Resident Service Coordinators: Roles and Challenges in Senior Housing

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ABSTRACT. This study aims to explore the challenges that Resident Service Coordinators (RSCs) encounter in senior housing and the meanings they attach to their role. Using a mixed methods approach, surveys and interviews were conducted with RSCs working in age-segregated housing in Connecticut. Survey responses indicate that, despite certain similarities, no single profile characterizes the scope of the role. Analysis of the interview data reveals 5 themes: interpersonal conflicts, mental health problems, inadequate resources, unclear policies regarding residents' rights, and inconsistencies in role definition. These results underscore the need for increased training for RSCs, and additional research is needed to understand the role and identify best practice models.

KEYWORDS. Housing, long-term care, resident service coordination

INTRODUCTION

In an effort to reduce public long-term care expenditures, federal and state policymakers are increasingly turning to Service Coordination

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Programs (SCPs) as a way of providing a community-based long-term care alternative to address the needs of frail elderly residents (Pynoos, Liebig, Alley & Nishita, 2004). A SCP approach follows a service delivery/coordination model, which places a Resident Service Coordinator (RSC) in housing designated for the elderly to assess, monitor, and coordinate services for residents. Recognition of the value of SCPs for addressing elders' long-term care needs is evident in recommendations from the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century (2002), which call for increased levels of funding to employ RSCs in all federally assisted housing. Furthermore, several states fund SCPs as a way of reducing long-term care costs. For example, New York's Enriched Housing program (New York State Office for the Aging, n.d.) brings service coordinators into existing housing, whereas Connecticut, which provides funding for RSCs in its state-funded elderly and disabled housing complexes, recommends employing RSCs in all state elderly housing as part of its long-term care plan (State of Connecticut, 2004).

In many ways, the work of RSCs is distinct from that of other helping professionals, such as Case Manager Specialists, Geriatric Social Workers, or an Activities or Social Director. Key elements of the role involve empowering residents to retain control over their situation by emphasizing their right to make decisions about their needs and addressing social dynamics in the housing (e.g., socialization, interpersonal conflict) (Bear, Sauer, Jentsch, 2000; Lansperry, n.d.; Sheehan, 1992). Consequently, the RSC role extends beyond responsibility for the well-being of a single individual to address the broader social context in which residents live.

Over the past 15 years, the number of RSCs has increased, although the exact number is unknown. RSCs work in many types of planned housing for seniors, including federally subsidized senior housing, public senior housing, state subsidized senior housing, congregate housing, private market rate housing, and assisted living facilities. Increased availability of RSCs has been made possible due to a variety of funding sources (e.g., the U.S. Department of Housing and Urban Development [HUD], Area Agencies on Aging, state aging and housing agencies, and the use of residual receipts). Based on these diverse funding streams, RSCs may be employed by either housing-based organizations (i.e., housing authorities, housing developments, and private management companies) or social services agencies. Furthermore, one RSC working in several settings may be funded by more than one source.

As the numbers of RSCs have increased, there have been few attempts to document their role and the challenges that they face. What is known about RSCs comes from the earliest SCPs in the late 1980s and early 1990s. At that time, 2 SCPs were implemented, the Supportive Services Program in Senior Housing, a consumer-driven model funded by the Robert Wood Johnson Foundation and the Elderly Supportive Services Program, a demonstration program funded by the Administration on Aging (Sheehan, 1993). Early proponents marketed SCP models as benefiting housing management by reducing resident turnover and alleviating management's responsibility for residents' needs (Sheehan, 1996).

Several program evaluations of SCPs noted both the benefits and problems. Identified benefits include increasing residents' awareness of services (Bear, Sauer, & Norton, 1999; KRA Corporation, 1996; Schulman, 1996; Sheehan, 1993, 1999), improving service referral and utilization (Bear et al., 1999; KRA Corporation, 1996; Sheehan, 1993, 1999), providing new services (Feder, Scanlon, & Howard, 1992), enhancing security and emotional support (KRA Corporation, 1996; Schulman, 1996; Sheehan, 1993, 1999), reducing demands on managers (KRA Corporation, 1996), and enhancing neighborly relations and socialization (Feder et al., 1992; KRA Corporation, 1996; Sheehan, 1993, 1999).

At the same time, these evaluations noted problems inherent in SCPs. First, some RSCs experience conflicts with property managers. Conflicts stem from several sources—a manager's reluctance to work with the RSC (KRA Corporation, 1996), lack of clear distinctions between the manager's and RSC's responsibilities and lines of decision-making authority (KRA Corporation, 1996; Sheehan, 1996), disagreements about access to confidential information (KRA Corporation, 1996; Sheehan, 1996), and conflicting problem solving strategies (Sheehan, 1996). Although property managers use "quick" problem-solving strategies designed to benefit the efficiency of the complex, RSCs use more time-consuming solutions to promote residents' self-determination (Sheehan, 1996). Additional problems include residents' confusion about what RSCs do (Bear et al., 1999; Sheehan, 1996), residents' rights to refuse services (KRA Corporation, 1996), a lack of community services, which forces RSCs to provide direct services such as transportation in rural areas (KRA Corporation, 1996), and lack of adequate resources (e.g., training, supervision, and space) to do the job (KRA Corporation, 1996).

What is clear is that althoguh SCPs are increasingly promoted as an integral part of the long-term care system, we know relatively little about the RSC role and how RSCs function in elderly housing. The current study

aims to increase understanding of how RSCs operate by investigating the perceptions of their role, the problems they face, and the needs of elderly residents.

DESIGN AND METHODS

Using a mixed methods design, we employed both self-administered surveys and in-depth telephone interviews to increase understanding of the RSC role and the challenges that they face. The survey assessed 4 areas using a Likert scale: personal information (e.g., age, gender), employment status (e.g., work status, employer), required tasks, and perceptions of the severity of job-related and resident problems. For the telephone interviews, we used an interview guide that addressed 6 areas: responsibilities and conflicts, support, work with residents and families, residents' rights, views on aging in place, and policy recommendations. Overall, the semi-structured nature of the interview expanded dialogue about what it means to be an RSC.

Sampling and Procedures

We developed a master list of RSCs working in elderly housing in Connecticut based on lists obtained from both federal and state housing agencies serving Connecticut, two Area Agencies on Aging and the Connecticut Association of Resident Service Coordinators in Housing. Our list excluded RSCs working in assisted living facilities. Using this list, we made phone calls to verify and update the contact information for RSCs. Although we verified information for most RCSs, a small number of RSCs who could not be reached by phone remained on the list. The 161 RSCs on the list were sent self-administered surveys with stamped self-addressed envelopes and the informed consent form. Twelve packets were returned as undeliverable. Follow-up letters were sent to non-respondents to increase the response rate. A total of 63 RSCs completed the survey (42% response rate).

Next, a purposive sample was drawn from survey respondents to participate in the interviews. Inclusion criteria sought to capture a range of employment situations (employer and nature of resident population) of RSCs. Also, we over-sampled property managers serving as RSCs. A total of 26 RSCs participated in the interview. All interviews were tape-recorded,

TABLE 1. Sociodemographic Characteristics of the Total Sample and Subsample of Interviewed RSCs

Variable	Total Sample (n = 63)	Sub-sample (n = 26)
Gender		
Female	57 (90.5)	24 (92.3%)
Male	6 (9.5%)	2 (7.7%)
Total	63 (100%)	26 (100%)
Ethnicity[a]		
Caucasian	56 (90.3%)	24 (92.3%)
Hispanic	3 (4.8%)	
African American	2 (3.2%)	1 (3.8%)
Other	1 (1.6%)	1 (3.8%)
Total	62 (100%)	26 (100%)
Age[a]		
20–40	10 (16.39%)	1 (4%)
41–64	44 (72.1%)	19 (76%)
65+	7 (11.5%)	5 (20%)
Total	61 (100%)	25 (100%)
Education		
High School Graduate or GED	5 (7.9%)	1 (3.8%)
Attended College	14 (22.2%)	5 (19.2%)
College Graduate	21 (33.3%)	8 (30.8%)
Graduate Degree	22 (34.9%)	12 (46.2%)
Other	1 (1.6%)	0
Total	63 (100%)	26 (100%)

Note.[a]Data missing.

took approximately 30 to 60 minutes, and were completed by the second author.

Sample Characteristics

The characteristics of the survey and interview respondents are presented in Tables 1 and 2. Overall, there are many demographic similarities for the survey respondents (n= 63) and the interview sub-sample (n= 26). Both groups are predominantly female, Caucasian, and middle-aged (between 41 and 60 years of age), most participants have at least a college degree, and a significant proportion has completed a graduate degree. Furthermore, approximately half of both groups work in either federal (public senior housing and federally subsidized) or state subsidized housing and approximately 50% are funded by either the state's program (Department of Economic and Community Development) or HUD's RSC program. In

TABLE 2. Occupation Characteristics of Total Sample and the Subsample of Interviewed Reviewed Service Coordinators

Variable	Total sample (n = 63)	Sub–sample (n= 26)
Type of Housing Facility		
State subsidized	11 (17.5%)	7 (26.9%)
Congregate housing	9 (14.3%)	3 (11.5%)
Public senior housing	5 (7.9%)	3 (11.5%)
Federally subsidized	20 (31.7%)	5 (19.2%)
Private market rate	1 (1.6%)	2 (7.69%)
More than one	13 (20.6%)	6 (23.07%)
Other	1 (1.6%)	0
Total	63 (100%)	26 (100%)
Employer		
Housing authority	16 (25.4%)	12 (46.15%)
Management company	29 (46%)	7 (26.9%)
Social service agency	13 (20.6)	6 (23%)
More than one	1 (1.6%)	0
Other	1 (1.6%)	1 (3.8%)
Total	63 (100%)	26 (100%)
Source of Funding[a]		
Residual receipts/ project funds	5 (8%)	2 (7.7%)
HUD RSC grant	15 (24.2%)	5 (19.2%)
DECD grant	16 (25.8%)	9 (34.6%)
Private management company	10 (16.1%)	2 (7.7%)
Combination of sources	10 (16.1%)	6 (23.1%)
Other	5 (8.1%)	2 (7.7%)
Total	62 (100%)	26 (100%)

Note.[a]Data missing

addition, approximately 20% of RSCs in both groups are employed by social service agencies (e.g., Area Agencies on Aging or the Department of Social Services). In contrast to the entire sample, the interview sample contained a much larger number of RSCs working for local housing authorities. More specifically, while almost half of the interview sub-sample works for local housing authorities (46%), only one quarter (25%) of the entire sample works for local housing authorities.

Data Analysis

Responses to the survey were analyzed using SPSS 13.0 (frequencies, means tests, Pearson's correlation coefficients, Chi square tests, and *t* tests) (SPSS, Inc., Chicago, IL) to describe what RSCs do, the challenges that

they face, and factors related to differences in the RSC role. However, the small number of cases in a specific category made it difficult to perform statistical tests of significance in some instances.

For the telephone interview, an inductive model was used through an analytical examination of the transcriptions. A series of steps was followed in this analytical process using Weiss's (1994) "issue-focused analysis" as a guide: (1) coding sections of the transcriptions, (2) organizing the various coded sections into topics, (3) creating mini-theories, in which topics are summarized with a main idea, and (4) bringing the summaries of the topic and categories together to create one full story, which ends with overarching themes. The analysis was facilitated through the use of computer software program called Atlas ti (version 5.0 Atlas.ti Software Development, Berlin).

RESULTS

Survey Results

Survey results provide an overview of what RSCs do and how they experience their role. The results describe the required RSC tasks, differences in role expectations across RSCs, job-related stressors for RSCs and the severity of resident-related problems that RSCs encounter.

Required RSC Tasks

Overall, there are many similarities and some differences across RSCs concerning the required tasks that they perform (Table 3). Among survey respondents, most report being required to link residents with services (93.7%), disseminate information about services (92.1%), organize social and recreational programs (84.1%), mediate disputes among residents (82.5%), and assess residents who seek assistance (76.2%). Additionally, a significant number report being required to counsel residents (73%) and broker services (68.3%). Less than two-thirds of the RSCs are required to perform the following activities: compile a directory of community services (61.9%), assess all housing applicants (52.4%), assess all residents on a regular basis (50.8%), mediate disputes between residents and management (60.3%), mediate disputes between residents and families (58.7%), and form and strengthen resident organizations (63.5%).

Differences among RSCs in some of the tasks that they are required to perform indicate a lack of consensus regarding the parameters of the RSC

TABLE 3. Percentages of Resident Service Coordinators Required to Perform Specific Tasks

RSC Activity	Total sample (n = 63)
Link Rs[a] with services	59 (93.7%)
Disseminate information about services	58 (92.1%)
Service brokering with community agencies	43 (68.3%)
Develop directory of community services	39 (61.9%)
Assess all Rs seeking RCS help	48 (76.2%)
Assess all Rs referred by Mgmt[b]	42 (66.7%)
Assess all applicants	33 (52.4%)
Assess all Rs on a regular basis	32 (50.8%)
Mediate disputes among Rs	52 (82.5%)
Mediate disputes between Rs and Mgmt	38 (60.3%)
Mediate disputes between Rs and family	37 (58.7%)
Counsel Rs	46 (73.0%)
Organize social, recreational programs	53 (84.1%)
Form and strengthen resident organizations	40 (63.5%)

Note.[a]Rs = residents; [b]Mgmt = management.

role. A troubling finding is that more than half of the RSCs are used to assess both housing applicants and residents on a regular basis. Another issue is that almost 2 of 5 RSCs are not involved in conflict mediation between residents and management or mediation between residents and their families.

Given the differences in expectations regarding RSCs' involvement in assessment and conflict mediation, we examined possible factors that might account for variations in expectations for the RSC role. Possible factors impacting the parameters of the role include employment status (full-time versus hourly working status and housing based versus community social service employer), prior experience (prior experience as RSC and prior experience working with elders), and a continuing education requirement as part of the job. RSCs working for social service agencies and those employed part-time appear to be used in different ways by housing management (i.e., assessment and mediation tasks) than other RSCs. More specifically, part-time RSCs (part-time or hourly) are more likely to be used to assess all residents on a regular basis (72%) than full-time RSCs (37.8%) (X^2 [1, N= 62] = 5.67; p= .02). In addition, those working for social service agencies (i.e., social service agency, Area Agencies on Aging, Department of Social Services) as opposed to housing organizations (i.e., local housing authority or private management company) are more

likely to be used by management to assess housing applicants (92.3% versus 42.3%, respectively) ($X^2[1, N= 57] = 9.79$; $p = .002$). Furthermore, RSCs from social service agencies were less likely to be involved in certain types of conflict mediation. More specifically, housing-based RSCs are much more likely to be required to mediate conflicts between residents and housing management than those employed by social service agencies (72.7% versus 23.1%) (X^2 [1, $N= 57$] = 8.45; $p = .004$). They were also more likely to engage in conflict mediation for residents and families (70.5% and 30.8%) (X^2 [1, $N= 57$] = 5.10; $p = .02$).

Other employment-related variables (prior experience working with elderly and required continuing education) significantly influence the likelihood of being involved in mediation. RSCs with prior aging experience were more likely than those without such experience to mediate disputes among residents (91% versus 64.7%; $X^2[1, N= 62] = 4.56$;, $p= .03$) and to mediate disputes between residents and their families (68.9% versus 35.3%; $X^2[1, N= 62] = 4.47$; $p= .03$). Furthermore, those engaged in continuing education as part of their role were more likely to mediate disputes between residents and families than those without such training (76% versus 47.2%; $X^2[1, N= 61] = 3.93$; $p= .05$). Overall, different expectations for part-time RSCs and those employed by social service agencies involving assessment and mediation raise concerns about the lack of consensus about the RSC role, particularly the way that RSCs are used to assess housing applicants and all residents because their actions may impede the self-determination of elders. Furthermore, it is possible that assessing all applicants and residents may violate a person's civil rights and the Fair Housing legislation protecting older persons' rights. The fact that RSCs from social service agencies are less likely to mediate certain conflict situations seems to overlook opportunities for improving the overall social climate and social integration in elderly housing.

Job-Related Stressors and Severity of Resident-Related Problems

Using a 6-point Likert-scale, RSCs rated the severity of their job-related problems and the severity of the problems that their residents encounter (Table 4). First, RSCs report that the most serious job-related problems are inadequate pay ($M= 2.61$; $SD = 1.83$), lack of appropriate community services ($M= 1.97$; $SD = 1.35$), and confidentiality issues ($M= 1.76$; $SD = 1.39$). Second, RSCs' assessments of the severity of problems that their residents encounter indicate that the most serious problems confronting the residents with whom they work are depression ($M= 2.82$; $SD = 1.10$),

TABLE 4. Ratings of the Severity of Job-related Problems and Problems Residents Encounter

	Mean	Standard deviation	N
Severity of job-related stressors			
Inadequate pay	2.61	1.83	62
Too many Rs[a]	1.65	1.66	60
Lack of peer support	1.62	1.49	58
Lack of support from Mgmt[b]	1.48	1.68	60
Unresponsive providers	1.60	1.32	62
Lack of community services	1.97	1.36	62
No understanding of role	1.67	1.78	60
Lack of supervision	1.20	1.42	59
Confidentiality issues with Rs' information	1.76	1.39	62
Severity of Rs' problems			
Dementia	2.55	1.14	62
Depression	2.82	1.10	61
Disruptive behavior	1.94	1.23	62
Elder abuse	1.40	1.39	60
Substance abuse	1.87	1.49	60
Isolation	2.69	1.30	62
Family interference	1.63	1.19	62
Familyless elders	2.68	1.41	62
Resident conflicts	2.60	1.31	62
Rs' conflict with Mgmt	1.98	1.15	61

Note. Sample size varies due to missing data; [a]Rs = residents; [b]Mgmt = management.

isolation ($M = 2.69$; $SD = 1.30$), and being without family ($M = 2.68$; $SD = 1.41$). As we subsequently note, several of these job-related concerns and resident problems spontaneously emerged from the qualitative interviews with RSCs, such as a lack of appropriate services (especially mental health services), problems with confidentiality, isolated residents, and dealing with mental health issues among residents.

Finally, we examined the interrelationships among selected job characteristics, perceived job stressors, and severity of resident problems. Table 5 presents the interrelationships among job-related stressors, resident problems, and work conditions. First, RSCs who oversee a larger number of residents are more likely to report more serious concerns about specific resident-related problems (i.e., dementia, depression, substance abuse, isolated residents, family interference, and elders without families) and more severe problems with unresponsive service providers. Thus, as the number of residents that the RSC oversees increases the ratings of the seriousness

TABLE 5. Interrelationships Among Work Conditions, Perceived Job Stressors, and Severity of Resident Problems

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Work conditions																				
1. Number of Rs[a]	—	.27*	.08	.43**	.13	.48**	.22	.15	.10	−.00	.30*	.27*	.10	.06	.29*	.28*	.32*	.32*	.09	.20
2. Hours per week		—	.33**	.23	.18	.24	.05	.34	.19	.25*	.34*	.23	.41**	.36**	.33*	.22	.28*	.32*	.27*	.33*
Job-related stressors																				
3. Inadequate pay			—	.41**	.38**	.16	−.11	.34**	.39**	.22	.13	.24	.24	.36**	.25	.16	.17	.19	.32*	.11
4. Too many Rs				—	.40**	.43**	.08	.51**	.40	.24	.45**	.48**	.51**	.58**	.46**	.43**	.39**	.41**	.49**	.33*
5. Lack of peer support					—	.30*	.10	.41	.41**	.10	.21	.33*	.18	.20	.19	.18	.15	.26	.43**	.34*
6. Unresponsive providers						—	.47**	.39**	.21	.18	.41**	.31*	.45**	.50**	.44**	.40**	.52**	.44**	.52**	.53**
7. Lack of services							—	.05	.03	.15	.09	.04	.26*	.12	.30*	.26*	.14	.21	.10	.11
8. No understanding of role								—	.58**	.25*	.24	.25	.41**	.52**	.30*	.39**	.31*	.34**	.44**	.27*
9. Lack of supervision									—	.18	.18	.32	.22	.27	.23	.20	.20	.32*	.34**	.18
10. Confidentiality issues with Rs' information										—	.46**	.49**	.46**	.44**	.45**	.40**	.28*	.49*	.28*	.58**

(Continued on next page)

TABLE 5. Interrelationships Among Work Conditions, Perceived Job Stressors, and Severity of Resident Problems

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Severity of Rs' problems																				
11. Dementia											—	.73**	.53**	.53**	.46**	.59**	.57**	.58**	.47**	.54**
12. Depression												—	.58**	.41**	.54**	.50**	.42**	.45**	.50**	.54**
13. Disruptive behavior													—	.70**	.71**	.56**	.42**	.54**	.54**	.61**
14. Elder abuse														—	.58**	.61**	.54**	.53**	.53**	.47**
15. Substance abuse															—	.48**	.34**	.59**	.45**	.56**
16. Isolation																—	.55**	.60**	.43**	.44**
17. Family interference																	—	.51**	.53**	.43**
18. Familyless elders																		—	.57**	.67**
19. Resident conflicts																			—	.61**
20. Rs' conflict with Mgmt[b]																				—

*$p < .05$, **$p < .01$.
Note.[a]Rs = residents; [b]Mgmt = management.

of many resident problems increases. RSCs who oversee a smaller number of residents are probably less likely to encounter residents with serious problems.

The total number of residents overseen had less of an effect on reported job-related stressors than we had anticipated. The number of residents overseen was only related to more serious problems with unresponsive service providers and feeling responsible for too many residents. Logically, the total number of residents overseen may be less important to RSCs' perceptions of job-related stresses because of the differing expectations for the role. Our interview data support the conclusion that different interpretations of the role rather than the number of residents overseen are related to the job-related pressures and strain that RSCs report. This conclusion is further supported because RSCs' subjective assessment of being responsible for too many residents is consistently related to more serious problems among residents and other job-related stressors. More specifically, RSCs' assessments of "feeling responsible for too many residents" were related to their reports of more serious resident problems (dementia, depression, disruptive behavior, elder abuse, substance abuse, isolation, family interference, familyless elders, resident conflicts, and resident/management conflict). In addition, "feeling responsible for too many residents" was related to lack of peer support, unresponsive service providers, and management's lack of understanding of the RSC role.

Similar findings emerge when RSCs feel that management does not understand their role. The less RSCs believed management understood their role, the more negatively they evaluated available peer support, supervision from management, inadequate pay, and feeling responsible for too many residents. Additionally, lack of understanding was related to more severe resident-related problems: elder abuse, conflicts among residents, disruptive residents, isolated residents, familyless elderly, family interference, substance abuse, and conflicts between residents and management. Notably, more experienced RSCs were more likely to rate lack of understanding by management as a more serious problem. RSCs with role experience prior to their current position rated management's lack of understanding of the role as a much more serious problem ($M = 2.0$; $SD = 1.78$), compared to those without such experience ($M = 1.26$; $SD = 1.60$)($t[58] = 2.22$; $p = .03$) and those participating in ongoing continuing education perceived management's lack of understanding of the RSC role as a more serious problem ($M = 2.24$; $SD = 1.83$) than those without this training ($M = 1.26$; $SD = 1.67$) ($t\ [59] = -2.12$; $p = .04$).

Finally, concern about confidentiality issues involving resident information was correlated with severity ratings for many resident problems. RSCs who expressed greater concern about confidentiality were also more likely to rate many resident problems as more serious. These resident-related problems include conflicts between residents and management, familyless elders, depression, disruptive residents, dementia, elder abuse and exploitation, substance abuse, isolation, family interference, and conflicts among residents. Greater concern about confidentiality was related to working more hours and feeling that management did not understand the RSC role.

Qualitative Findings

Results from the interviews with the subsample provide a different perspective on the role and the challenges that RSCs confront. Five themes capture the role and challenges, based on RSCs' perceptions—interpersonal conflicts, challenging mental health problems, inadequate resources and support, unclear policies regarding residents' rights, and inconsistencies in the definition of the role.

Interpersonal Conflicts

Although survey results indicate that not all RSCs are required to mediate conflicts, interpersonal conflicts emerge as a major theme. RSCs report conflicts among residents and conflicts with management and/or families about the "best interests" of residents. Conflicts among residents involve social disagreements, gossip, and cliques, as well as lifestyle conflicts. Conflicts between elderly and their non-elderly neighbors are most often linked to lifestyle differences. An RSC from public housing discusses these differences:

> . . . the seniors tend to try to go to bed earlier and the younger don't . . . and then [among the younger residents] there's more traffic in and out of the apartment . . . [so] the seniors get themselves all riled up over some things that are minor, as well as some things that are major, like noise and threatening.

Performing conflict mediation, such as in this example, is particularly challenging when residents suffer from mental health problems.

RSCs also report conflicts with residents' families when families do not accept the plan for the elder. According to many RSCs' perceptions, although most families accept their recommendations, some families fight

the plan because they deny the problem. RSCs assess these situations as "families in denial." Situations involving "families in denial" typically occur when adult children fail to accept their parents' need for some form of assistance (e.g., use of a wheel chair or cane) or to move to a facility with more services when beginning to experience dementia.

Conflicts also occur with housing managers, specifically when they feel that the RSC is acting against their wishes or feel threatened by the RSC. A RSC from public housing explains this dilemma: "I'm supposed to be the tenant's advocate all the way around. [Sometimes] I really feel stuck in the middle . . . if I stand for the tenant then the management is not being supported and visa versa."

One RSC working with a manager whom she describes as "very territorial" expresses frustration because the manager withholds information about residents from her because she is "fearful about her own position." Similarly, another RSC working in both federal and state housing notes how some managers feel threatened:

> . . . it's very difficult . . . explaining to housing managers that you're not taking the work they're doing away . . . but you're there to be supportive, to be helpful, to the company at the same time, to ensure that we meet the needs of residents.

Challenging Mental Health Problems

Another challenge that RSCs confront is how to address residents' mental health problems. Although residents who refuse to accept mental health services or comply with treatment (e.g., medication compliance or rehabilitation program) pose major problems, limited availability of appropriate or accessible mental health services represent another challenge. Agencies have long waiting lists and mentally ill clients often receive inadequate care. Residents suffering from dementia pose a special challenge. One RSC from a federally subsidized housing complex notes:

> I have to watch them very carefully. I can't call Protective Services until they're a danger to themselves or others . . . I have one woman I've been watching the whole time I've been here . . . She's convinced that people are stealing from her. And she's not hurting herself, but to listen to her . . . was anguishing because she's so upset. But we've changed the locks, we've tried different things, and she's still

convinced that people are stealing from her, so we just have to watch her.

Therefore, for some, the unmet mental health needs of some residents are a constant preoccupation.

Inadequate Resources and Support

Many RSCs complain about the lack resources to fulfill their responsibilities. Missing resources include space (office space and communal areas), equipment and supplies (computers and fax machines), and funding. For many, the lack of resources makes it difficult to perform their job. RSCs explain that basic office resources are necessary to achieve their goals when trying to network and broker services. Furthermore, several RSCs note that funding for social programming is particularly important when working with low-income elders because many residents lack funds to participate. Additionally, several RSCs complain about the lack of adequate training resources.

Views Regarding Residents' Rights

Views regarding residents' rights illustrate differences in how RSCs view their role. These differences are evident in three important areas: aging in place, confidentiality, and self-determination. First, although some place few limits on aging in place, others hold relatively strict standards regarding the levels of frailty that can be accommodated. Some RSCs maintain that as long as services are available " . . . every option should be afforded them so that they can remain in their homes" whereas others place limits linked to the capacity of the person (e.g., developing dementia or increased proneness to falling) or the housing. One congregate housing manager, who also functions as an RSC, notes: "This is independent living, for people that can *live on their own with minimal care*" [emphasis added].

Regarding confidentiality, RSCs hold different views. Although most report no formal policy regarding sharing resident information (e.g., ". . . they know that everything that is between them and I [*sic*] is confidential, [but] just not as a written thing"), some see no need for such policies and freely share information, and others express serious concerns. Those who share information maintain that their actions are justified by either the "close-knit" nature of the community or their "team work approach" with the manager. For these RSCs, confidentiality is either maintained loosely because it is based on a trusting relationship between the RSC and the

resident or not maintained because information is shared with the housing manager. Others are less comfortable sharing confidential information and try to withhold sensitive information from housing management. An RSC in congregate housing mentioned feeling "pressure" from management to obtain residents' health information.

Finally, although some struggle to respect residents' right to make decisions, even bad ones, others explain how they subvert bad choices to "protect" residents. One RSC explains: "My biggest conflict comes [when] . . . knowing what is right for a resident and having the restraint to respect their choice even if they make a bad choice." Respecting self-determination is especially complicated when residents experience dementia. Some RSCs describe techniques that they use to trick residents. A RSC from a federally subsidized housing complex recounts how she had the building superintendent repeatedly disable a resident's car to prevent her from driving.

Inconsistencies in the RSC Role

Another theme supporting conclusions from the survey is inconsistencies in descriptions of the role and what other RSCs do. RSCs express different views about what they feel they accomplish, how they perceive their role, and the interface between service coordination and housing management. Although many view the role as keeping residents out of nursing homes, others express limitations in their ability to handle serious problems (" . . . sometimes I think that for serious issues . . . we're just a band-aid solution; there's got to be a bigger picture").

Furthermore, for some, limitations in the scope of what they can accomplish are tied to excessively large caseloads, whereas others dismiss RSCs who complain that they cannot do their job because they have "too many" residents. For example, an RSC working in federally subsidized housing criticizes RSCs who complain that they do not have enough time with 125 units, when she has had " . . . almost 1,000 units that I was responsible for, and I managed to get done *what I had to get done*" [emphasis added]. On the other hand, another RSC in public housing who oversees 350 residents comments: "I think a lot of my fellow RSCs have far, far too many people to tend to. I hear some of them that are alone in complexes of 400 people . . . They're totally overwhelmed." Thus, RSCs are clearly not in agreement concerning how the number of residents influences what RSCs can do.

Another set of factors influencing how some interpret their role involves the type and location of housing and residents' needs. Several note that the residents' needs and the location of the housing define what they do.

For example, an RSC working in congregate housing notes the following: " . . . they're [the other RSCs] working in, like, HUD housing, and its different from the setting that I work in. I have a feeling that they do a lot less organizing of recreational type programming." (In fact, survey data indicate that all RSCs in congregate housing are responsible for recreational programming.)

Finally, when RSCs are expected to do management tasks (e.g., assess applicants or collect rents) the roles become intermingled. One manager in federally subsidized housing who is paid to provide service coordination notes:

> I was always doing the RSC responsibilities. When the grant came through I was actually able to get paid for it . . . For me, sometimes it really is difficult to separate my director's position from my RSC position 'cause [sic] it all just kind of blends together.

When the RSC role is mixed with that of housing management, this only adds to the ambiguity of defining the responsibilities that the RSC should have in supportive housing.

The inconsistency in the definition of the RSC role is related to the other findings, regarding a lack of clear-cut policies. Unclear policies not only affect who performs the RSC role, but they also affect how confidentiality is maintained in the housing facility. For instance, RSCs had ambiguous ways of sharing information with other professionals or the family members of residents, adding to the complexity surrounding the RSC role. Additionally, the other thematic findings discuss the complex and demanding situations RSCs confront, such as conflict mediation between residents and dealing with residents with mental health problems. Moreover, they must perform these demanding responsibilities with limited resources and support. Overall, the qualitative findings provide significant information that will contribute to ideas and solutions to addressing problems within senior housing and improving the effectiveness of RSCs.

DISCUSSION

The current study provides insight on the issues surrounding the RSC role. The survey and interview findings fall into 2 major categories: the interpretations of the role and challenges that RSCs face. What is most striking is the finding that there are widespread differences in both how

RSCs interpret their role and what employers expect of them. In several ways, the "fuzzy" nature of the role highlights issues that need to be addressed by future research. These include the parameters of the role, safeguards for protecting residents' confidentiality and civil rights (e.g., Fair Housing Legislation and the Americans with Disabilities Act), and overlapping functions between management and service coordinators.

When considering the role, some advocates argue that " . . . program flexibility [should] not be sacrificed for rigidity in program procedures" (KRA Corporation, 1996, p. 3); however, there are obvious limits to this flexibility. Examples in the findings include that some RSCs are required to perform management functions and some RSCs report not understanding what other RSCs do. Another aspect of the role confusion concerns requiring RSCs to assess applicants to the housing. On the surface, this appears to be a violation of a basic premise of SCPs because RSCs only work with residents who voluntarily accept their services. If applicants see the RSC as management, they may be less inclined to share personal problems with her. Furthermore, this practice may not comply with the non-discrimination procedures under Section 504 of the Rehabilitation Act of 1973 and Title VIII of the Civil Rights Act of 1968 (Fair Housing Act). Based on the survey results, all but one of the social service-based RSCs are required to assess all applicants and they are less likely to report being required to mediate residents' conflicts with management. Clear guidelines about what RSCs can do would help those less familiar with housing rules and regulations to avoid overstepping the boundaries of the role.

The second issue involves safeguards for handling confidential information. There was no consensus about how to handle residents' personal information; some report freely sharing information with management, whereas others seek to protect the confidentiality of the information. Previous research has identified confidentiality as a source of tension between some RSCs and management (Sheehan, 1996, 1999). Although recommendations from HUD address the importance of separate offices for management and RSCs to maintain confidentiality, there are no policies regarding what information can be shared with management (KRA Corporation, 1996; Sheehan, 1993, 1996, 1999).

The third issue entails housing managers taking on service coordination responsibilities. Although there is nothing that prevents this from happening to the best of our knowledge, there are several reasons why it may not be desirable. First, managers' focus may not be centered on the residents' empowerment and self-determination (Sheehan, 1996). Second, a

separation of functions helps to ensure that the RSC is truly an advocate for residents.

These findings must be understood in the context of the study's limitations. First, a significant limitation of our research is the low response rate (42%), which limits the generalizability of the findings. Because there is no comprehensive information about the characteristics of total RSC population in Connecticut, we cannot determine how our respondents compare to the larger population. However, despite this limitation, our findings provide some insight into the range of experiences (scope of the role and the challenges) that some RSCs experience. Furthermore, our findings reveal potentially problematic practices in some senior housing facilities, such as procedures for screening applicants and handling confidential information, which require further study.

Another limitation is the relatively small size of the sample, which limits the number of statistical comparisons that could be performed. In some instances, interesting differences between RSCs could not be analyzed for statistical significance. Also, our results describing what RSCs are expected to do are based only on the responses of RSCs. Because the role of management emerges as an important component of RSCs' satisfaction with their jobs, future research needs to include both housing managers and residents to understand their social constructions of the RSC role. Given the limitations of the current study and the different interpretations that RSCs bring to their role, we cannot say anything about the magnitude of the problems that RSCs face. However, as an exploratory study, our results underscore the complexity of understanding just what RSCs do.

Overall, the current study represents a first step in improving our understanding of RSCs. Although many problems identified in the current study have been noted in previous research, such as the lack of training and resources (KRA Corporation, 1996), lack of services, (KRA Corporation, 1996), conflicts with management (Sheehan, 1996, 1999), and residents' right to refuse services (KRA Corporation, 1996, Sheehan, 1996), additional problems identified in our results include dealing with mentally ill residents and conflict mediation, inaccessible mental health services, mediating problems between residents, and residents' refusal to accept needed mental health services.

Future research using larger and more nationally representative samples needs to systematically examine similarities and differences in how RSCs enact the role. Furthermore, future research needs to consider the perceptions of housing managers, sponsors, and housing organizations, along with residents' perspectives because RSCs perform their roles in

a specific residential setting that influences their experiences. Additionally, because long-term care policies assume that when RSCs are deployed in senior housing the setting offers a community-based long-term care alternative, future research should address the limitations of what RSCs can do, identify best practice models for working with extremely frail elders in community settings that address confidentiality, autonomy, and self-determination as part of the RSC role, and analyze the liability and legal issues for RSCs when independent senior housing is transformed to accommodate the needs of extremely frail, dependent older residents.

Based on findings from the current study, we propose several recommendations regarding SCPs. First, RSCs need additional resources (e.g., office space and supplies) and training to do their job. For example, based on our findings RSCs should receive training in conflict resolution and in mental health problems to handle the challenges that they confront. In addition, training should include residents' rights and compliance with civil rights legislation (e.g., Fair Housing and the Americans with Disabilities Act) as well as strategies for handling confidentiality.

Second, policymakers working with housing and social service professionals need to develop more consistent guidelines regarding expectations for RSCs (e.g., required tasks and restrictions on the ratio of residents to full-time, half-time, or hourly work status). In other words, policymakers need to reassess the role parameters to realign expectations for what RSCs can accomplish. For example, differences between RSCs serving over 400 residents and 70 residents in a 35-hour workweek need to be examined to balance job expectations with the time resources available to perform the tasks.

Third, a dialogue is needed among policymakers to address issues such as confidentiality, conflict mediation, and assessment. A standard of practice should be developed that maintains residents' autonomy and recognizes managements' responsibilities for ensuring the safety of residents. For example, it is crucial to consider how the various professionals working in senior housing come together to address the needs of the residents in senior housing. Additionally, a higher level of authority should be given to housing organizations to assure that the practices taking place in senior housing maintain or improve residents' quality of life.

Fourth, future research needs to examine differences in how housing manager-RSCs and other RSCs perform their role and possible consequences for the quality of life of residents. Because previous research has noted the different goals and foci of each of these roles, questions arise as

to how these differences impact the capacity of the housing environment to accommodate frail elderly residents.

These recommendations highlight the major issues surrounding the RSC role, which must be resolved so that service coordination is effective and beneficial to elderly residents. Nevertheless, although there are problems that must be addressed, many view RSCs as "the biggest improvement in the capacity of housing projects to serve older persons with disabilities" (Redfoot & Kochera, 2004, p. 153).

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