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The Role of Social Work in Residential Aged Care Facilities: Evaluation of a Pilot Program in Australia

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Abstract

In some international settings, social workers are employed within aged care settings. However, in Australia, social workers rarely work in residential aged care facilities. In an innovative program, an Australian health network employed a social worker in an aged residential care facility from 2010 to 2011. In this research we examine and evaluate this program. Qualitative semi-structured interviews with nine key stakeholders and data extraction from medical records were conducted. Data from medical records and interview transcripts were coded and themes extracted using thematic analysis. Thematic analysis identified five key themes reflecting the roles performed by the social worker. These were: (1) The importance of having an independent third party, (2) The provision of emotional support to residents, carers and families during the transition period, (3) The importance of role clarity, (4) The provision of family-centered care, and (5) Social work responses to potential difficulties which were preventative rather than reactive. The move into residential aged care can be an overwhelming, and in some cases, traumatic transition for residents and families. Results identified that timely and expert social work intervention can improve the transition process through the provision of counselling to effectively manage grief, loss, and psychosocial issues.

Keywords
residential care, aged care, carer's needs, transition, social work, grief and loss, end of life, qualitative, thematic analysis

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In some international settings, social workers are employed within aged care settings. However, in Australia, social workers rarely work in residential aged care facilities. In an innovative program, an Australian health network employed a social worker in an aged residential care facility from 2010 to 2011. In this research we examine and evaluate this program. Qualitative semi-structured interviews with nine key stakeholders and data extraction from medical records were conducted. Data from medical records and interview transcripts were coded and themes extracted using thematic analysis. Thematic analysis identified five key themes reflecting the roles performed by the social worker. These were: (1) The importance of having an independent third party, (2) The provision of emotional support to residents, carers and families during the transition period, (3) The importance of role clarity, (4) The provision of family-centered care, and (5) Social work responses to potential difficulties which were preventative rather than reactive. The move into residential aged care can be an overwhelming, and in some cases, traumatic transition for residents and families. Results identified that timely and expert social work intervention can improve the transition process through the provision of counselling to effectively manage grief, loss, and psychosocial issues.

Keywords: residential care, aged care, carer's needs, transition, social work, grief and loss, end of life, qualitative, thematic analysis

Introduction

Entry into residential aged care (RACF) is a major life transition for an older person and their family. In the United States, unlike in Australia, there is legislation and policy to support the employment of social welfare staff in residential care, with one full-time qualified social worker for every 120 beds (Simons, 2006). Simons (2006) has asserted that the lack of social work staff in many instances contributed to inadequacies in both care plans and provision of planned services. This assertion complemented an earlier British study by Phillips & Waterson (2002), which had highlighted the importance of social workers' therapeutic skills. When these skills were absent during the transition from hospital, patients and families experienced distress and felt unsupported as they navigated external accommodation arrangements.

Social work has a specific focus on supporting people across the life span and understanding human life within its psychosocial context (Gitterman & Germain, 2008; Harms, 2010). Interest in the transition between various chronological, psychological, social, geographic, and physical spaces is important to this perspective. In health care settings, social

workers are often employed at and in locations when and where these transitions proceed. Examples include when young people with chronic illnesses are moving from childhood to adolescence to young adulthood (Kennedy et al., 2007), or when patients cease cancer treatment and move into palliative care (Kramer et al., 2005).

In sub-acute health settings, much social work activity is directed towards preparing people – primarily those who are aged, unwell or have multiple co-morbidities – for discharge (Cheek & Ballantyne, 2001). Many discharges of older patients are into residential aged care facilities (RACFs). However, in Australia, social workers are rarely employed in these settings. This is unfortunate, as social workers have the skills and knowledge necessary to mitigate the stresses and anxieties among patients, relatives, and staff at these important transition times (Mitchell, 2016; Winn-Horvitz, 2014). In addition, there is evidence that staff in RACFs experience considerable stress from the high emotional demands placed on them because of the nature of the work and the frequent occurrence of resident decline and death (Holman & Crowhurst, 2009). The absence of social workers in such settings and the role they might fulfil in working with the multiple emotional demands of staff, patients, and families is significant.

It is from this standpoint that we sought to identify, describe, and assess the impact of a social worker being placed in a RACF. The opportunity to explore this was presented with the short-term appointment of a social worker to a RACF in suburban Melbourne, Australia. The RACF was part of a large Victorian health service and the majority of patients had been referred there by social workers at the health service. This paper reports on a multimethod retrospective evaluation of the impact of this program, which operated for 18 months between 2010 and 2011.

Literature Review

Apart from their increasing physical frailty, people needing to enter care commonly face an array of losses that accompany leaving their homes and their familiar possessions, confronting them with the need to adjust to institutionalised routines of care (Power, 2010). These wider dimensions of well-being include the complexity of residents' needs (Cohen & Eisdorfer, 2011; Simons, 2006) and the management of conflict arising between patients and staff, and between families and staff (Allen et al., 2007; Vongxaiburana et al., 2011). Placement in RACFs requires the monitoring, measurement, and evaluation of care plans, and foregrounds the importance of end-of-life decision making (Lacey, 2006; Vongxaiburana et al., 2011). Furthermore, it highlights the need for support for the older person and their family, particularly where there is a diagnosis of dementia or degenerative illness (Lacey, 2006; Rollin, 2011; Zlotonik et al., 2006).

The transition to residential care is difficult for both the older person and their family, particularly in relation to issues of emotional well-being (Vinton & Mazza, 1994; Vinton et al., 1998; Vongxaiburana et al., 2011). Some fundamental issues confronting people in residential care can include loneliness, hopelessness, and depression (Thomas, 1994, as cited in Reynolds, 2006) and the need for companionship, nurturing, inclusion, and stimulation (Reynolds, 2006). Suicide in later life is a public health concern (Manthorpe & Iliffe, 2010). It may be associated with depression in relation to bereavement or the worsening of health and disability, as well as a desire to end physical suffering. Some older people may face situations considered untenable such as financial ruin, dementia, or other psychiatric illness (Snowden, 2001, as cited in Manthorpe & Iliffe, 2010).

In light of these factors, there is an important role for social workers to play in addressing the psychosocial needs of residents and their carers. Cohen & Eisdorfer (2011) argued that although primary care practitioners can assess different components of functioning, a team of geriatric professionals (including social workers) is best suited to evaluate an

individual's situation. On such a team, social workers may provide psychosocial interventions to enhance coping skills for residents and families, join with the RACF team on care planning, and work with individual residents, carers, and families on making the important decisions which can reflect residents' choices and preferences (Vongxaiburana et al., 2011). In relation to staff experiences in RACFs, studies have found high rates of depression among residential care staff who lack medical or health care training (Holman & Crowhurst, 2009). Staff reported challenging expectations regarding their ability to assess and identify the needs of particular residents (McDonald, 2009). Social workers are well placed due to their skills at identifying risk and ability to implement strategies to support staff, residents, and families.

An in-depth study of the impacts of a social worker in a facility where there previously was none would help us to understand more about the ways in which a social worker can help with the challenges faced by residents, families, and staff.

The RACF social work service

In 2010, the health service opened the 100-bed facility supporting residents that require both low and high-level nursing care and were unable to remain in the home environment. The facility provided accommodation to residents with physical and cognitive impairments. Hospital senior management decided to allocate some dedicated social work resources to the facility and three other aged care facilities run by the health service. The decision to appoint a social worker was made because during the transition of residents from the existing facility to the new 100-bed facility, social work support was requested consistently by existing facility staff. A single social worker assumed duties in the role three days a week. The social worker role was designed to proactively build relationships with residents and their family members and offer psychosocial support and assessments, grief and loss counselling, conflict resolution, support and education for staff, resolution of financial issues, early intervention for averting crises, resident advocacy, and management of legal issues.

The employment of a social worker in a RACF for an 18-month period provided an opportunity to research the following question: What can be learned from analysis of a time limited project of social work presence in an Australian aged care residential facility?

Subsidiary questions were posed:

1. What were the strengths and limitations of the social work role as it unfolded over 18 months at the RACF?
2. What were the advantages and disadvantages for staff, patients and families or loved ones arising from the introduction of a social worker into aged residential care?

Method

It may be beneficial to know that two of the researchers have a clinical role in the large health network that is affiliated with the aged care facility being discussed. As clinicians, we were exposed to the complexity of patients that were admitted to the hospital and the gaps in social work service once they discharged to residential care. We are still working in these clinical roles currently and value the role of social work in hospitals as the complexity, conflict and support needed continues, or even increases, when we discharge the patients to residential care. The third researcher has a combined role between the health network and the Social Work department in a large, affiliated university. The aim of this research is to provide an evidence base for this service to be reinstated. Approval of this study was provided by the Monash Health Human Research Ethics Committee and the study was categorized as low or negligible risk.

Study Design

With very limited social work intervention available in RACF in Australia and few research studies undertaken in an Australian context, an in-depth understanding and evaluation of this social work role was required. A qualitative research design was applied, which included the establishment of research criteria, data mining of medical records, and one-on-one interviews with key staff to extract comprehensive, rich data from participants and examine their direct feedback and insight into the social work role in aged residential care.

It was decided that a quantitative design would not adequately provide in-depth information regarding the social work role. The literature review revealed a wide range of roles that a social worker could play in a RACF, and that due to the variety of roles held by the interviewees in the facility, and the variety of experiences they would have had with the social worker, a qualitative design allows us to more effectively explore their opinions, whereas a quantitative approach might limit their responses. Adopting a qualitative research design allows individuals more freedom in sharing than a focus group format, since some participants may have had dependent relationships with other participants that could restrict opinion sharing, should they be interviewed together.

Applying the principle of natural inquiry, we observed, described, and interpreted the experiences of key staff in this setting (Erlandson, et al., 1993). Naturalistic inquiry has been applied, as this assists researchers to seek a rich and contextual understanding of a phenomenon as it exists in its natural setting. Rather than seeking to generalize findings, naturalistic inquiries present a rich description of the participants and project setting so that the reader may determine transferability between situations (Lincoln & Guba, 1985). By entering the RACF to collect data in the participants' environment, researchers become an intangible aspect of the project. Individual face-to-face interviews adopted a semi-structured approach to data collection. This approach provides the researcher with additional scope to use prompts and clarify responses (Polit & Beck, 2014).

Setting

The study took place at a large tertiary metropolitan healthcare network in Australia which manages five residential care facilities (30-100 beds), providing low-level and high-level residential care. This study focused on the largest facility, which manages 100 low- and high-care residents.

Participants and Recruitment

We used purposive heterogeneity sampling to recruit participants. Key staff were invited by the research team to participate in this study, with nine staff, including the social worker, consenting to take part in this research. No participants withdrew from the study. To maintain anonymity, job roles have not been identified, as many participants still work in the organisation. Four staff were part of the senior management team and five were in clinical or administrative roles at the time when the social worker was employed. All participants were recruited due to their involvement in the implementation of the social work position or had direct contact with the social worker.

Interview Discussion Procedure

The research assistant conducted one-on-one interviews with each participant between August and November of 2014. The interval between the placement and research evaluation

was due to the need to obtain funding. Interviews were face-to-face and lasted between forty-five minutes and one hour. The interviews were audio-recorded with the participants' consent and transcribed verbatim. The transcripts contained no identifying information.

In order to prompt participant recall, given the lapse in time since the social work role was in place, interviewees were given six questions in advance of the interview on the role of the social worker in the facility (see Figure 1). These questions were developed following the data mining.

Figure 1
Interview questions

QUESTIONS FOR INDIVIDUAL INTERVIEWS
What do you believe is the main role of social work in aged residential care?
What specific skills (unique skills) does a social worker possess?
Thinking back to the period 2010-2011, what do you recall about what the social worker did?
What are the advantages and disadvantages of having social workers in aged residential care?
If you had a social worker for a day, in your role within the aged care setting, what would you ask them to do?
Is there anything else that you would like to add that you are not asked that you believe would be of value in regard to the role of social work in an aged care setting?

Data Mining

Files for residents that met the following inclusion criteria were included in the data mining process:

- Resided at the RACF during February 2010 until August 2011 (period of social worker employment)
- Had social work involvement

We extracted relevant data from the file analysis using a template developed from current literature (Epstein & Blumenfield, 2002). Due to the length of time that had elapsed, manual records of social work referrals were not able to be located, so two interviewees with knowledge of social work referrals identified from memory residents whom they believed had social work involvement using a list of residents of the facility at the time. Templates were created to systematically collect data from residents' files, including age, gender, co-morbidities, reasons for referral, and interventions and actions taken by the social worker. Forty residents were identified for file review as meeting the criteria. No electronic records were available so analysis of the forty files was done manually. Thirteen of the retrieved files had social work referrals. Sixteen files had no social work involvement, so after discussion by the researchers, the analysis was refined and conducted on the gaps where social work may have added value to the situation. Eleven files were found to be outside of the dates when a social worker was employed or from alternate facilities, and as such, were excluded from the data collection. The researchers, drawing again on the literature (Mitchell, 2016), assisted in identifying relevant factors such as family conflict, family stress, need for care and support for

residents and families transitioning into care, and lack of social work support provided for end-of-life care.

Data Analysis

Once the interviews and data mining were completed, to ensure authenticity and trustworthiness of the qualitative data, a naturalistic enquiry was applied, and a thematic analysis of the respondents' responses was undertaken by the researchers. Coding was used to identify themes based on emergent patterns. Texts were coded independently, and identification of themes reviewed by the external researcher. To ensure rigor and trustworthiness, the authors then conducted a thematic analysis of all participants' interview responses collectively, to cross-check and identify consistent individual themes. Mind maps were also used (Crowe & Sheppard, 2012) to assist in identifying key themes and produce more robust data.

Results

The implementation of the social work role in the RACF revealed a number of unexpected, complex issues, such as the continuation of the role and provision for an evaluation. In fact, the social worker resigned from the position in August of 2011 and no evaluation of this initiative was undertaken. This formed the motivation for the current study, which aimed to identify the strengths and limitations of this initiative and to inform future decision making regarding the appointment of social workers in RACFs in the health network. Currently the Social Work Department manages social work referrals on a case-by-case basis.

Findings from file analysis

Analysis of the twenty-nine files of residents revealed that their ages ranged from 50-90 years, with 55% males and 45% females. Thirteen of the files retrieved had social work referrals and sixteen identified no social work involvement.

Of the thirteen residents with social work referrals, 77% had five or more co-morbidities and 83% of the residents resided in the mental health section of the RACF, suggesting that these residents required more social work support. Of the sixteen residents with no social work involvement, 81% had five or more co-morbidities and 69% of the residents resided in the mental health section of the RACF.

Twelve of the thirteen referrals were deemed by the researchers as appropriate for social work intervention, despite the majority of the residents having a Guardian or Administrator in place and a supportive family.

The social work referrals were largely for family conflict, emotional support for residents and family, or transfer to other facilities and Victorian Civil and Administrative Tribunal (VCAT) for Guardianship and/or Administration to be appointed. Of the thirteen social work referrals, six had short interventions (1-5 days) and five were lengthy (over three months). Nine of the referrals recorded between 2-9 entries from social work in the resident records. All of the files indicated that social work provided support for the resident and/or family, and the social worker attended family meetings and VCAT hearings in some instances. The social worker's written notes indicated that they had established relationships with patients, families, and carers, taking a leadership role in conflict resolution.

The thirteen residents that had social work involvement appeared to have benefited from the intervention through family conflict resolution, transfer to appropriate facilities, and family support. These findings were supported by the data mining of the facility files, which

indicated a substantial number of family members reporting to residential staff that they had a more positive experience with social work involvement.

Review of one file and a patient and family members' experience revealed the role that social work had in providing support and reducing stress for a resident's loved one as he approached the end of his life:

> *There were seven social work contacts for a resident Betty and her husband Frank that were noted in the files. Social work had been notified that Frank had a terminal illness, was in a hospice, and was unable to travel to visit Betty. Frank was concerned about who would assist with managing his wife's financial affairs once he had died. Social Work was able to assist Frank with navigating the VCAT application legal system to ensure that Betty had an Administrator in place and was able to support with phone calls to Betty before he died.*

This case example demonstrates the vital role social workers play when addressing complex psycho-social issues that staff reported having difficulty managing.

Analysis of records for the 16 residents who had no social work intervention showed that nearly 70% resided in the mental health section and had 6-8 co-morbidities. Records revealed that even though over 80% had supportive families, gaps in service provision were apparent. There were many instances where residents may have benefited from social work involvement (see Figure 2), particularly in providing support for families and the resident. It is unclear from the analysis why no referral to social work was offered to these residents, and unfortunately, following up outcomes for these residents was beyond the scope of this project.

Figure 2
Gaps where social work could have been beneficial
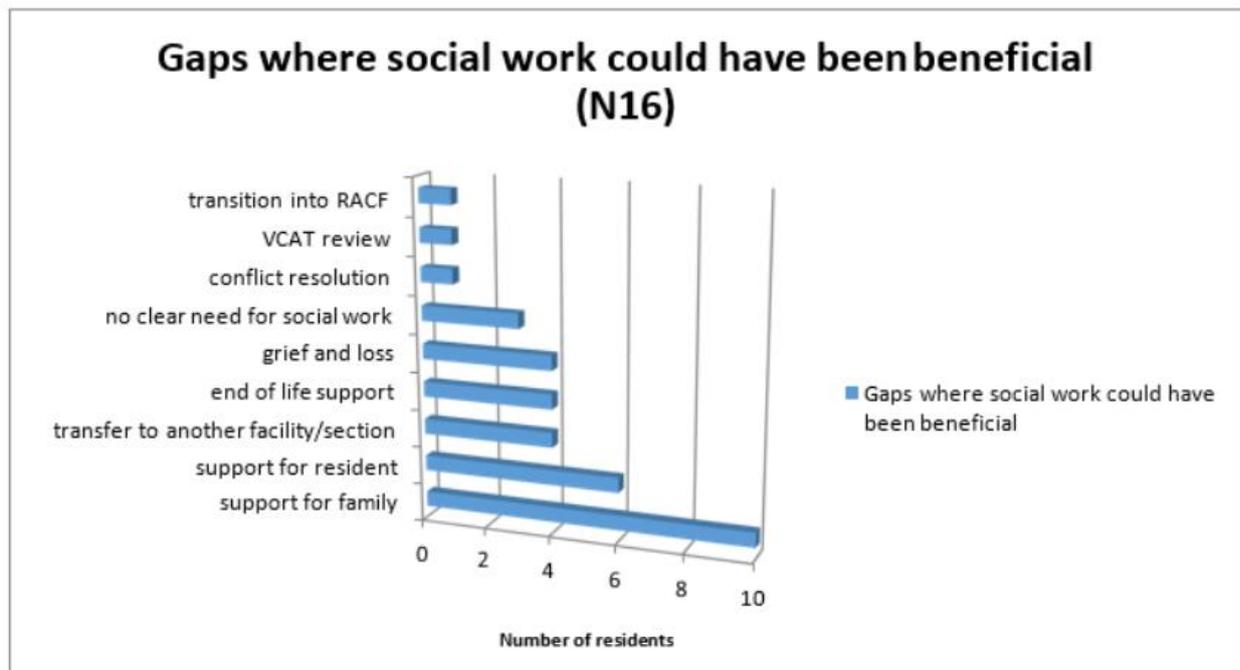
Findings from key staff interviews

In thematically analysing the interview data for the nine key staff, we coded and organised the data into descriptive categories and mapped to key themes in consultation with all authors, with five main themes emerging:

1)   The need for an independent third person

A social worker was highly valued as an independent third person. It was reported that the established relationship between the facility and family meant that it could be difficult at times for staff to discuss complex matters, financial or otherwise, as they felt it could jeopardise their caring role for the resident, with one staff member reporting,

> *(People would) unburden themselves because they don't see the social worker as one of the nursing staff. They don't see the social worker on the ward, so they are able to talk to them about it.*

It was also reported that family conflicts between residents and their families, or between the family members themselves, could also impact the relationship between the facility and the families, and that an independent person was preferred.

2)   The need for emotional support for the residents and families and carers, particularly with the transition period

Emotional support was identified as a key theme from the interviews, not just for the residents but also for the families and carers, and particularly when a resident transitioned into a facility. Participants reported that emotional support was separate from the clinical/nursing role and from the business/facility role that the staff were responsible for. Support for new admissions was described as being important for residents and their families as they adjusted to the period of change in their lives. The following quote describes the difficulties and length of the typical transition period for families, and what this staff member perceived to be a gap in the service:

> *I witnessed when some families came through. There was a three to four week settling-in period. It was traumatic. They don't want to leave mum. If social work was there, (it would give them) someone to speak to, someone to allay their fears. Other staff do not have time for that.*

The "Welcome Pack" that was developed by the social worker and admissions coordinator was one initiative that interviewees thought supported residents and families through this change, offering support with loss and grief and helping them to settle into their new environment.

3)   Greater role clarity

The role of social worker was identified as needing to be more clearly defined in order to make it more effective. Interviewees reported ambiguity around what duties the role encompassed and discussed what they referred to as "blurred lines." The following quote by one staff member identifies the need for role clarity to ensure that staff and family know who to approach if problems or queries arise:

*If you have a social worker, they need to have clear lines and staff need to have
clear lines as to: if a family has a problem, they see a Social Worker, or if they
have a different problem, they see the Nurse Unit Manager.*

Whilst some had a good understanding of the role, they identified that the majority of staff did
not understand it, making the role less beneficial than it might otherwise have been.

4)   The importance of resident and family-centred practice

Resident and family-centred practice emerged as a key theme, with most interviewees
expressing that the social worker's whole focus should be on the resident and their families and
enhancing the resident's quality of life. The social worker had developed several programs
including the Men's Shed, which is a separate space for men to talk and work on hobby projects
similar to the programs that would have been available to them in the community, and the
Welcome Pack to improve residents' and families' experiences. One staff member identified a
gap with this transition process and highlighted the importance of programs to support residents
and their families:

*Some don't settle due to the family issues. This makes it worse for the resident
being left there.*

Interviewees recognised these projects as responsive to their needs and provided
resident/family-centred practice. As this study has identified, the initial transition can be
enhanced with an effective welcoming process. "The admission process can be a confusing
time for loved ones and concerns often arise. Maintaining a close connection with family
members can make them feel welcome and involved even before admission day" (Mitchell,
2016, p. 29).

5)   The need for a preventative, rather than reactive response

Interviewees reported that the social worker in this pilot project had a preventative role
to intervene before issues escalated to a crisis. It was noted that after the role concluded, only
the most complex cases were then referred to off-site social work services, and often a crisis
and trauma had already developed. The benefits of having a social worker available as a
preventative measure to avoid escalation was identified by one staff member:

*One lady came out in tears – her mother swore, but she would never normally
do that. The lady was upset. The social worker was able to sit and talk with her
and explain part of the illness, process of disease and that it was part of it. No
one caused it.*

Interviewees stated that if social work had been involved in cases earlier, that family
conflict could have been resolved through mediating with all parties, providing supportive
counselling, and potentially preventing escalation to the Victorian Civil and Administration
Tribunal (VCAT) for Guardianship and Administration matters.

Findings from the social worker interview

The social worker identified the residents as key in developing her role in residential
aged care, leading to the development of various patient-centred initiatives. The social worker

rated the quality improvement projects she introduced – a Welcome Pack for incoming residents, a quiet place for male residents (the Men's Shed) and support groups for carers and families – as "great achievements" that had a very positive impact on the residents and their families, and which aligned with the key themes identified earlier. The social worker offered this anecdote as indicative of her approach with the Men's Shed:

> *A gentleman who had been inappropriate sexually, young, had a stroke, truck driver. We got the Men's Shed up and running and we brought in some old truck brakes and put them in the shed. It was emotional at the time, it still gives me goosebumps to see the changes, and all they needed to do was take him out there and sit him in his wheelchair among all of that. His wife had noticed and spoke to me about the change in him. You could argue that it may well be the medication that he was placed on, but it improved other behaviours as well. He was less agitated. He was not bored.*

The social worker identified that the skills of a social worker can be different in a RACF setting, when compared to other healthcare environments. The program highlighted the importance of helping people to settle in, getting to know them, making sure the RACF is meeting their needs, working with issues of grief and loss, and ensuring that the legal paperwork is in place ahead of time.

The nine interviewees in this study described the social work role as autonomous and unique; the social worker was encouraged to identify and address service gaps, to be resident-centred and enhance the lives of its residents.

The skills of a social worker which could prevent crises were identified as: diffuser, listener, good communicator, problem solver, mediator, support person, and educator. The social worker was viewed as a skilled participant who offered interventions that other professions were not trained in, such as working with grief and loss, addressing feelings of guilt that a family might have, and supporting residents and families with end-of-life preparations. Most interviewees identified that there were no disadvantages in the social work role within aged care; only advantages.

Discussion

Unlike in the United States, relatively few social workers are employed in residential aged care in Australia (Simons, Shepherd and Munn, 2008), and few if any Australian studies have focused on the effectiveness of social work interventions in residential aged care (Hughes, et al., 2017). Hughes et al (2017) conducted a scoping review focusing on the long-term research capacity of Australian social workers working in aged care, and identified that most social work researchers had published only one article on ageing and residential care between January of 2007 and June of 2014.

This study focused on a unique social work role; specifically, analysing social work interventions and their effectiveness. The findings from this study support much of the research conducted in the United States. Regarding the transition into residential aged care, the social worker's ability to advocate, provide case management, and general transition support greatly assists an elderly person and their family (Mitchell, 2016).

Previous research has identified the complexity of residents' needs and the importance of the effective management of conflict that can arise between patients and staff and between families and staff in residential care facilities (Allen et al, 2007). The decision to move into aged residential care is often precipitated by a traumatic event such as a stroke or a fall at home.

Supports are required for patients and families when transitioning into a RACF and when patients are diagnosed with degenerative illnesses or dementia (Rollin, 2011).

The main themes identified from this study were: the need for an independent third person, emotional support provided by the social worker, the need for improved role clarity, the importance of resident-centred care, and preventive practice.

The social worker was able to mediate conflict between family members, between the family and their loved one, and between family and facility staff. These findings are important, as social workers are well placed to provide this counselling and emotional support, and as this study has found, the social worker is seen as independent and a non-judgemental support to residents and family members. Families that have difficulty accepting the authority of staff members or have different expectations of the treatment their relative receives tend to clash with the nursing and personal care staff (Abrahamson, et al., 2009). The findings from this study support the idea from the literature that social workers are able to use mediation and conflict resolution skills to provide expert psycho-social interventions to residents, families, and staff.

These findings are applicable to the social work profession across the aged care sector, and this study has established that effective, timely intervention has a significant positive impact with the management of psycho-social issues when people transition into or reside in RACFs. The importance to families of having an independent third person was an unexpected finding from this study.

The findings from this study support research conducted in aged care, focusing on the transition and the unique skills that social workers possess. The transition into aged residential care can be a stressful, difficult process for families, and the social worker was able to provide counselling support, information, and advocacy to streamline this transition. Social workers have skills in providing services around decision-making, maintaining quality of life for residents, and supporting the transition process (Fields, et al., 2012). Social workers provide counselling and assist with the management of mental health concerns and dementia care. Studies have identified that 40-60% of residents entering care have some form of dementia, with 13- 25% percent exhibiting signs of depression (Jang, et al., 2007). Social workers can assist with the management of depression through counselling, education, and case management with other healthcare professionals.

Whilst several stakeholders were able to articulate the role and skill set of social workers, the majority of stakeholders recommended that the role be more clearly communicated to residents, families and staff. If families and staff had a better understanding of the social work role, more referrals to social work could be made and appropriate support provided. This lack of role clarity and understanding is a significant gap and an unexpected finding of the study. Nursing staff would be better placed to understand the social work role so appropriate, proactive referrals can be made and a range of complex, psycho-social issues addressed. When residents, families, and staff do not fully understand the social work role, and referrals are not made, or made late, there is potential for escalation of conflict, emotional distress, and a breakdown in communication.

Social workers advocate and listen to families, assisted to maximise the quality of life for residents, and are often a conduit between staff and the family. The welcome kit used by the social worker in this study is also part of practices applied at The Charles Morris Skilled Nursing and Rehabilitation Center in Pittsburgh, PA. At this rehabilitation centre, a Patient and Family Centered Care Methodology and Practice framework is applied to improve the transition for the new resident (Winn-Horvitz, 2014). When new residents arrive at this facility they are provided with a Welcome Bag with information about the facility, a note pad, pen, and magnifying glass (Mitchell, 2016). The social worker in this Australian study also developed a Welcome Kit for new residents and families and facilitated an orientation and tour of the

facility to streamline the transition process and provide support, with a strong focus on resident-centred practice.

Interviewees reported that the social worker would proactively intervene with families and residents to de-escalate situations and prevent potential conflict from developing. This research also identified the key role which social workers can play with early intervention to mitigate the potential escalation of psycho-social issues, conflict within families, and conflict between families and staff. If social workers are able to intervene early, adequate counselling and support can be provided and the emotional distress which many loved ones experience can be defused or effectively managed. When there is no social work support or a significant delay with this expert intervention, minor issues can develop into complex issues that then require significant work to defuse and ultimately resolve. This study has determined that with early social work intervention, much of this can be avoided and the overall transition process can be more harmonious.

The decision to conduct this research was made due to an increase in social work referrals from the health network's residential aged care facilities. This innovative pilot program ceased two years before the commencement of this research project. A limitation of this study is that only one social worker could be interviewed. A further limitation is that the file analysis and interviews were undertaken two years after the role ceased, making it difficult to obtain paper referrals made to the social worker. To address these limitations, one-on-one interviews were conducted with nine stakeholders who worked with, or were able to observe, the impact of social work in residential aged care.

This research has identified practice suggestions that can be used by social workers in residential care settings, not only in Australia, but in aged care facilities around the world. From an Australian perspective, this is a policy consideration that must be given more attention by federal and state governments and service providers, that here is legislative provision of specialist social work services in the aged care sector across Australia. The appointment of social work within residential aged care would provide support to vulnerable residents and family members in addition to providing support for staff. Given the overall positive outcomes of the social worker's employment at the RACF, there is clearly a need to expand such programs along with ongoing evaluations and research – in particular, follow-up studies of the impact on residents, families, and staff.

Future research needs to focus on the role social workers could play with end-of-life decision making. Some nursing staff reported that they did not have the specialist grief and loss skills to provide effective interventions when a resident is in need of palliative care. Some interviewees specifically reported the need for counselling support and assistance with arrangements following the passing of a family member. It was an unexpected finding to us as researchers and clinicians that health care professionals in residential aged care, who frequently encounter end-of-life treatment, did not feel that they had the skills or confidence in this area. Future research needs to focus on aged care curriculum development and training, and education for service providers. In the Australian Social Work Education and Accreditation Standards (Australian Association of Social Work (AASW), 2012), there is limited focus on ageing and aged care (Hughes et al, 2017), with other practice areas getting greater attention. Inadequate training and education in ageing and aged care must be addressed to ensure a professional, competent workforce is attracted to, and has career longevity in, this sector.

The research has articulated the important, specialist role provided by social workers in such a context, noting the positive outcomes for some residents and the benefits which may come from greater collaboration between families and facility staff. Further, it has provided insights into appropriate strategies to embed social work practice in aged residential care with the intent of achieving best practice, high quality patient-centred outcomes, and an enhanced model of care for older people transitioning to residential care in Australia.

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