

VICTIM SERVICES

Response to Elder Abuse: A Self-Assessment
Workbook for **Victim Services**



Response to Abuse in Later Life: A Self-Assessment Workbook for Domestic Violence and Sexual Assault Victim 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:

- **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.

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 “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 domestic abuse and sexual assault 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.

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

Date:	Assessment grid completed by:
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Instructions: For the six 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: Safety Planning		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
1A	Framework				
1A-1	We define <i>safety planning</i> as an ongoing process that is survivor-driven, survivor-centered, and grounded in the person's goals, not the professional's opinions.				
1A-2	We define <i>safety</i> as freedom from continued physical, sexual, and emotional harm, coercion, and threats over the span of time.				
1A-3	Our actions are based on the recognition and understanding that leaving the relationship with the abusive partner, family member, or caregiver is not the only path to safety, or necessarily the safest path for any one survivor.				
1A-4	Each older survivor works with an advocate in safety planning that addresses her or his primary concerns and decision whether or not to maintain contact with the abuser.				
1B	Process and components				
1B-1	We use common language and avoid professional or technical jargon and terms.				
1B-2	We disclose any mandated reporting requirements before talking about the abuse.				
1B-3	We have strategies in place to help an older abused person determine if it is safe to attend our programs and how to safely explain to the abuser why she or he is here.				
1B-4	Whenever possible, each older survivor decides whether to contact other agencies, such as adult protective services or aging network services, for additional assistance.				
1B-5	All safety planning includes attention to: <ul style="list-style-type: none"> • Prevention strategies • Protection strategies • Emergency/crisis strategies • Staying strategies • Leaving strategies • Referrals and services • Emotional support • Time frames (immediate and long-term) 				

1: Safety Planning		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
1B-6	<p>Safety planning includes the following steps:</p> <ul style="list-style-type: none"> • Build rapport and listen to the person. • Learn what the person fears, both from the abuser and the consequences of any action that might be taken. • Ask about the kinds of abuse she/he has lived with. • Explore the safety planning steps she/he has taken in the past and how those efforts worked out. • Ask about the abuser's reaction to previous safety strategies she/he has tried. • Explore what kinds of steps the person would try again, and why or why not she/he would try them. • Ask what the person wants to do, and why; understand her/his goals and generational values. • Think creatively <u>together</u> about a variety of options and ideas. • Stay survivor-centered. • Problem-solve <u>together</u> (i.e., use scenarios or role plays) in advance about what she/he can do during and after a physical assault or other crisis situation. 				
1B-7	Safety planning explores and accounts for multiple tactics of abuse, as reflected in the Abuse in Later Life Wheel.				
1B-8	<p>When a person is leaving or has left an abusive partner or setting, safety planning accounts for:</p> <ul style="list-style-type: none"> • A safe place to stay and live • Financial support • Health-related needs (e.g., medications, glasses, walker, hearing aids) • Care for others affected by the abuse, such as children or grandchildren who live with the victim; the victim's pets or livestock • Legal needs, including protection or restraining orders (if requested), powers of attorney, end of life and health directives, wills, and immigration issues • Physical needs, such as locks, cell phones or telephones, reliable transportation • Follow-up support to make options a reality, (e.g., money for new locks and someone to install them) 				
<p>Notes: Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]</p>					

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

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

¹ 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.

² 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.

³ 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>.

⁴ *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>

⁵ For example, the National Center for Cultural Competence at Georgetown University has self-assessment tools and processes available at <https://nccc.georgetown.edu/assessments/>.

2: Access		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
2B-4	We collaborate with social service organizations and others from culturally distinct communities when a situation requires additional knowledge and understanding.				
2B-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				
2B-6	In our interactions with older survivors we are attentive to and respectful of generational and cultural customs and courtesies.				
2B-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"> • Mistrusting information provided by law enforcement, health care, or social services because of historic discrimination • Seeing information provided by law enforcement, health care, or social services as contrary to religious beliefs • Deferring to other relatives or adult children when family decision-making is the norm • Misunderstanding because of limited English proficiency⁷ 				
Notes: Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]					

⁶ Appropriate assistance includes such measures as using professional interpreters or staff fluent in the person's language; safeguarding confidentiality when using non-staff assistance; ensuring that the interpreter or communication 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.

⁷ 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.

3: Outreach & Services		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
3A	Framework				
3A-1	We promote survivor self-determination in all programs and services.				
3A-2	We involve diverse groups of older adults, survivors, and community interveners in a regular needs assessment to identify service gaps, barriers, and outreach strategies.				
3A-3	We review statistics from our own agency and other intervening systems to determine where and to what extent older victims of abuse are seeking help.				
3A-4	Our definition of service eligibility addresses whether we will provide direct services or refer outside of our agency in cases of: <ul style="list-style-type: none"> Abuse of an older person by a family member or caregiver Survivors who are not in imminent danger Older men who are victims of elder abuse 				
3A-5	Older survivors have a central and visible role in all outreach activities and program services, including board, staff, and volunteer positions; programming and decision-making; community presentations; peer support; support groups; and court watch and other types of systems advocacy.				
3B	Outreach				
3B-1	We use a wide variety of methods to advertise our services and build awareness of abuse in later life, including such approaches as brochures, posters, placemats for meal sites and home-delivered meals, and forums for professionals and agencies that have contact with older persons.				
3B-2	Our outreach materials are available at a wide range of locations in the community, such as our buildings and offices, social service and aging network agencies, health care facilities, banks, apartment complexes and senior centers, fairs, and meal sites.				
3B-3	Staff and volunteers regularly attend and distribute information on abuse in later life at events where older people gather, such as senior fairs, workshops on advance directives and living wills, Medicare seminars, meal sites, and holiday fairs or other public events held at churches and synagogues. .				
3C	Welcoming older persons				
3C-1	We allow extra time to work with older persons and recognize that they may need more time to build relationships, heal, express themselves, and consider choices.				
3C-2	When safe to do so, we offer home visits by advocates to older persons who are unable or unwilling to come to the agency.				
3C-3	We provide services in locations that are safe, comfortable, and welcoming for older victims of abuse, including sites that are safe from potential abusers and that feel safe to older persons; accessible for those using a wheelchair, walker, or cane; quiet and with minimal background noise so that those with hearing limitations can readily participate.				
3D	Attention to questions of capacity				
3D-1	We start with food, rest, a review of medications, and an opportunity to talk about the abuse.				

3: Outreach & Services		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
3D-2	We check for the impact of and reactions to living with abuse.				
3D-3	We do not assume that staying in a relationship equals incompetence.				
3D-4	We recommend testing for competency only if there is evidence of cognitive limitations.				
3D-5	We are linked with aging programs, health care professionals, and others in the community who understand cognitive limitations and issues.				
3E	<i>Emergency housing and shelter</i>				
3E-1	We provide or make arrangements for emergency housing and shelter to women and men who experience abuse in later life.				
3E-2	Our emergency housing and shelter is organized to include women who are unable to participate in shelter upkeep routines.				
3E-3	Our shelter and emergency housing is organized to provide home health services to older persons who need such assistance, or allow personal care attendants or home health agencies to provide it.				
3F	<i>Support and counseling</i>				
3F-1	Our individual and peer counselors have experience and training related to abuse in later life.				
3F-2	Our mixed-age support groups address the particular issues faced by victims of abuse in later life.				
3F-3	We provide a support group tailored to older survivors.				
3F-4	Each older survivor can choose whether or not to attend individual counseling, support groups, or other offered services.				
3F-5	Each older survivor's cultural and spiritual or faith values are incorporated into any service or case management plan.				
3G	<i>Legal advocacy</i>				
3G-1	Our legal advocacy services address the needs of older survivors of abuse around divorce, separation, and protection orders.				
3G-2	We have established links with attorneys who can provide assistance with wills, establishing or revoking power of attorney, Medicare appeals, and housing rights.				
3G-3	We consider the implications of any mandatory or pro-arrest policies on older victims who are dependent on their abusers for their physical care.				
3G-4	Our legal advocacy services address the unique and complex legal situations of older immigrants around language, dependency on abusive family members, and obtaining information and legal assistance.				
3H	<i>Referrals</i>				
3H-1	Our agency routinely receives referrals for older adults from law enforcement, prosecutors, clergy, aging programs, and mental health and health care providers.				
3H-2	Our agency routinely receives referrals for older adults from agencies organized in and working with culturally distinct and diverse communities.				
3H-3	We have established relationships with community partners and developed strategies to serve victims of domestic and sexual abuse who live in nursing homes and assisted living facilities.				

3: Outreach & Services		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
3H-4	We make “meaningful referrals” to community services: i.e., beyond brochures and business cards. We have links to specific agencies and practitioners, facilitate calls from victims to referral sources, and call on a victim’s behalf, if requested.				
Notes: Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]					

4: Policy & Procedure		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
4A	Framework				
4A-1	Survivors of abuse in later life participate in crafting and directing agency policy and procedure.				
4A-2	We conduct an annual review of all agency policies and procedures to determine their impact on older persons.				
4A-3	We involve diverse communities as partners throughout the process when crafting policies and procedures.				
4A-4	Abuse in later life is considered in all policies and procedures, not only in age-specific policies.				
4B	Content Our policies and procedures:				
4B-1	Define abuse in later life				
4B-2	Support elder-driven and directed practices				
4B-3	Direct agency accessibility practices				
4B-4	Define documentation and confidentiality practices (including attention to mandatory reporting, if applicable)				
4B-5	Articulate our working relationship with adult protective services, including partnering on home visits in suspected domestic or sexual abuse				
4B-6	Address how we will serve survivors who have health issues that require a caregiver and/or assistance with daily living skills				
4B-7	Guide staff in responding to non-abusive substitute decision-makers and caregivers				
4B-8	Guide staff in responding to a substitute decision-maker and caregiver who is or may be the abuser				
Notes: Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]					

5: Training		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
5A	Framework				
5A-1	We have established and routinely update a library of resource materials and professional literature on abuse in later life.				
5A-2	Agency-sponsored training on various topics (e.g., dynamics of domestic violence, dynamics of sexual assault, volunteer training, cultural accessibility) addresses abuse in later life and issues related to aging.				
5A-3	We include long-time workers, new workers, volunteers, and board members in agency training on abuse in later life.				
5A-4	We provide specific training on abuse in later life on an annual or more frequent basis.				
5B	Content Our training addresses:				
5B-1	Ageism				
5B-2	How to build an elder-friendly and supportive environment				
5B-3	How to respect and meet the needs of older persons from diverse cultures, identities, and backgrounds				
5B-4	Safety planning approaches and practice				
5B-5	Impact of violence, abuse, and trauma across the life span				
5B-6	Legal and economic issues affecting older survivors of abuse (e.g., financial crimes, elder abuse reporting laws, guardianships, powers of attorney, Medicare, and Social Security)				
5C	Methods				
5C-1	We use hands-on methods such as scenarios and role plays to practice safety planning and review agency policies and procedures.				
5C-2	We utilize a variety of approaches in providing and supporting training for staff, volunteers, board members, and community members, such as conferences and workshops, "brown bag" lunch presentations, and web-based or distance learning.				
5D	Community connections				
5D-1	We participate in and provide cross-training with law enforcement, adult protective services (APS), the aging services network, and senior organizations.				
5D-2	We organize training and provide materials to humane society staff and animal control officers on the role of companion animals in patterns of abuse and exploitation of older individuals.				
5D-3	Presentations in the community on sexual assault or domestic abuse (to the public and to professionals) include attention to domestic abuse in later life, with examples of abuse by a spouse or partner, adult children, and grandchildren.				
Notes: Accomplishments? Barriers? Ideas for change? [Expand or add pages as needed]					

6: Community Collaboration		This applies...			
		Always/Yes	Sometimes	Never/No	Need more information
6A	Framework				
6A-1	We are active participants in a community collaboration or multidisciplinary team to address abuse in later life and elder abuse.				
6A-2	We encourage and provide release to staff to join the boards of directors of community agencies that focus on older persons.				
6A-3	We use training, conversation, and self-assessment tools to pay attention to the historical context of people's experiences with oppression and ways in which communities have been excluded, silenced, denied, and marginalized.				
6B	Relationships				
6B-1	Our relationships with law enforcement, adult protective services (APS), the aging services network, and senior organizations are characterized by: <ul style="list-style-type: none"> • Strong linkages • Frequent communication • Cross-training and other joint events or projects 				
6B-2	We organize and participate in informal events to encourage domestic violence, sexual assault, APS, and aging network professionals to get to know each other (e.g., "brown bag lunch" presentation, after-work social, movie screening).				
6C	Systems change				
6C-1	We are linked with and participate in state efforts focused on abuse in later life, including state domestic violence and sexual assault coalitions and state coalitions on aging.				
6C-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), NCPEA (National Committee for the Prevention of Elder Abuse), and others.				
6C-3	We educate policymakers on the need for improved legislation and funding for services to all potential victims of abuse in later life.				
6C-4	We participate in a fatality review team for elder abuse cases (if applicable).				
Notes: 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 Abuse in Later Life...	
Dimension	Strengths and accomplishments
1) Safety planning	
2) Access	
3) Outreach & services	
4) Policy & procedure	
5) Training	
6) Community collaboration	

Section 3: Design an action plan

1. Identify what needs to change in your response to abuse in later life.
 - 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) Safety planning					
2) Access					

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:
3) Outreach & services					
4) Policy & procedure					
5) Training					
6) 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 Abuse in Later Life...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.⁸ 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.

⁸ See <https://www.theduluthmodel.org/about-us/coordinated-community-response/>

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 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.⁹ (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.

⁹ 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

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 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.¹⁰

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.)

¹⁰ 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>(1) Designate a coordinator to guide the process.</p> <ul style="list-style-type: none"> ✓ Schedule meetings. ✓ Provide copies of the tool(s) to the team. ✓ Facilitate discussions. ✓ Keep the discussions moving and the process on track. ✓ Assure that every perspective is respectfully heard and considered. ✓ Track conclusions and agreements. ✓ Track progress in implementing changes. <p> Use one or more of the 5 discipline-specific self-assessment workbooks.</p> <p> Involve all CCR partners.</p>	
<p>(2) Convene the team & conduct the self-assessment.</p> <ul style="list-style-type: none"> ✓ Review the tool(s) and their purpose, content, and process. ✓ Determine how the team will work together. For example: <ul style="list-style-type: none"> • Complete the tool together at one or more staff or CCR meetings. • Work in small groups and bring the results to an organization-wide meeting. • Use “real life” cases to examine practices and complete the grids. ✓ Complete the assessment. ✓ Encourage full participation and candid discussion. <p> Complete Section 1: Assessment Grid.</p> <p> Complete the 4 assessment categories.</p> <ul style="list-style-type: none"> • 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. 	

Self-Assessment Steps, Roles, & Responsibilities



Workbooks



CCR Tool

(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.

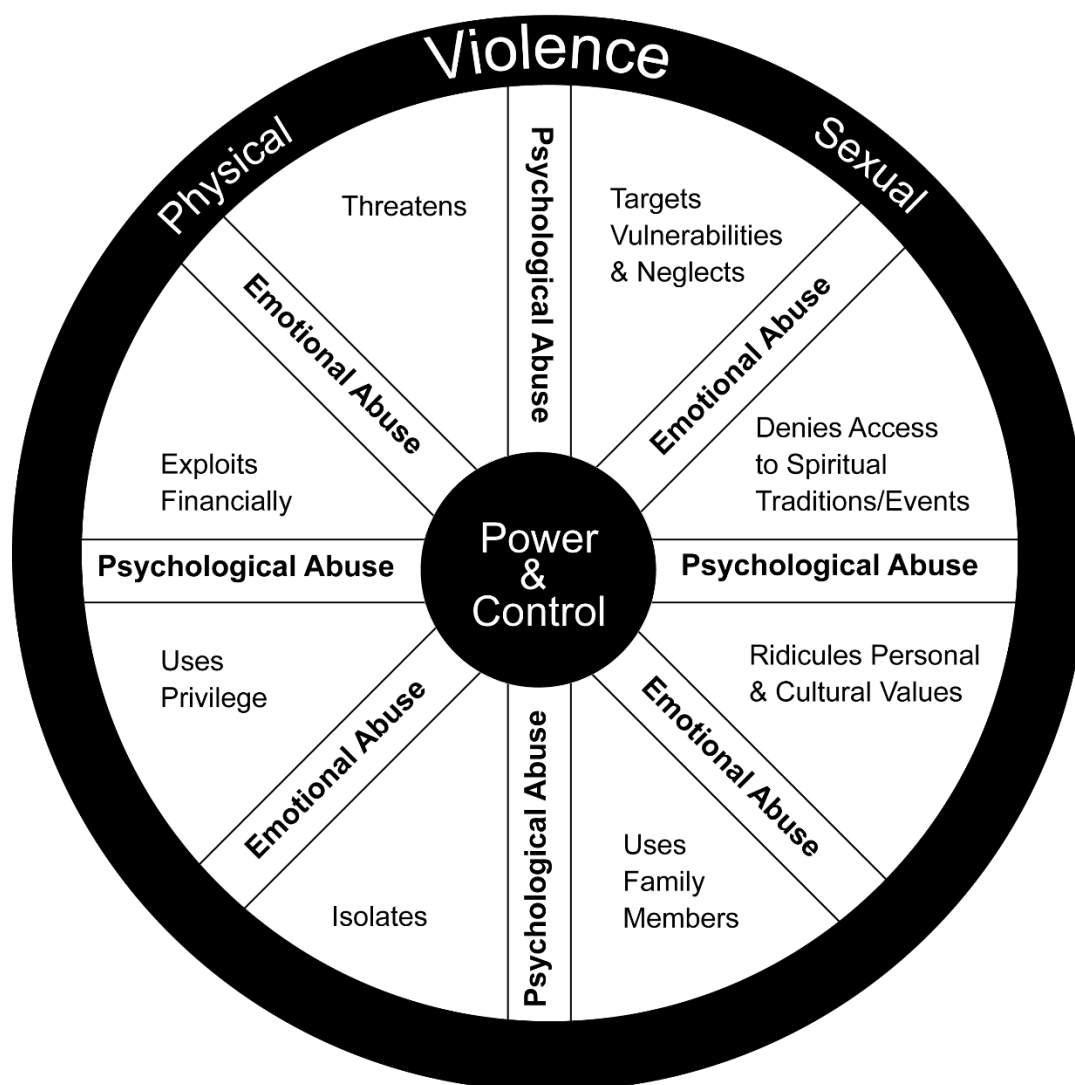


Complete Section 4: Track Your Progress.



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.