

Tribal Elder Protection Team Social Worker



The Role of a Social Worker on the Elder Protection Team (EPT)

As a member of the EPT, this representative is designated as the main contact for any social service need. There may be one or more depending upon the services available. This team member is available to assist the elderly person, or will arrange for an alternate when they are unavailable. The Social Worker's roles include, but is not limited to:

1. Responding to crisis situations, as each team member can be assigned "on-call" duties during nights and weekends, and will make and accept referrals to the EPT.
2. Coordinate medical and community response to elder abuse, and assist in collaboration of additional agencies the client may need to utilize.
3. Assessing the elder's needs, living situations, individual strengths, and support networks to help determine goals.
4. Referring clients to community resources, such as nutrition programs, housing, and healthcare.
5. Advocating for, and helping clients work with agencies to apply for and receive benefits.
6. Assisting with detection, investigation (when appropriate), intervention and prevention of elder abuse, neglect, and exploitation.
7. Following-up with elders to ensure resolution of concerns, and that situations have improved.
8. Providing a brief client summary for each client during designated EPT meetings. It is suggested that all EPT members use a standard case summary form. EPT members will complete and submit case summary forms to the EPT Coordinator for review prior to meeting.
9. Providing support and validation/assistance to other EPT members.

Information to Collect in a Comprehensive Assessment¹

Social Workers should ask the client about their typical day-to-day activities, in a natural way, to pick-up cues about how the elder is being treated by family members, friends, or other caregivers.

Client Information:

- Age-requirement eligibility for services and other available resources
- Marital status: single, married, widowed, divorced, partnered
- Education: highest grade completed, language comprehension, reading and writing capability
- History: birthplace, family size and members, social roles, work history, significant historical life events and significant people

Functioning:

- Determine if the client is independent or in need of assistance with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs).
 - ❖ ADLs are basic care tasks: bathing, dressing, toileting, and self-feeding
 - ❖ IADLs are related to maintenance of an independent household: transportation, shopping, preparation of meals, housework, financial management, and use of telephone
- Determine who assists the client with functioning needs. For example: identify if the client can drive, has access to a car, relies on family/friends for transportation, or has access to public transportation
- Identify any assistive device(s) the elder uses to enhance their mobility (e.g., wheelchair, cane, or walker)

Legal:

Factors such as confusion around finances, social isolation, cognitive impairment, and a recent loss of a loved one can increase an elder's risk of abuse. In addition to these characteristics, social workers should collect the following information:

- Identify who is in charge of the elder's financial affairs
- Identify any current services in place, and the elder's eligibility for linkage to services (such as Medicare, or home and community-based services)

- Ask if the elder has a durable power of attorney for financial affairs, health care decision-making and/or advanced directives of any kind
- Establish who has been named to make decisions when the elder is no longer capable

In relation to advanced directives, determine if the client made any decisions regarding medical intervention, where they want to pass in peace (at home, hospice, hospital), and who is designated to carry out the elder's wishes.

Physical Environment:

Social workers can learn a lot about the elder and their abilities from how the living spaces are arranged. A decrease in mobility can lead to an increased risk of elder abuse and neglect. In the assessment you are looking for potential risks for falls (e.g., a loose floor rug). The physical location of the client within the home may also indicate risk for abuse, neglect, or self-neglect.

- Has the elder reduced or miniaturized their living spaces to incorporate/accommodate a lack of mobility?
- Have items from the bedroom been moved into the living room to maintain control over household tasks?
- Is there a calendar on the wall which is current and up to date?
- Is there a clock which is set to the proper time?
- Is there a smell of urine or do you notice urine stains?

Physical Health:

The assessment of issues related to physical and psychological health is important because of the interconnection between health and other aspects of well-being. The elder's answers to these questions can alert the social worker to possible abuse, neglect, or self-neglect. The following are a few examples of topics that Social Workers would cover as part of a physical health assessment. The list is not exhaustive.

- Self-rating of health: The elder's opinion of their health gives the Social Worker insight into how the elderly person has adapted to medical conditions, and determines if what is being reported is consistent with what is observed.
- Medical history: Some of this history will help the Social Worker gain a sense of whether or not unexplained injuries may be related to medical or treatment conditions, or if a caregiver is neglecting the need for regular medical care.

In the medical history, assess:

- ❖ Current and past medical problems
- ❖ Occurrence of injuries and/or hospitalizations
- ❖ Emergency room visits (reason and frequency)
- ❖ If there is a primary care physician
- Medication use: The Social Worker needs to assess for correct and regular usage of prescribed medications. Caregivers or elderly persons may neglect to administer medication as needed.
- Incontinence: Many elderly persons are embarrassed to discuss this issue, but managing bladder and bowel functions is essential to the maintenance of independent living.
 - ❖ If a caregiver neglects to properly assist the elder, physical and psychological harm can result. The Social Worker can act as an advocate in helping the elder to understand that incontinence is not an inevitable part of the aging process and can be treated
- Use of alcohol and other substances: Ask about current and past use. Do not assume that an elderly person does not use recreational drugs. When assessing alcohol use, be specific about type of alcohol (beer, wine), quantity (two beers), and size (a 6 oz. glass of wine). Alcohol and drug abuse can contribute to poor health and loss of functioning in the elder, and is linked to self-neglect.
- Nutrition, diet, and exercise: Adequate nutrition and exercise are important in maintaining physical and psychological health. Find out how often the elder eats and what the diet consists of. Many factors can contribute to loss of interest in food, such as medications, poorly fitting dentures, and loneliness.

Psychological Health:

The National Center on Elder Abuse (NCEA) reports that elders living with dementia are at a greater risk for abuse than those without. A 2010 study found that 47% of participants with dementia were abused by their caregivers.² Social workers should assess the caregiver's mental and emotional status as well as the availability of support.

Examples of information typically collected include:

- Personality: Determine how the elder views the world and coping strategies.
- Cognition or mental status: While not appropriate for all older adults or across cultures, the Mini Mental State Examination is commonly used.³ It may need to be adapted culturally for a better assessment of the elderly person.
- Emotional well-being: Look for signs of possible depression and thoughts of suicide. Elderly persons may exhibit anxious behaviors as well, but a relatively small percentage have diagnosed anxiety disorders, so careful assessment of symptoms is important. Because elderly person are at a higher risk for cognitive impairment, it is essential Social Workers perform a capacity assessment.

Social Supports:

Inadequate social support and social isolation are risk factors for abuse, neglect, and exploitation. It is important to get a good sense of who is in the elder's social network. The social worker should ask about:

- Quality and frequency of contacts/events attended (e.g., has there been a decline recently, if so, why?)
- Family, companions, friends, neighbors, religious organization, clubs, and access to a senior center
- Instrumental supports (formal and informal caregivers)
- Social roles (grandparent, volunteer, mentor)
- Employment (full or part-time, what type of work, self-satisfaction, financial need)
- Activities, hobbies, sports/entertainment
- Where or with whom the client seeks comfort
- Who the client would call in the event of an emergency, besides 911

References

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2. Wiglesworth, A., Mosqueda, L., Mulnard, R., Liao, S., Gibbs, L., & Fitzgerald, W. (2010). Screening for abuse and neglect of people with dementia. *Journal of the American Geriatrics Society*, 58(3), 493-500.
3. Mini-Mental State Examination (MMSE) (2012). Retrieved on May 30, 2017 from www.dementiatoday.com/wp-content/uploads/2012/06/MiniMentalStateExamination.pdf.

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The NIEJI project has been retired, but they have granted NIJI permission to share materials.

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National Indigenous Elder Justice Initiative