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## Response to Elder Abuse: A Self-Assessment Workbook for **Adult Protective Services**



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## **National Clearinghouse on Abuse in Later Life (NCALL)**

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# Response to Elder Abuse: Self-Assessment Tools for Interveners and Coordinated Community Response Teams

## Introduction and Process

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The National Clearinghouse on Abuse in Later Life (NCALL) has designed this set of self-assessment tools to assist communities in evaluating practices within and across key intervening agencies and in building a coordinated response to elder abuse. The tools include a series of workbooks for five key interveners—(1) domestic violence and sexual assault victim services, (2) adult protective services, (3) law enforcement, (4) prosecution, and (5) courts—and one that addresses coordinated community response (CCR).

*The tools provide a way of  
checking what we think we do  
against what we really do.*  
— Aging services program

The tools were developed in collaboration with practitioners from across the country. They draw on state-of-the-art knowledge and promising practice recommendations for recognizing forms of elder abuse; building a victim-centered response that maximizes victim safety and autonomy; assessment and investigation strategies; safety planning; understanding the impact of violence, abuse, and trauma; holding perpetrators of elder abuse accountable for their actions; respecting and meeting the needs of older persons from diverse cultures, identities, and backgrounds; and building a coordinated community response to address elder abuse and its victims. Several grantees funded by the Office on Violence Against Women tested the tools in their own communities and their experiences informed the process outlined in this introduction.

## **How is elder abuse defined?**

As used throughout the self-assessment tools, “elder abuse” is abuse, neglect, or exploitation—including domestic violence, stalking, and sexual assault—against an older adult by anyone with whom the victim has or has had an ongoing relationship where there is an expectation of trust. Self-neglect is not included in this definition.

This is not a legal definition; statutorily, there is wide variety in how elder abuse is defined from state to state and in criminal, protective, and civil law within a state. While elders can be victimized by strangers, the majority of abuse experienced by older adults is perpetrated by non-strangers: i.e., intimate partners, adult children, other family members, fiduciaries, and caregivers. Abuse occurs in facilities as well as community settings.

Domestic abuse in later life is a subset of elder abuse. It may include physical abuse, threats, sexual violence and an array of other behaviors and tactics. Sexual abuse in later life is non-consensual sexual contact of any kind with an older person. At the conclusion of the tools is **Appendix 3**, which contains a graphic representation of abuse in later life (**Figure 2**). Various sections of the self-assessment tools will refer back to the tactics on the wheel.

## **What is the purpose of the self-assessment tools?**

The goal of the self-assessment/CCR assessment tools is to encourage intervening agencies and CCRs to candidly and thoughtfully assess their work and the processes they use. The tools are intended to examine and expand collective thinking and response to elder abuse. They help identify existing practices and introduce new approaches in order to strengthen the overall response. They are meant to facilitate and encourage discussion and raise questions about roles, response, coordination, and common purpose. The tools are to assist communities in evaluating their work. They are not a replacement for doing the work.

**Not every element included in the self-assessment/CCR assessment tools will be in place in every community**, nor is there an expectation that every element will be or can be implemented in every community. Many organizations and communities are relatively new to paying focused attention to elder abuse, while



others are members of a longstanding coordinated community response. Not every item included in the tools will or should work in the same way everywhere. Communities must account for local conditions and what works in Chicago may not work in rural Wyoming.

Each self-assessment includes a process for designing a plan for change. The Action Plan helps identify future actions, projects, and steps; identifies who will undertake what actions; and provides a timeline to track progress. Organizations and CCR teams completing a self-assessment are encouraged to approach the plan as a living document that they return to and refresh in a process of ongoing reflection, planning, action, and reassessment.

### **When should the tools be used and in what order?**

The tools can be used at different points in building and maintaining a coordinated community response or in ongoing attention to specific practices. For example:

*We decided to work through a couple of sections at a time, then discuss and develop a plan in response to those issues...and where we want to head collaboratively.*  
– Prosecutor's office

- **Conducting a review of a specific agency or organization**

Use the self-assessment workbook to look closely at a particular point of intervention, such as victim services or law enforcement. Whether or not other disciplines or prospective CCR partners are ready to move forward and examine their practices, those that are can use the self-assessment tools to do so.

- **Forming a new CCR**

Use the discipline-specific workbooks as part of the needs assessment process to help identify gaps in practice and areas that individual partners and the larger CCR will address. Use the CCR tool to identify the key tasks and steps to take in establishing the coordinated community response.

- **Conducting a “check-up” of an established CCR**

Use the tools to gauge whether intended changes in policy and practice have been made, both within partner agencies and across the CCR.

- **Identifying what is needed to accomplish the goals of the CCR**

Use the ideas in the External Activities and Functions section of the CCR tool to identify next steps or activities or missing disciplines and prospective partners.

Local conditions vary and in some communities the CCR assessment may be the primary focus of attention. In others, the tools for individual disciplines may be used first. Still others may use all of the tools simultaneously. Some communities may not yet have the relationships in place that make it possible to use all of the discipline-specific tools or to widely share the results or begin the process of creating a CCR.

Using the self-assessment tools is **voluntary** for any agency or community, including Office on Violence Against Women (OVW) Abuse in Later Life grantees. The tools are provided as a resource to assist in planning, evaluating, and strengthening the response to elder abuse and in carrying out required activities. The OVW Abuse in Later Life program requires that each community conduct a victim needs assessment, engage in systems review, and develop a coordinated community response to address elder abuse. These tools were developed to assist communities in accomplishing these tasks. Past grantee communities have requested such tools, citing a lack of time, expertise, or ability to create them themselves. A community does not have to use this specific self-assessment process and can design its own approach and materials.

### **Who should be involved in completing the self-assessment?**

The tools are not intended to be completed by one or two individuals working in isolation. The self-assessment process works best when completed using a team that involves the agency or organization's leaders, staff, and board members (with the discipline-specific tools) or all of the key partners in the coordinated community response. The tools are built on a process of reflection and discussion that requires candid and thoughtful conversation among those with different experiences within the organization or community.

### **How long will it take to complete the tool(s)?**

Generally, allow time to complete the self-assessment and all of its sections over a series of meetings.

While there is no required or specified time frame for either the discipline-specific tools or the CCR tool, it will be most helpful to proceed steadily following a regular schedule, without long delays between completing the sections, discussing the results, and implementing the Action Plan.

The time required to complete the tools will vary according to local conditions and the scope of the self-assessment. Such variables can include: the number of participating agencies and organizations; whether all critical disciplines are fully engaged in the self-assessment; the process that each system will use to complete its own tool; whether the grant partners or CCR will review each tool after the individual disciplines have completed their analysis; the CCR's level of development and experience (e.g., a highly developed and evolved CCR is likely to move through the tool more quickly than a community that is new to CCR work); and, whether the CCR is devoted exclusively to elder abuse or is part of a broader domestic- or family-violence-oriented CCR.

### **Is there a recommended process for using the tools?**

The broad steps are similar, whether using one or more of the discipline-specific workbooks or the CCR tool. At the same time, each kind of self-assessment tool has its own features and process. **Figure 1**, in **Appendix 3** at the end of this tool, provides a snapshot of the key steps and considerations in applying the process in each setting.

Participants in the pilot test communities adapted and used the tools in the following ways: transferred the content to a Web-based survey tool; worked through sections common across disciplines first (e.g., safety planning, access, and community collaboration), then discussed the results and developed a plan for further action; completed the tools individually as CCR partners and then reported results at the CCR planning retreat; and completed the tools over a series of agency-wide staff meetings.

Please see **Appendix 1** for a glossary of common terms used in the self-assessment tools and specific to coordinated community response. To learn more

about elder abuse or coordinated community response, see **Appendix 2** for a list of resources.

### **Using the workbook**

To begin, become familiar with the content and this introduction and its instructions.

Along with a way of examining current practices, the self-assessment tool is also designed to produce a plan for change and introduce information that helps expand adult protective services' knowledge of and response to elder abuse.

The tool can be printed and completed as a workbook, opened and completed in an electronic format, or adapted for online surveys. Whatever the format, keep a record of your work and action plan in a format that can be readily retrieved, reviewed, updated, and shared.

### **Questions and feedback**

If you have questions or want to provide NCALL staff with feedback about your experience using the tools, please call (608) 616-4068 or email [ncall@ncall.us](mailto:ncall@ncall.us).

*The individual system tools were important to identify policies and practices, how practice is really done, and to clarify each agency's real level of commitment. The results were presented to the entire group...[which] led to identification of shared language, common focus, awareness of one another's roles, responsibilities, and limitations and the application of this information to existing teams. These teams, with the new information, learned from the individual tools will form the new elder abuse CCR.*

– Elder abuse project manager



## Section 1: Assessment Grid

<b>Date:</b>	<b>Assessment grid completed by:</b>
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**Instructions:** For the seven dimensions included in the assessment, review each element and check whether or how often it applies, using the scale (always...need more information). In the notes section, record any comments that pertain to that dimension, such as specific accomplishments, barriers, or ideas for change.

1: Assessment & Investigation		This applies...			
		Always/ Yes	Sometimes	Never/ No	Need more information
<b>1A</b>	<b>Framework</b>				
1A-1	We have the <u>structures</u> in place to make a timely decision in each investigation and emergency intervention.				
1A-2	We have the resources in place to make a timely decision in each investigation and emergency intervention.				
1A-3	We have staff trained and experienced in responding to all forms of suspected elder abuse, as described in the Abuse in Later Life Wheel.				
1A-4	We conduct home visits in a manner that promotes victim and worker safety. <sup>1</sup>				
1A-5	APS caseworkers have well-established working relationships with law enforcement and prosecution agencies.				
1A-6	APS caseworkers have well-established working relationships with domestic violence and sexual assault victim services.				
1A-7	We have a process in place to consult with other government agencies and community organizations when responding to forms of elder abuse that are new or unfamiliar to us.				
1A-8	Our staff has access internally or in partnership with outside agencies to equipment and technology that supports a timely and thorough investigation, such as digital cameras, cell phones, audio and video recording equipment, laptops, and databases.				
1A-9	If a person's situation does not meet criteria for APS services we make a referral to an appropriate agency.				
<b>1B</b>	<b>Process and components</b>				
1B-1	We initiate a timely response, which may include investigation and emergency intervention, to reported abuse or risk of abuse.				
1B-2	We make face-to-face contact with the reporting or referring party and the elder reported as at risk.				
1B-3	We interview each reported victim and perpetrator separately.				

<sup>1</sup> For example, in conducting home visits, work in pairs whenever possible. Talk with the parties separately using safeguards against a potential perpetrator overhearing the questions and interview with a likely victim. Be alert to signs of nonverbal intimidation. Whenever possible, ask referral sources and the victim or others about the presence of and access to firearms and dangerous dogs in the household.

1: Assessment & Investigation		This applies...			
		Always/ Yes	Sometimes	Never/ No	Need more information
1B-4	We review past history and prior allegations.				
1B-5	We establish the abused or at-risk person's capacity to understand the current risk and to give informed consent.				
1B-6	We use approaches and tools specific to adults at risk in assessing the level and immediacy of danger. <sup>2</sup>				
1B-7	We rely on multiple sources of information and tools in a team or interdisciplinary setting in making decisions about danger and APS intervention.				
1B-8	We identify and account for the power and control dynamics of domestic abuse.				
1B-9	Our interview and investigation process accounts for ways in which aspects of an elder's culture or identity might influence her or his decision-making and response, such as: <ul style="list-style-type: none"> <li>Mistrusting information provided by health care or social services because of historic discrimination</li> <li>Seeing information provided by health care or social services as contrary to religious beliefs</li> <li>Deferring to other relatives or adult children when family decision-making is the norm</li> </ul> Misunderstanding because of limited English proficiency <sup>3</sup>				
<b>Notes:</b> Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]					

<sup>2</sup> Vol. 13 (2), 2001, *Journal of Elder Abuse and Neglect*, carries several articles by Georgia J. Anetzberger and others that provide an overview of issues related to screening tools in elder abuse, as well as an illustration of one approach that was designed to address the shortcomings in many tools: poor distinction of the types, signs, and risk factors of elder abuse; failure to distinguish domestic abuse in later life as a significant and perhaps most common type of elder abuse; and little clear attention to state laws and specific community services. Visit <https://www.tandfonline.com/journals/wean20> to learn more about subscribing and purchasing options. A 2000 NCEA research brief by Rosalie Wolf reviews risk assessment instruments and reports on an adaptation of the Hwalek-Sengstock Elder Abuse Screening Test that centers on six questions: (1) Are you afraid of anyone in your family? (2) Has anyone close to you tried to hurt or harm you recently? (3) Has anyone close to you called you names or put you down or made you feel bad recently? (4) Does someone in your family make you stay in bed or tell you you're sick when you know you aren't? (5) Has anyone forced you to do things you didn't want to do? (6) Has anyone taken things that belong to you without your OK? While cutting across all adult age groups, research into intimate partner homicides, such as that conducted by Jacquelyn C. Campbell and by Carolyn Rebecca Block, suggests avenues of inquiry important to investigations of domestic abuse in later life and elder abuse overall. Of particular importance in attempting to gauge the degree of danger someone faces is attention to past violent incidents, recent abuse, strangulation or choking, controlling daily activities, and threats or assaults with a gun. Block notes that help-seeking in itself can signal a more serious situation. A summary of key research can be found in *NIJ Journal*, National Institute of Justice, Issue 250, November 2003, available at <http://www.ojp.usdoj.gov/nij/journals>.

<sup>3</sup> These recommendations reflect the work of Dr. Georgia J. Anetzberger in APS assessment training and materials prepared for the Ohio Department of Job and Family Services.

2: Safety Planning		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
<b>2A</b>	<b>Framework</b>				
2A-1	We define <i>safety planning</i> as an <b>ongoing process</b> , not a one-time event or completion of a form, and adjust as needs and circumstances change. It is victim-driven, victim-centered, and grounded to the fullest extent possible in the victim's goals, not the professional's opinion.				
2A-2	We build individual safety plans according to each individual's capacity, the degree and kind of danger, and other service needs.				
2A-3	We disclose any mandated reporting requirements, or how the information will be shared with others such as law enforcement, to the older person before talking about the abuse.				
<b>2B</b>	<b>Process and components</b>				
2B-1	In safety planning with an individual, we use common language and avoid professional or technical jargon and terms.				
2B-2	Our safety planning identifies and accounts for the dynamics of domestic violence, including distinctions between: <ul style="list-style-type: none"> <li>Abuse by a spouse or partner</li> <li>Abuse by other family members</li> <li>Abuse by a paid caregiver</li> </ul>				
2B-3	We conduct safety planning with caseworkers, non-perpetrator family members, and others living in the household regarding their own safety when attempting to intervene on behalf of an older adult who is being abused.				
2B-4	To the fullest extent possible, all safety planning includes the following steps: <ul style="list-style-type: none"> <li>Build rapport and listen to the victim</li> <li>Learn what the victim fears, both from the perpetrator <u>and</u> the consequences of any action that might be taken</li> <li>Ask what the victim wants to do, and why; understand her/his goals and generational values</li> <li>Think creatively together about a variety of options and ideas</li> <li>Stay victim-centered</li> <li>Problem-solve <u>together</u> in advance about what she/he can do during and after a physical assault or other crisis situation</li> </ul>				
<b>2C</b>	<b>Community connections</b>				
2C-1	If we cannot provide a safety plan and related services through APS we make a referral to an appropriate agency.				
2C-2	In balancing an individual's right to self-determination with the community's responsibility to protect, we make decisions via an interdisciplinary team, rather than leaving such decisions to an individual worker.				
<b>Notes:</b> Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]					

**Note:** This dimension addresses access in two forms: (1) disability-related access and (2) cultural accessibility.

3: Access		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
<b>3A</b>	<b>Framework</b>				
3A-1	Our agency has a stated philosophy of providing services in ways that acknowledge and fit each person's ability, culture, and identity. <sup>4</sup>				
3A-2	We provide a 24-hour accessible elder abuse reporting line.				
3A-3	We invite diverse groups of older adults and people with disabilities to conduct an accessibility assessment, including a tour of facilities and review of services. <sup>5</sup>				
3A-4	We invite representatives from culturally distinct communities to review our services. <sup>6</sup>				
3A-5	We assign designated staff to know and maintain ADA (Americans with Disabilities Act) standards for accessibility.				
3A-6	Our agency's staff and volunteers include older individuals and people with disabilities.				
3A-7	Our agency's staff and volunteers reflect the diversity of our service area.				
3A-8	We conduct an agency-wide assessment of our disability accessibility policies and practices on a regular basis (i.e., every one to five years). <sup>7</sup>				
3A-9	We conduct an agency-wide assessment of our cultural accessibility policies and practices on a regular basis (i.e., every one to five years). <sup>8</sup>				
<b>3B</b>	<b>Process and components</b>				
3B-1	We have a protocol to guide staff in asking victims if they need disability accommodations to use our services.				
3B-2	We refer and link elders at risk who need more services than our agency can provide with other organizations in the aging and disabilities services networks.				

<sup>4</sup> Culture is the complex, dynamic frame of reference shared by a group of people and reflected in customs, art, beliefs, spirituality, language, and institutions. Identity includes aspects of how we see ourselves in the world (and how others may see us) that are intertwined with culture: i.e., as we define our identity by such characteristics as rural, urban, gay, straight, farmer, factory worker, teacher, cook, believer, skeptic, art lover, sports lover, working class, middle class.

<sup>5</sup> We recognize that there will be varying levels of confidentiality concerns that must be addressed, but we do not automatically assume that such community-based assessment is unworkable.

<sup>6</sup> See Sujata Warrior, *Culture Handbook*, published by the Family Violence Prevention Fund, June 2005; available at <http://www.futureswithoutviolence.org/userfiles/file/ImmigrantWomen/Culture%20Handbook.pdf>.

<sup>7</sup> *Self Assessment Tool for Ensuring Access for People with Disabilities* (April 2004) is available from Disability Rights Wisconsin at <http://www.disabilityrightswi.org/wp-content/uploads/2018/03/selfassessmenttool.pdf>. *Increasing Agency Accessibility for People with Disabilities: Domestic Violence Agency Self-Assessment Guide* (2004) is available from the Washington State Coalition Against Domestic Violence: <http://wscadv.org/wp-content/uploads/2015/06/Increasing-Agency-Accessibility-for-People-with-Disabilities1.pdf>.

<sup>8</sup> For example, the National Center for Cultural Competence at Georgetown University has self-assessment tools and processes available at <https://nccc.georgetown.edu/assessments/>.

3: Access		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
3B-3	We provide appropriate interpreter services or communication assistance to those involved in a case of reported abuse who have sensory or speaking impairments or limited English proficiency. <sup>9</sup>				
3B-4	We collaborate with social service organizations and others from culturally distinct communities when a situation requires additional knowledge and understanding.				
3B-5	We have the training, technology, equipment, or links with community agencies necessary to provide access to agency services for persons with the following kinds of needs: <input type="checkbox"/> mobility <input type="checkbox"/> vision <input type="checkbox"/> hearing <input type="checkbox"/> speech <input type="checkbox"/> cognition				
3B-6	In our interviews and other interactions with older persons, we are attentive to and respect generational and cultural customs and courtesies.				
3B-7	Our response accounts for ways in which aspects of an elder's culture or identity might influence her or his decision-making and response, such as: <ul style="list-style-type: none"> <li>• Mistrusting information provided by law enforcement, health care, or social services because of historic discrimination</li> <li>• Seeing information provided by law enforcement, health care, or social services as contrary to religious beliefs</li> <li>• Deferring to other relatives or adult children when family decision-making is the norm</li> <li>• Misunderstanding because of limited English proficiency<sup>10</sup></li> </ul>				
<b>Notes:</b> Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]					

<sup>9</sup> Appropriate assistance includes such measures as using professional interpreters or APS staff fluent in the person's language; safeguarding confidentiality when using non-APS assistance; ensuring that the assistant has no stake or conflict of interest in the case; and, avoiding family members unless requested by the person (and without involvement in the case); providing aids and materials at no cost.

<sup>10</sup> These recommendations reflect the work of Dr. Georgia J. Anetzberger in adult protective services investigation and assessment training prepared for the Ohio Department of Job and Family Services.

4: Outreach & Services		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
<b>4A</b>	<b>Framework</b>				
4A-1	We emphasize self-determination as the foundation for interaction with older adults at risk.				
4A-2	We provide services that are least restrictive and least disruptive to each person's life and personal liberty, to the fullest extent possible.				
4A-3	Workers assess whether the victim's safety can be enhanced as a result of the proposed interventions, recognizing that some interventions increase the risk of harm.				
4A-4	We use legal intervention <u>only</u> when advice, assistance, and encouragement fail <b>and</b> risk of abuse is still present.				
4A-5	We use resources within the elder's identified community to the fullest extent possible.				
<b>4B</b>	<b>Outreach</b>				
4B-1	We have a widely advertised reporting and information number (toll free in broad geographic areas).				
4B-2	Our information and reporting line is answered by staff members who are knowledgeable about elder abuse and APS standards and procedures.				
4B-3	We use a wide variety of methods to advertise our services and build awareness of elder abuse, from brochures and public service announcements in the languages used in the community to forums for professionals, community organizations, and others who have contact with older persons.				
4B-4	Our outreach materials are available at a wide range of locations in the community, from social service agencies and health care facilities to banks and senior centers.				
<b>4C</b>	<b>Services</b>				
4C-1	We allow extra time to work with older victims and recognize that they may need more time to express themselves and consider their choices.				
4C-2	Each service plan is person-centered, individualized, flexible, and developed in cooperation with the person receiving services.				
4C-3	Each service plan reflects a full array of short-term and long-term services, as appropriate to the person's needs and circumstances.				
<b>4D</b>	<b>Referrals</b>				
4D-1	Our agency routinely receives referrals from law enforcement, clergy, aging program staff, mental health workers, domestic abuse and sexual assault advocates, and health care providers.				
4D-2	Our agency routinely receives referrals from agencies organized in and working with culturally distinct and diverse communities.				
4D-3	We routinely make referrals to other governmental agencies and community-based organizations that can provide help in maximizing individual choice and control, as well as support the person's overall safety and well-being. For example, referrals to legal advocacy, emergency and other housing assistance, and victim support groups.				
<b>Notes:</b> Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]					



5: Policy & Procedure		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
<b>5A</b>	<b>Framework</b>				
5A-1	Our policies and procedures define elder abuse.				
5A-2	Our policies and procedures define elder at risk.				
5A-3	We regularly evaluate and adjust worker caseloads to provide optimal conditions for a timely and safe response.				
5A-4	Our policies and procedures promote maximum client confidentiality in cross reporting with other intervening agencies.				
5A-5	We conduct an annual review of all agency policies, procedures, and practices to determine their impact on victims of elder abuse.				
<b>5B</b>	<b>Content</b>				
	We have written policies and procedures on:				
5B-1	Assessing individual capacity				
5B-2	Balancing self-determination and safety				
5B-3	Balancing mandated duties with self-determination				
5B-4	Assessing danger				
5B-5	Safety planning				
5B-6	Providing the widest range of disability accessibility				
5B-7	Providing services that are culturally accessible and respectful				
5B-8	Documentation and confidentiality				
5B-9	Applying and accounting for the consequences of mandatory reporting to law enforcement.				
5B-10	We have written policies and procedures guiding our working relationships with domestic and sexual abuse services agencies.				
5B-11	We have written policies and procedures regarding the presence and involvement of substitute decision-makers and caregivers in APS cases.				
<b>Notes:</b> Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]					

6: Training		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
<b>6A</b>	<b>Framework</b>				
6A-1	We provide ongoing training to agency staff and volunteers on issues related to elder abuse, domestic violence in later life, and sexual assault in later life, with an emphasis on state-of-the-art knowledge and best practices.				
6A-2	We include long-time workers, new workers, volunteers, and administrators in agency training on elder abuse and APS response.				
6A-3	We have established and routinely update a library of resource materials and professional literature on elder abuse and APS response.				
<b>6B</b>	<b>Content</b>				
	Our training and opportunities to practice include:				
6B-1	How to distinguish abuse from caregiver stress				
6B-2	How to identify intimate partner violence as a form of elder abuse ("domestic abuse grown old")				
6B-3	How to correctly assess and document a person's functional capacity to understand risk, make decisions, and give informed consent to investigation and services				
6B-4	Skill development that prepares APS workers to exercise their legal authority to intervene, including obtaining entry to a residence, acquiring records, filing a protective order, performing an emergency removal, and referring a client for guardianship				
6B-5	How to communicate and build relationships with older adults at risk				
6B-6	Interviewing skills specific to suspected elder abuse				
6B-7	Investigation techniques				
6B-8	Preparing for and testifying in court				
6B-9	How to recognize abuse and establish the type and degree of danger involved				
<b>6C</b>	<b>Methods</b>				
6C-1	We use hands-on methods such as scenarios and role plays to practice safety planning and review agency policies and procedures.				
6C-2	We utilize a variety of approaches in providing and supporting training for staff, volunteers, board members, and community members, from workshops and conferences to "brown bag lunch" presentations and distance learning.				
<b>6D</b>	<b>Community connections</b>				
6D-1	We participate in and provide cross-training with the aging services network, senior organizations, and domestic abuse and sexual assault services agencies.				
6D-2	We provide training on elder abuse and the role of APS to a variety of people who may come in contact with older victims in the course of their work, such as home health care providers, home-delivered meals volunteers, beauticians, law enforcement officers, and domestic abuse and sexual assault services agencies.				
6D-3	We have built connections and partnerships with local colleges and universities.				
<b>Notes:</b> Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]					

7: Community Collaboration		This applies...			
		Always/Yes	Sometimes	Never/No	Need more Information
<b>7A</b>	<b>Framework</b>				
7A-1	We are active participants in any elder abuse multidisciplinary team (M-team), interdisciplinary team (I-Team), or case consulting team operating in the community.				
7A-2	We routinely use a variety of methods to build links with and expand our understanding of who lives in our community and who should be involved in the wider response to elder abuse.				
<b>7B</b>	<b>Relationships</b>				
7B-1	Our relationships with law enforcement, domestic abuse and sexual assault service agencies, the aging services network, and senior organizations are characterized by: <ul style="list-style-type: none"> <li>• Strong linkages</li> <li>• Frequent communication</li> <li>• Cross-training and other joint events or projects</li> </ul>				
7B-2	We have established connections and referral procedures with health care professionals and social workers in medical facilities throughout our community.				
7B-3	We have established connections and referral procedures with long term care facilities throughout our community.				
7B-4	We have links with and a referral process in place to connect older persons ineligible for APS with other community services.				
7B-5	We organize and participate in informal events to encourage APS, domestic violence, sexual assault, and aging network professionals to get to know each other (e.g., "brown bag" lunch presentation, after-work social, movie screening).				
<b>7C</b>	<b>Systems change</b>				
7C-1	We are linked with and participate in state efforts focused on elder abuse and abuse in later life, including state domestic violence and sexual assault coalitions, state units on aging, and state aging coalitions/organizations.				
7C-2	We are linked with and participate in national efforts focused on elder abuse and abuse in later life, such as NCALL (National Clearinghouse on Abuse in Later Life), NCEA (National Center on Elder Abuse), NAPSA (National Adult Protective Services Association), and others.				
7C-3	We participate in elder abuse fatality review teams (if applicable).				
<b>Notes:</b> Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]					

## Section 2: Recognize strengths and accomplishments

1. Review each area of the assessment grid and note where you checked “always” and “sometimes.”
2. Use the following template to summarize your strengths and accomplishments. Expand and add pages as needed.

Our Response to Elder Abuse...	
Dimension	Strengths and accomplishments
1) Assessment & investigation	
2) Safety planning	
3) Access	
4) Outreach & services	
5) Policy & procedure	
6) Training	
7) Community collaboration	



### Section 3: Design an Action Plan

1. Identify what needs to change in your response to elder abuse.
  - a. Review each area of the assessment grid and note where you checked “sometimes” and “never.”
  - b. Identify what is missing in your response and where you need more information.
2. Set priorities and next steps for the changes you would like to make. Keep in mind:
  - a. New or revised policies and/or procedures
  - b. Better connections and communication
  - c. New or expanded training
  - d. Stronger collaborations
  - e. New or revised technology and/or resources
3. Assign tasks and set timelines.
4. Use the following grid to record your plan. Expand and add pages as needed.

Action Plan: Strengthening Our Response to Abuse in Later Life					
Dimension	Our response will be improved by:	We need more information about:	Priorities and next steps:	Assigned to:	Due:
1) Assessment & investigation					



### Action Plan: Strengthening Our Response to Abuse in Later Life

Dimension	Our response will be improved by:	We need more information about:	Priorities and next steps:	Assigned to:	Due:
2) Safety planning					
3) Access					
4) Outreach & services					
5) Policy & procedure					
6) Training					
7) Community collaboration					

## Section 4: Track your Progress

1. Review your plan at selected intervals, such as every six months.
2. Note changes that have been accomplished.
3. Note work that remains to be done.
4. Identify obstacles and ideas for overcoming them.
5. Plan next steps.
6. Use the following template to record and track your progress.

### Strengthening our Response to Elder Abuse...Our Progress

**Date:**

**Progress:**

**Obstacles:**

**Next steps:**

**Assigned to:**

**Date:**

**Progress:**

**Obstacles:**

**Next steps:**

**Assigned to:**

## Appendix 1: Glossary of Terms

**Access/Accessibility:** the availability of and ability to use help, protection, and services in ways that fit each person's ability, culture, and identity. A CCR and those intervening in elder abuse are necessarily concerned with cultural accessibility, as well as disability-related access.

**Accountability:** Responsibility for responses and outcomes. In the context of elder abuse and coordinated community response, there are multiple layers of accountability: (1) an individual's accountability to the person he or she has harmed; (2) an agency's accountability to the person who is the focus of its intervention, whether as a victim of elder abuse or as a perpetrator or involved family member; and (3) the CCR partners' accountability to each other for fulfilling the CCR's mission, vision, and plan.

**Action plan:** The process to accomplish a goal that has been established by the CCR. It typically consists of clearly defining the goal or project, outlining the steps to complete the goal and their order of completion, assuring accountability, and monitoring progress. Progress should be regularly monitored to assure that the work is completed on schedule, that unexpected complications and obstacles are recognized and addressed, and that assignments and responsibilities are clearly identified. The action plan is a kind of strategic plan.

**Annual report:** In the context of a CCR, a report that describes and highlights the work undertaken by the CCR. Depending on the specific work of the CCR, the annual report may also contain recommendations for improving responses to elder abuse. The report typically identifies projects and key participants and provides budget and funding information. It informs members, stakeholders, partners, policymakers, legislators, funders, community members, and others interested in the CCR's work; creates a public record of efforts and accomplishments; and publicizes the value of the CCR.

**Bylaws:** The written rules and regulations that govern how the work of the CCR will be conducted. They often include duties of members and officers, terms of office, how meetings will be conducted, and selection of leadership. Some CCRs use formal bylaws; others may use written memorandums of understanding (MOUs) or more informal working agreements.

**Confidentiality:** The legal right to have information provided by one person (e.g., client or patient) to another (e.g., an advocate, doctor) kept private and undisclosed to others without consent of the person providing the information. Confidential relationships are defined by law and are part of legal and ethical practice in certain fields, such as domestic violence and sexual assault advocacy, mental health, health care, religious practice, and legal advice. Federal and state laws may make certain records confidential. Each grantee must research state and federal laws that affect confidentiality and information sharing. CCR and MDT/IDT member agencies should examine their policies and interagency agreements to assure that limitations on confidentiality are understood and honored.

**Coordinated Community Response (CCR):** A victim-centered, collaborative effort initiated by advocacy, legal, criminal justice, social service, and other community systems to create a united and coordinated interagency response to elder abuse that enhances safety for victims of elder abuse and holds offenders accountable for their conduct. This intervention model was originally developed by the Duluth, Minnesota, Domestic Abuse Intervention Project (DAIP) to address domestic violence. A CCR is a "system of networks, agreements, processes and applied principles" designed to make community systems work in a coordinated manner to enhance victim safety.<sup>11</sup> A CCR's core function is to create a coordinated response and enhance cross-system communication and accountability. A CCR holds its members accountable, identifies service gaps, and coordinates efforts to create a seamless response to the needs of victims of elder abuse.

**Data collection:** The process of gathering information about the prevalence and type of elder abuse in the community, official responses, and the impact of interventions on victims of elder abuse and on those who commit elder abuse. Data collection helps inform the CCR's strategic plan. Sources of data can include counts of reported cases and details about the type, frequency, and severity of elder abuse; case dispositions; community surveys; and focus groups discussions.

**Fatality Review Team (FRT),** sometimes called a Death Review Team: A multidisciplinary group of professionals who examine elder deaths to (1) identify and address systemic weaknesses or gaps that if addressed effectively could prevent future similar deaths; and/or (2) develop recommendations for

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<sup>11</sup> See <https://www.theduluthmodel.org/about-us/coordinated-community-response/>

coordinated education and prevention efforts to reduce incidence of elder abuse. FRTs may also examine individual cases to identify criminal responsibility and collect evidence to be used in a particular prosecution.<sup>12</sup> (See also: MDT/IDT Team.)

**MDT/IDT Team:** Multidisciplinary/interdisciplinary team. An MDT/IDT is a group of professionals and others representing different disciplines, professions, and fields who unite as a team to address various aspects of elder abuse. Such a team may be based in a health care, protective services, criminal justice, or community settings or programs. Its efforts tend to be focused on case review or service delivery. Unlike a CCR, the team's role is not to coordinate multiple efforts across a community. (See also: Fatality Review Team.)

**"Messaging":** Clear, concise, and consistent statements of the CCR's mission and goals, particularly to victims of elder abuse and those who commit elder abuse. In a CCR, the primary messages to victims are ones of protection and safety; to perpetrators, messages of accountability and help.

**Mission statement:** A brief, formal statement that defines the overarching purpose and priorities of the CCR. The mission statement is the CCR's statement of its core values, in a form that can be easily presented to CCR partners, intervening practitioners, funders, and the public. (See also: vision statement; strategic plan.)

**Needs assessment:** A systematic process of collecting and examining information about a specific issue (e.g., elder abuse) and its impact on the community in order to (1) determine what people are lacking and set priorities, (2) develop a strategic plan, and (3) allocate resources in response to peoples' identified needs.

**Safety:** The protection of victims of elder abuse from continued physical, sexual, emotional, and financial harm, coercion, and threats.

**Strategic plan:** The road map to fulfilling the CCR's mission and vision. A strategic plan sets short- and long-range goals, identifies the actions needed to meet the

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<sup>12</sup> See the *Elder Abuse Fatality Review Team Replication Manual*, published by the American Bar Association, Commission on Law and Aging; available at:  
[https://www.americanbar.org/content/dam/aba/administrative/law\\_aging/fatalitymanual.authcheckdam.pdf](https://www.americanbar.org/content/dam/aba/administrative/law_aging/fatalitymanual.authcheckdam.pdf)

goals, and assigns responsibility for meeting the goals. The CCR Action Plan included in the self-assessment is a kind of strategic plan. (See also: mission statement; vision statement.)

**Sustainability:** the ability to endure or continue. In the context of a CCR, “sustainability” refers to developing a purpose, procedures, funding, and other elements that will allow the CCR’s work to continue indefinitely and meet evolving and changing needs and challenges.

**“Systems review”:** A review to determine if community systems are meeting the needs of elders, including attention to (1) the role each system plays; (2) how participating systems relate, communicate, and coordinate with one another; (3) gaps in services and service delivery and solutions to address the gaps; and (4) training needs to improve coordination and service delivery. A systems review is typically conducted by a formal team or an informal group of professionals from a variety of systems that provide services for victims of elder abuse and/or perpetrators.<sup>13</sup>

**Vision statement:** An articulation of where the CCR seeks to go and to what it aspires. The vision statement provides inspiration and directs the CCR partners in how to accomplish its ongoing work. (See also: mission statement; strategic plan.)

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<sup>13</sup> See: Brandl, Bonnie, et al. *Elder abuse detection and intervention: A collaborative approach*. Springer Publishing Company, 2006.



## Appendix 2: Resources

The following organizations provide a variety of resources, training, and technical assistance related to preventing elder abuse and improving intervention and community response.

- ☐ **National Clearinghouse on Abuse in Later Life:** <https://www.ncall.us>  
NCALL provides technical assistance, training, and program and policy development to address the nexus between domestic violence, stalking, sexual assault, and elder abuse and neglect. NCALL will sponsor sessions to discuss the self-assessment tools and their use at orientation and other stages of the grant process and implementation.
- ☐ **National Center on Elder Abuse:** <https://ncea.acl.gov>  
NCEA is a national resource center dedicated to the prevention of elder mistreatment. It has an online library and links to other publications on elder abuse and related issues.
- ☐ **National Adult Protective Services Association:** <https://www.napsa-now.org>  
NAPSA provides training, resources, and support to APS administrators and staff throughout the country. It conducts an annual national conference on issues related to elder abuse.
- ☐ **National Council of Juvenile & Family Court Judges and the National Judicial Institute on Domestic Violence:** <https://www.ncjfcj.org>  
The Council provides training, research, and technical assistance to judges and their staff, including Enhancing Judicial Skills in Elder Abuse Cases.
- ☐ **National Center for State Courts:** <https://www.ncsc.org>  
NCSC serves as the information hub for the state court community by answering questions, maintaining and distributing information, creating original content, and analyzing trends and best practices in the courts.
- ☐ **Battered Women's Justice Project:** <https://www.bwjp.org>  
BWJP is a national resource center that provides training and resources on coordinated community response, with a primary focus on domestic

violence. The Resource section of the BWJP Website includes materials that may be of interest to communities developing an elder-abuse-specific CCR.

☐ **Praxis International:** <https://www.praxisinternational.org>







Praxis is a national technical assistance provider to OVW-grantees that has developed materials related to establishing and maintaining a coordinated community response, with a primary focus on domestic violence.

<https://praxisinternational.org/library/coordinated-community-response-ccr/>

## Appendix 3:

### Figure 1: Self-Assessment Process

The self-assessment process is much the same, whether using the discipline-specific workbooks or the CCR tool. Instructions specific to the different tools are noted under each step, under the corresponding symbol.

Self-Assessment Steps, Roles, & Responsibilities	
 Workbooks	 CCR Tool
<p><b>(1) Designate a coordinator to guide the process.</b></p> <ul style="list-style-type: none"> <li>✓ Schedule meetings.</li> <li>✓ Provide copies of the tool(s) to the team.</li> <li>✓ Facilitate discussions.</li> <li>✓ Keep the discussions moving and the process on track.</li> <li>✓ Assure that every perspective is respectfully heard and considered.</li> <li>✓ Track conclusions and agreements.</li> <li>✓ Track progress in implementing changes.</li> </ul> <p> Use one or more of the 5 discipline-specific self-assessment workbooks.</p> <p> Involve all CCR partners.</p>	
<p><b>(2) Convene the team &amp; conduct the self-assessment.</b></p> <ul style="list-style-type: none"> <li>✓ Review the tool(s) and their purpose, content, and process.</li> <li>✓ Determine how the team will work together. For example: <ul style="list-style-type: none"> <li>• Complete the tool together at one or more staff or CCR meetings.</li> <li>• Work in small groups and bring the results to an organization-wide meeting.</li> <li>• Use “real life” cases to examine practices and complete the grids.</li> </ul> </li> <li>✓ Complete the assessment.</li> <li>✓ Encourage full participation and candid discussion.</li> </ul> <p> Complete Section 1: Assessment Grid.</p> <p> Complete the 4 assessment categories.</p>	

### Self-Assessment Steps, Roles, & Responsibilities



Workbooks



CCR Tool

- Agree on Philosophy & Mission first; complete the remaining segments in any order. Recommended, but not required: complete the policies and procedures section before moving to Internal and External Functions and Activities.
- Document the process and deliberations: e.g., minutes or flip chart.

#### (3) Design a plan for change.

- ✓ Determine how the team will work together to design the plan. For example:
  - A day-long retreat
  - A series of staff or CCR meetings
  - Regularly scheduled “assessment meetings”
- ✓ Review the findings and information from the completed self-assessment workbooks and/or CCR tool.
- ✓ Identify strengths & accomplishments.
- ✓ Set priorities.
- ✓ Determine next steps.
- ✓ Assign tasks.
- ✓ Encourage conversation and dialogue.
- ✓ Allow time to reach agreement or closure (i.e., “agree to disagree”).



Complete Section 2: Recognize Strengths and Accomplishments.

Complete Section 3: Design an Action Plan.



Complete the Coordinated Community Response Action Plan template.

- Draw on the answers to the assessment categories to develop the action plan.
- Identify any additional activities and functions to include in the plan.

#### (4) Track progress.

- ✓ Review the action plan at regular, selected intervals.
- ✓ Note accomplishments.
- ✓ Note work to be completed.
- ✓ Identify obstacles & solutions.
- ✓ Plan next steps.
- ✓ Assign tasks.
- ✓ Approach the plan as a “living document.”
- ✓ Engage in a process of ongoing reflection, planning, action, and reassessment.

### Self-Assessment Steps, Roles, & Responsibilities



Workbooks



CCR Tool

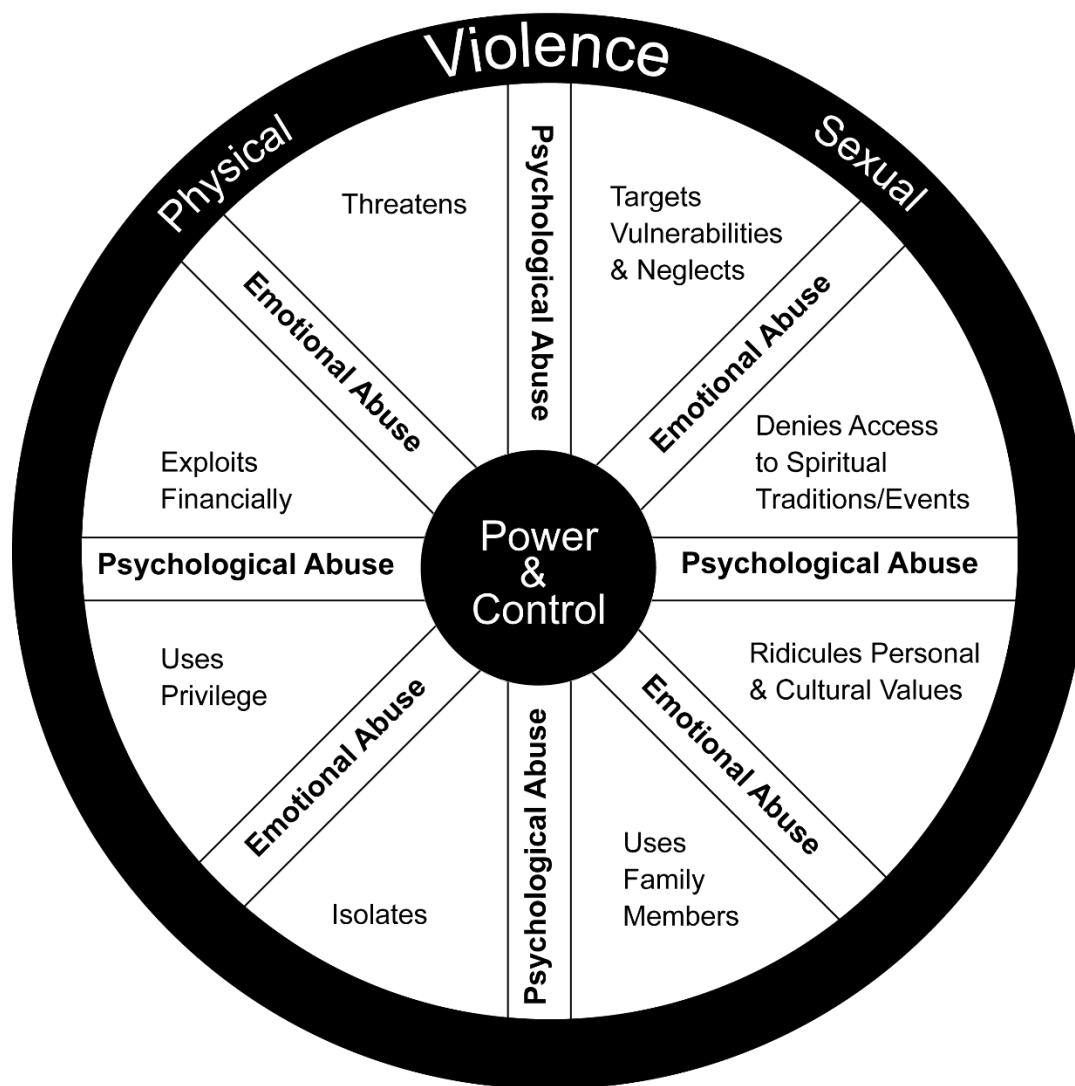


Complete Section 4: Track Your Progress.



Use the check-in sections of the Action Plan.

**Figure 2: Abuse in Later Life Wheel**



In 2006, NCALL adapted the Power and Control Wheel, developed by the Domestic Abuse Intervention Project, Duluth, MN. Resource updated, April 2011.  
For a detailed discussion of the Wheel and related information, go to [www.ncall.us](http://www.ncall.us).