance and exit of an ALF, but also included during the entire duration of residing within the ALF.

From an ecological perspective, a greater depth of services from a social work would explore and enhance the relationships between the individual and their environment, specifically the biological, behavioral, and environmental factors. The ecological model serves to identify possible points of intervention in public health and postponing the risk of disease, disability, and death. As social workers, we are to empower our clients to their best ability and this need not decrease with age. As social workers we are licensed to practice coordination of services which give individuals the choice to enhance health, mobility, and longevity. If these services are not offered, then we need to advocate to our local legislators about the lack of choice and responsibility that all citizens' are authorized.

A biopsychosocial focus would allow for a holistic approach in servicing the older adults. Social services provided within the county would be able to focus on acute cases of vulnerable adults within, and would be able to create a working alliance with ALF which would allow for better services across the population of older adults. This specific research only focuses on 10 areas of practice, whereas the CSWE/SAGE-SW uses 31 competencies on a national level. This research focused specifically on the southeast region of Minnesota, it would be beneficial to the state of Minnesota to expand research like the CSWE/SAGE-SW across the state so competencies, or lack of competences could be examined more closely.

The implications for social work practice are important to think about in creative ways to be effective. If social workers have a negative perspective on the older generations it may be appropriate for teachers to expand their knowledge to the students. There are challenges that come with changing old ways of thinking to creative, more progressive methods. If we foster an

environment where our belief and through experiences are shared, this could help ease the addition of the necessary need to address the older adults and their living situation.

Implications for Social Work Education

Implications for the practice of social work is to look at our current accreditation standards and start acknowledging that there is a leg in geriatric focused social work for those in their undergraduate studies. Cummings & Adler (2007) suggest that early exposure to older adults and social work context alone can provide a successful base for undergraduates understanding of aging, and their interest to secure future age related employment. General consensus within the literature contextual research of social work services for older adults within ALF suggests that an undergraduate social work education curriculum needs to incorporate specific training on the geriatric population.

What was found from the survey was that there were two established licensed social workers (LSW) working in two separate ALF, one hired directly through the ALF and one contracted with the ALF, this rejects the null hypothesis as currently two facilities are using the services of a LSW. Regardless, with two responses the results are limited but promising. To note that two facilities are utilizing the licensed professional services of social work within the region gives hope that the community is moving in the direction to serve the needs of the older adult living within an ALF in southeast Minnesota.

Another idea that can be entertained is the idea of adding a specific specialty focus on geriatric social work like the current licensed alcohol and drug counselor (LADC). Much like an LADC, the profession could offer a specific focused geriatric social work curriculum, and work with the community to possibly secure a stipend internship with the Ombudsman for Long-Term Care program for seniors with the Minnesota Department of Human Services. Other areas for

improvement would be to foster specifically on securing field work and internships working with ALF and students to focus on research and job security for serving and meeting the needs of older adults.

It is important to more fully understand the factors that shape a student's interest in working with older adults. Ageism, the stereotype against older adults, negatively places older adults into a false category of being dependent, nonproductive, and useless. This is believed to be one of the factors that discourages social work student willingness or interest in serving the population of older adults. Also unclear is work expectancy questions and conflicting perceptions of age related social work (Cummings & Adler, 2007).

Social workers are able to contribute to the multidisciplinary team that makes up the staff of ALF by offering the following services; hospital discharge planning, coordination of care, end of life treatment planning, advanced directives, and living wills. The most important factor that the social work profession can bring the ALF is the driving motive to keep residents at their highest level of independence, the last thing we want to do is move backward into an institutional care setting. An example would be say if an individual has a fallen and broken a hip and needs surgery, as part of the medical practice, social work services are involved in the discharge planning. Services specific to this type of discharge planning would be arranging for physical therapy to assist with the continued healing process, arranging for a home safety inspection so that items within a units create the greatest access, removal of clutter and throw rugs are example of items that interfere with mobility, the house may also be examined to see if individuals could benefit from having grab bars, railings, or specific medical assistance equipment within their unit. Services also could be arrange such has house cleaning to prevent individuals from hurting themselves, or the assistance of an occupational therapist assisting with

helping an older adult safely navigate their unit with items such as an extender grab stick to reach items out of reach.

Implication for Policy

“As a profession, social work has been reluctant to adopt the outcomes orientation necessary to advocate for their place at the policy table (Rosefeld et. al, 2008., pg. 36)”. Now is the time for the profession of social work to step up to the plate and acknowledge our work as a licensed profession. The profession of social work should look to receive appropriate credit and contribute to the field of older adult living in ALF. What is important to remember is that changes to Medicare cannot be held solely responsible to meeting the needs of the older generations.

Frankly, I believe that the state should revisit the idea of staffing or contracting with ALF and licensed social workers to provide services. In March 2013, the National Center for Assisted Living (NCAL) published their Assisted Living State Regulator Review of 2013 (Polzer, K., 2013). NCAL noted that ALF is a “major” long term care option preferred by many individuals and their families due to ability to make choices regarding individual’s dignity and privacy. It was specifically stated that in the 2014 Comprehensive Housing Needs Assessment for Olmsted County, Minnesota, that there was a gap in services, specifically on relocation services coordination. Relocation service coordination was not identified as available to older adults that reside in southeast Minnesota, Olmsted County. The state of MN and the profession of SW may need to look at having bridging services to help older adults and their family locate appropriate housing in the community. It is our responsibility as profession to serve those in need, why are we only intervening at levels of extremes when we can be front and center in an ALF preventing the extremes to our best ability and remain proactive versus reactive.

The profession of social work is faced with a unique opportunity to broaden the range of services provided to older adults, especially within the domain of ALF. This opportunity to expand the profession will need to better prepare social workers for practicing with older adults and their families in ALF and various other settings. Further evidence based research is needed to help accelerate the process in the political setting and for working with administrators who work within the setting. A clear vision to promote the needs of the client first within a strength based focus with evidence based practice is empirical for the profession to expand successfully.

Implications for Research

Implication for research needs to look at the state and federal standards for the minimum services provided to older adults that live within an ALF. This research should add to the growing body of literature and research, however, more specifics are needed to make an impact on the state and federal level. What we need to do is look at the CSWE/SAGE-SW which is a National Competencies Survey Report and hold a state wide survey to elicit exactly what services are and are not being offered to who and by who, this will help with the task of addressing how the social work profession will be of assistance to the multidisciplinary team found within ALF.

Secondly, our school could start focusing minor studies specifically on the services of the older adult as mandatory curriculum, so we have a workforce that is able to meet the demand of services within ALF. The state may need to look at contracting out more social workers at the level of LSW, until sufficient research is established that listed the exact needs/cost ratio/etc. of the older adult population within ALF. Incentives such as grants for internships offered through major support networks for older adults where students can do their internships at nursing

homes, assisted living facilities, and memory care. This researcher believes that the use of LSW in ALF should be further studied as there is a need for social workers in the field of gerontology.

It will be imperative, and is recommended for the profession of social work to have a licensed social worker established in ALF to address such cases of hospital discharge planning, coordination of care, end of life treatment planning, advanced directives, and living wills. The most important factor that the social work profession can bring the ALF is the driving motive to keep residents at their highest level of independence. The last thing we want to do is move backward into institutional care setting. An issue that needs further research development is looking at cost, specifically the reimbursement rate, wavers, board and lodge, and the salary difference between a hospital social worker versus an ALF social worker.

Minnesota's specific challenge may be that most communities surround a larger city like Rochester, the Twin Cities (Minneapolis/St. Paul), and Duluth and are consider rural communities. This challenge would need further research on how to serve older adults in the rural setting. Another factor to consider is that the family structure in the United States is revolving; grandparents are raising grandchildren which would involve them within the school system. Another factor to consider is that there are multigenerational households. Looking especially at Rochester and the surrounding communities Mayo Clinic may be an interfering factor in services for older adults and social workers within ALF. Due to the demand of professionals needed within the medical setting the salary may vastly differ than those social workers working within the community with older adults and ALF. Further research is needed for rural area workforce shortages.

This researcher recommends looking at the U.S. Health Care System and how it is poorly equipped to care for the unprecedented numbers of older adults flooding the medical system and

look at the systematic gaps in transitional care where licensed professional social workers can help fill in the gap. It is recommended that more research be conducted on how to address the staffing shortage, limited literature, and limited research for serving older adults, specifically with older adult in an ALF setting. Future care of older adults will need safe transitional care and we need further research on the trend of services throughout the whole state to help work toward and innovative model of services whether it be resource and referral, outside hire contracts, community health care worker or preventative services to be proactive versus reactive within ALF and the community.

References

Association of Social Work Boards. (2014). About Licensing and regulations.

<http://www.aswb.org/licensees/about-licensing-and-regulation/>

Carrol, J., & Qualls, S.H. (2014). *Moving into Senior Housing: Adapting the Old, Embracing the New*. Journal of the American Society on Aging. Spring 2014, Vol. 38, No. 1, pgs 42-47.

Cummings, S. M. & Adler, G. (2007). *Predictors of Social Work Employment in Gerontological Work*. Educational Gerontology, Volume 33, pages 925-938.

Dong, X. MD., Simon, M. MD, MPH., Mendes de Leon, C. PhD., Fulmer, T. PhD, RN., Beck, T. MS., Hebert, L. ScD., Dryer, C. MD., Paveza, G. PhD, MSW., & Evans, D. MD. (2009). *Elder Self-Neglect and Abuse and Morality Risk in a Community-Dwelling Population*. The Journal of the American Medical Association (JAMA). Original Contribution. August 5, 2009, Vol. 302, No. 5, pgs 517-526.

Feinberg, R. K. (2002). *The Increasing Need for Social Workers in Assisted Living*. Social Work Practice-Clinical, Programmatic and Training Dimensions. Journal of Social Work in Long-Term Care. Vol. 1(3), pgs 9-15.

Grabowski, D. C., Stevenson, D. G., & Cornell, P. Y. (2012). *Assisted Living Expansion and the Market for Nursing Home Care*. Health Research and Education Trust: Market Impact of Assisted Living Growth. HRS: Health Services Research Volume 47: No. 6. DOI: 10.1111/j.1475-6773.2012.01425.x.

Kane, R.A., & Wilson, K.B. (1993). *Assisted living in the United States: A new paradigm for residential care for frail older persons?* Washington, DC: American Association of Retired Persons.

- Minnesota Department of Health. *Aging 2030 Olmsted County- Demographic and Service Profile*. http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs_id_056580. Retrieved via internet on October 10, 2014.
- Minnesota State Demographic Center. <http://www.demography.state.mn.us/Census2010/>. Retrieved via internet on October 4, 2014.
- Mollica, R. L. (2008). *Trends in State Regulation of Assisted Living*. The American Society on Aging: Aging Policy and the States. Fall 2008, Volume XXXII, Number 3, Pages 67-70.
- National Association of Social Workers. (2008). *Code of Ethics*. <http://www.socialworkers.org/pubs/code/default.asp>. Retrieved via internet on October 13, 2014.
- Olmsted County Planning Advisory Commission and the Rochester-Olmsted Planning Department. (March 8, 2011). *Olmsted County General Land Use Plan*. <http://www.co.olmsted.mn.us/planning/ordinances/Documents/Olmsted%20County/CountyGLUPlan.pdf>. Retrieved via internet October 4, 2014.
- Polzer, K. (2013) *Assisted Living State Regulatory Review 2013*. National Center for Assisted Living. 1201 L Street, NW, Washington, DC 20005.
- Rosenfeld, J. P., & Popko, J. (2010). *Home, Community, and Gerontocracy: Forecasting the Future of Senior Housing*. American Society of Aging. *Generations- Journal of the American Society on Aging*. Fall 2010, Vol. 34, No. 3, pgs 61-69.
- Rosenfeld, P., Taylor, E.A., Liu, C., & Volland, P.J. (2008). *Articulating the Evidence Base for Effective Social Work Practices: Building a Database to Support a Geriatric Social Work Policy*. *Social Work in Public Health*, Vol. 23(6).

- Stevenson, D. G., & Grabowski, D. C. (2010). *Sizing up the Market for Assisted Living*. *Health Affairs*. Health Aff January 2010, Vol. 29, No. 2, pages 35-43. DOI: 10.1377/hltaff.2009.0527.
- Social Work Licensure. *A State by State Licensure Guide*. <http://www.socialworklicensure.org/state/social-work-licensure-minnesota.html>. Accessed 10/30/2014.
- Spitzer, W. J. PhD., Neuman, K. PhD., & Holden, G. DSW. (2004). *The Coming of Age for Assisted Living Care*. *Social Work in Health Care*, 38:3, 21-45, DOI: 10.1300/J010v38n03_02
- The Office of the Revisor. (2006). *Minnesota Statutes 2014: Chapter 144G Assisted Living Services*. <https://www.revisor.mn.gov/statutes/?id=144G>. Retrieved Via Internet on October 13, 2014.
- The Office of the Revisor of Statues. (2007). *Minnesota Administrative Rules: 4658.1005 Social Services*. <https://www.revisor.mn.gov/rules/?id=4658.1005>. Retrieved via internet on October 13, 2014.
- The United States Census Bureau. *2010 U.S. Census*. <http://2010.census.gov/2010census/>. Retrieved via internet on October 4, 2014.
- Vinton, L. (2004). *Perceptions of the Need for Social Work in Assisted Living Facilities*. *Social Work Practice-Clinical, Programmatic and Training Dimensions*. *Journal of Social Work in Long-Term Care*. Vol. 3 (1), pages 85-100. DOI: 10.1300/J181v03n01_07.
- Voelker, R. (2008). *IOM: Focus on Care for Aging Population*. *Medical News & Perspectives*, *Aging in America: The Journal of the American Medical Association (JAMA)*. June 11, 2008, Vol. 299, No. 22, pgs 2611-2613.

APPENDIX A**CONSENT FORM****UNIVERSITY OF ST. THOMAS****A Social Workers Examination of Incorporating Social Work into Assisted Living Facilities**

I am conducting a study examining social work within assisted living facilities with older adults. I invite you to participate in this research. You were selected as a possible participant because of your clinical experience with clinical social work and/or working with older adults. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Researcher: Melissa M. Gudgell, LSW. Advisor: Rajean P. Moone, PHD, LDHA, Committee member Tricia Schilling, Committee member Michael O'Brien, the University of St. Thomas School of Social Work, and University of St. Thomas Institutional Review Board.

Background Information:

The purpose of this study is: to examine services associated with social work services and if they are being provided to residents within Assisted Living Facilities (ALF), and who provides services associated with the field of social work if no social worker is present in ALF. Previous research has shown a lack of knowledge in this area. I believe conducting this survey will help to further research within graduate social work research in the area of older adults. My hypothesis is that the survey will provided a variety of results in which I will be able to apply to my quantitative research assignment (Class GRSW 682: Applied Research Seminar). The benefits of this research will be to provide additional research and literature.

Procedures:

If you agree to be in this study, I will ask you to do the following things. Read and sign the research consent form and completed the survey. The survey results will be keep on a password protected hard drive and will be destroyed after the assignment has been completed (5/18/2015).

Risks and Benefits of Being in the Study:

The study has no risks and no benefits.

Compensation:

You will receive no payment or compensation for completing this study.

Confidentiality:

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. The materials will be stored in a password protected hard drive.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until May 18, 2015. Should you decide to withdraw data collected about you will not be used in this research study. You are also free to skip any questions I may ask that may infringe on patient confidentiality or rights.

Contacts and Questions

My name is Melissa M. Gudgell. You may ask any questions you have now. If you have questions later, you may contact me at 507-358-1938. You may contact my advisor Rajean P. Moone at 651-235-0346. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. *[If additional permissions are needed (e.g. audio or video recording, accessing private student or medical records), include these here.]*

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date