

Supporting the Adult Protective Services Workforce

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Executive Summary

Introduction/Background

An estimated one in ten adults over the age of 60 suffers some form of elder abuse. A key component of addressing ongoing elder abuse and the likelihood that its prevalence will increase as a result of a rapidly growing older adult population is the network of local and state agencies that form the country's system of community adult protective services (APS). Support for this workforce should be a public health priority.

Methods

The information presented in this brief is derived from a combination of sources, including academic literature, publications produced by stakeholder organizations, and selected key informant interviews with representatives of those organizations.

Findings

APS investigations entail a complex scope of work that requires assessment of social, behavioral, and medical issues, as well as legal issues having to do with self-determination and possible criminality. The educational preparation, as well as post-employment training opportunities for frontline APS social workers, are highly variable. Inter-agency coordination and interdisciplinary teams play a critical role in APS, but frontline workers' access to expert consultation may be limited, depending on local conditions. Dedicated funding to support APS is lacking, and this contributes to high rates of staff turnover and inefficient services delivery. Despite limited resource, local APS networks are consistently engaged in innovative efforts to reimagine and redesign service delivery to improve effectiveness.

Conclusion and Policy Implications

APS should be promoted as a meta-discipline, practiced not just by social services and law enforcement professionals, but healthcare providers, caregivers, and all who routinely have professional contact with older adults. Grant funding is needed to develop telemedicine-like systems that APS social workers could utilize to access expert consultation not available in their local networks. Federal monies could be used to incentivize bachelor's and master's social work program graduates to pursue careers in APS, similar to how Title IV-E funds are used to support child welfare social work. APS has limited visibility within the health services research and workforce training agenda. There is a need for high quality research examining issues including the effectiveness of different intervention models, best practices in the use of interdisciplinary teams, and improving data collection and dissemination methods.

Background

Elder abuse in the United States is a critical public health issue. As many as one in ten adults over the age of 60 living in the community is a victim of physical, sexual, or psychological abuse or financial exploitation, or suffers from neglect or abandonment.¹ Population data indicate that by 2020 there will be 17 million more Americans ages 65 and older. Over the next two decades, the number of Americans ages 65 and older will increase by an estimated 44 percent; the most vulnerable older adults, those ages 85 and older, will more than double.² A key component of addressing ongoing elder abuse and the likelihood that it will increase as a result of a rapidly aging population is the network of local and state social services agencies that form the country's system of community adult protective services.

The history of adult protective services (APS) dates back to the late 1950s, when a group of social workers with sponsorship from the National Council on Aging formed the "Ad Hoc Committee on Protective Services to the Elderly." The group raised concerns about a growing population of older adults in America who were susceptible to neglect, abuse, and exploitation, with no one to care for them.³ The work of the committee motivated further Congressional activity on aging-related issues over the next decade, including the first White House Conference on Aging (1961), which promoted several recommendations in support of adult protective services and funding for demonstration projects to operationalize APS at the state level.^{3,4} At this earliest stage in the development of APS, several key issues were identified that continue to be relevant today. These include the need for well-trained APS personnel and the need to offer competitive salaries to attract and retain a high quality workforce; the importance of effective inter-agency coordination and cooperation among teams of interdisciplinary professionals; and federal financial and administrative support to ensure effective service delivery.⁴ The purpose of this issue brief is to summarize the contemporary state of affairs with respect to these interrelated issues, highlight efforts being made to address them, and recommend actions that would further support these efforts to improve community APS in the US.

Methods

The information presented in this brief is derived from a combination of sources, including academic literature, publications produced by stakeholder organizations, and selected key informant interviews with representatives of those organizations.

Results

Education and Training

The principal role of an APS social worker is to investigate and resolve reported cases of abuse, exploitation, or neglect of older adults and adults with disabilities. These investigations entail a complex scope of work that requires assessment of social, behavioral, and medical issues, as well as legal issues having to do with self-determination and possible criminality. This complexity raises necessary concerns regarding the education and training of APS personnel. The educational background for APS workers is varied; there is no required field of degree or degree type. There may be a preference for hiring individuals who possess, for example, a master's in social work (MSW) degree. However, APS social workers are more likely to possess a bachelor's or associate degree in a field related to social services.⁵

Beginning in 2004, the National Adult Protective Services Association (NAPSA) and other key stakeholders developed a set of training modules for 23 APS core competencies that define the baseline level of knowledge new APS workers need to be effective in their positions.⁶ These modules are available online or as training materials that can be downloaded and used for in-person instruction. In order to keep the content up to date and maintain digital access, use of the training modules is fee-based. However, federal and state funding for APS may not be sufficient to cover the cost of staff training in all states, or of all local jurisdictions within a given state.⁷ As a result, these core competency modules are likely an underutilized training resource.

Although the core competency training modules cover a wide range of topics, they are not exhaustive. One of the key informants interviewed emphasized that additional training modules in areas of trauma-informed care, techniques for cultivating trust and eliciting information, financial abuse investigations, chronic healthcare issues, and serious illness and end-of-life care were needed. The Elder Justice Roadmap¹ initiative, which gathered input from key stakeholders on the priorities for addressing elder abuse, cited assessment of cognitive impairment and decision-making capacity as a major concern in terms of APS training needs. Cultural awareness was also cited as an important training need. Non-White older adults are disproportionately victims of forms of abuse that are investigated by APS.^{8,9} Differences in the beliefs, values, and lived experiences of different population groups may be factors in how individuals respond to APS investigations, making it important that frontline APS social workers have awareness of such differences.

According to one of the key informants, there is also a need for leadership training designed for APS directors and managers on topics that include securing alternate sources of program funding, using data for quality assurance and program improvement, developing and managing public information campaigns, and advocacy in the legislative process. Again, regular funding sources are likely insufficient to cover the cost of developing and maintaining training in these areas. More likely, such training will only become available with the support of outside grant funding.

Interdisciplinary Teams

Although APS does connote a specific social services agency and workforce, in reality APS engages multiple professional fields representing multiple agencies and organizations. Given the complexity of the scope of work involved in APS, it is expected that APS social workers will draw on the expertise of other professionals, especially in fields of law enforcement, legal services, healthcare, forensic science, and finance and accounting. However, this expectation of multi-agency, interdisciplinary collaboration depends on local conditions; not every jurisdiction has a dedicated interdisciplinary team in place to support APS. According to the National Voluntary Consensus Guidelines for State Adult Protective Services Systems, there are substantial gaps in APS workers' access to legal consultation, to consulting physicians, nurses, and physician assistants, to mental health professionals, to forensic scientists, and accounting specialists across the US.⁵

Federal Funding and Administration

A critical and persistent challenge to APS has been the lack of a dedicated federal funding stream. At present, most states¹⁰ rely on either a general revenue fund or federal monies available through the Social Services Block Grant (SSBG) to pay for APS. In both instances, APS competes for funding with other programs. For example, the SSBG can be used to fund as many as 29 discrete social services including Child Protective Services. As a result, historically, APS has been subject to fluctuating levels of funding through these mechanisms.¹¹ This has contributed to variation in the quality of services and the scope of services provided, as well as the level of expertise of APS staff and the ability of APS agencies to retain their workforce.¹² There are examples of states using alternative sources to partially fund APS, including Victims of Crime Act funding and Medicaid, but these methods are not common.¹¹

In 2010, the Elder Justice Act was passed by Congress as part of the Affordable Care Act. The law reflects a view that the federal government must take a central role in addressing the public health crisis of elder abuse. Passage of the law creates, for the first time, a dedicated source of federal funding for APS.¹³ The Elder Justice Act is important not only because it establishes a dedicated federal funding stream for APS, but because it also establishes a coordinating body (the Elder Justice Coordinating Council) composed of all federal agencies that share responsibility for addressing elder abuse. A coordinated policy at the federal level is more likely to promote effective APS delivery and encourage other activities that stakeholders have identified as critical, including research, data collection and analysis, policy advocacy for additional regulation or legislation, national APS standards and scope of practice, and uniform training requirements.

Turnover

The importance of training, interdisciplinary support, adequate funding, and a coordinated policy environment is underscored by high turnover rates in the APS workforce. One of the key informants emphasized that the complexity of the work, in combination with low pay, a lack of supportive resources, and heavy caseloads, is contributing to extremely high rates of frontline APS staff turnover. The Texas Department of Family and Protective Services' strategic plan for fiscal years 2018-2022 cited high turnover rates, uncompetitive salaries, low staff morale, limited resources, an out-of-date training model, and protective services' lack of visibility among key stakeholders as critical weaknesses in the system.¹⁴ According to the agency's own data, the annual APS caseworker turnover rate has more than doubled over the past decade and in fiscal year 2017 was nearly 26 percent.^{15,16}

Workforce Initiatives and Innovations

The examples below are illustrative of workforce initiatives and innovations related to improving the delivery of APS. Local APS agencies are continually seeking ways to innovate and reimagine service delivery through collaborations with other public agencies and community stakeholders, the use of technology, and service model redesign.

The National Collaborative to Address Elder Mistreatment is an initiative sponsored by The John A. Hartford Foundation, the objective of which is to implement and evaluate an innovative care model for addressing elder mistreatment in emergency department settings.¹⁷ One of the initiative's components is focused on developing "mechanisms that promote and, to the extent possible, ensure patient safety post-discharge." One of the ways this can be achieved is by "leveraging existing community resources," including connecting emergency department teams with Adult Protective Services.¹⁸

The Forensic Assessment Center Network is a collaboration between the Texas Department of Family and Protective Services and the University of Texas Health Science Center – Houston, which uses web and videoconferencing technology to provide APS caseworkers and their clients access to a geriatric and elder mistreatment medical team and virtual assessments.¹⁹

The Financial Management Services (FMS) program within the New York City Human Resources Administration Department of Social Services focuses on the management of APS clients' Social Security income. Program staff and clients jointly determine a budget, and FMS staff make sure that clients' monthly expenses are paid and that some portion of the income is directed to a savings account controlled by the client.²⁰

The Philadelphia Financial Exploitation Prevention Taskforce (PFEPT) is a sub-unit of the Philadelphia Corporation for Aging, which is the county Area Agency on Aging responsible for administering local APS. The PFEPT was established in response to the growing number and increasing complexity of financial exploitation schemes targeting older adults. The program has a dedicated financial abuse investigator, a volunteer accountant who provides consultation on complex financial documents, and a taskforce whose members include representatives of APS, financial entities, and law enforcement.²⁰

Conclusion

As the number of older adults in the US grows dramatically over the next several decades, support for effective APS systems will be critical. The workforce providing these services is composed of a diverse set of professionals and occupations confronting a complex set of challenges. Our research found that workforce training needs are persistent and that training programs could benefit from expanded content. We also found that APS workers' ability to access the expertise of professionals in related fields needs to be enhanced. Moreover, there are reasons to believe that high rates of staff turnover threaten the ability of local APS agencies to deliver quality services. Finally, APS needs dedicated and sustained sources of funding at the federal level to ensure the myriad issues that arise when elder abuse and neglect occur are adequately addressed.

Recommendations

1. Adult protective services must be promoted as a meta-discipline, practiced not just by APS workers and law enforcement, but healthcare providers, caregivers, and anyone who routinely has professional contact with older adults. The Geriatric Workforce Enhancement Program (GWEP), sponsored by the Health Resources and Services Administration (HRSA), could look at how to integrate the APS perspective in local programs receiving grant support.
2. The Forensic Assessment Center Network operating in Texas is a model that could be replicated in other states. Increased grant funding is needed to facilitate new initiatives across the country. In addition to the Texas state model, the TeleECHO model, which is used to provide community healthcare providers with access to expertise in behavioral health or geriatrics, would seem to be a good template for supporting under-resourced APS agencies, particularly in rural communities.
3. Adult protective services has very low visibility within the health services research and workforce training agenda. There is a need for greater research in APS, in particular with respect to evaluating different models of APS intervention, the effectiveness of interdisciplinary teams in APS, and APS data collection.
4. Beginning in the late 1980s, federal monies from Title IV-E of the Social Security Act have been an important source of funding for training bachelor's and master's degree social work students who pursue careers in child welfare social work. As a means of incentivizing prospective APS workers, an analog program that dedicates federal funding to support bachelor's and master's degree social work program graduates to commit to working in APS should be established.

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